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Name	:	**MASTER. G.ABHIRAM**	Bill Number	:	**M6169**
Age/Gender	:	**12YEARS/MALE**	Bill Date	:	01-Sep-2024 12:46 PM
Sample Type	:	**WB EDTA**	Sample Collection	:	01-Sep-2024 01:24 PM
Reff By	:	**DR.GOVIND SINGH**	Sample Received	:	01-Sep-2024 01:24 PM
TypedBy	:	Tanveer Fathima	Reporting Date	:	01-Sep-2024 01:46 PM

COMPLETE BLOOD PICTURE (CBP)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
HAEMOGRAM			
HAEMOGLOBIN (Method: Cell Counter)	13.2	gm/dL	13 -18
RBC Count (Method: Cell Counter)	**5.1**	Millions/Cumm	3.8 - 4.8
WBC Count (Method: Cell Counter)	7,000	Cells/Cumm	4,000 - 11,000
RDW - CV (Method: Cell Counter)	13.9	%	11.0 - 16.0
DIFFERENTIAL COUNT			
NEUTROPHILS (Method: Cell Counter)	70	%	40 - 75
LYMPHOCYTES (Method: Cell Counter)	20	%	20 - 40
EOSINOPHILS (Method: Cell Counter)	01	%	01 - 06
MONOCYTES (Method: Cell Counter)	09	%	02 - 10
BASOPHILS (Method: Cell Counter)	00	%	00 - 00
PCV (Haematocrit) (Method: Cell Counter)	39	%	35 - 45
MCV (Method: Cell Counter)	84	FL	83 - 101
MCH (Method: Cell Counter)	27	PG	27 - 32
MCHC (Method: Cell Counter)	34	%	32 - 35
PLATELET COUNT (Method: Cell Counter)	2.65	Lakhs/Cumm	1.5 - 4.5
PERIPHERAL SMEAR			
RBCs	NORMOCYTIC NORMOCHROMIC		
WBCs	WITHIN NORMAL LIMITS		
PLATELETS	ADEQUATE		

Sugessted Clinical Correlation If necesarry Kindly Discuss.

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Age/Gender	:	**12YEARS/MALE**	Bill Date	:	01-Sep-2024 12:46 PM
Sample Type	:	**Citrate Blood**	Sample Collection	:	01-Sep-2024 01:24 PM
Reff By	:	**DR.GOVIND SINGH**	Sample Received	:	01-Sep-2024 01:24 PM
TypedBy	:	Tanveer Fathima	Reporting Date	:	01-Sep-2024 01:46 PM

ERYTHROCYTE SEDIMENTATION RATE(ESR)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
FIRST HOUR (Method: Westergrens)	**18**	mm/hr	1 - 50 YRS < 10 mm/hr 51 - 60 YRS < 12 mm/hr 61 - 70 yrs < 14 mm/hr > 70 yrs < 30 mm/hr

Method: *Westergren*

Sugessted Clinical Correlation If necesarry Kindly Discuss.

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TypedBy	:	Tanveer Fathima	Reporting Date	:	01-Sep-2024 01:46 PM

RAPID MALARIA TEST (PV PF)

INVESTIGATION	RESULT	NORMAL RANGE
MALARIAL PARASITE PLASMODIUM VIVAX(P.V) (Method: Immunochromotography)	NEGATIVE	NEGATIVE
MALARIAL PARASITE PLASMODIUM FALCIPARUM(PF) (Method: Immunochromotography)	NEGATIVE	NEGATIVE

Method: *Immunochromotography*

Note :

This test detects P.falciparum and P.Vivax Malarial antigens targeted by highly specific monoclonal antibodies of pLDH and Aldolase respectively.

Sensitivity and Specificity of this test are 98.2% &99.6% for P.falciparum and 91.8% &99.6% for P.Vivax detection.

This kit can provide fast and easy way to get a result, but do not completely exclude the possibility of false positive or false negative result caused by various factors.

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Age/Gender	:	**12YEARS/MALE**	Bill Date	:	01-Sep-2024 12:46 PM
Sample Type	:	**SERUM**	Sample Collection	:	01-Sep-2024 01:24 PM
Reff By	:	**DR.GOVIND SINGH**	Sample Received	:	01-Sep-2024 01:24 PM
TypedBy	:	Tanveer Fathima	Reporting Date	:	01-Sep-2024 01:56 PM

SERUM BILIRUBIN(TSB)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
Total Bilirubin (Method: Modified Jendrassik)	0.8	mg/dl	Adults : 0.4 - 1.2 Children: FULL TERM: Cord : Upto 2.0 0-1 day: 2.0 - 6.0 1-2 days: 6.0 - 10.0 3-5 days: 4.0 - 8.0 PREMATURE: Cord : Upto 2.0 0-1 day: 1.0 - 8.0 1-2 days: 6.0 - 12.0 3-5 days: 10.0 - 14.0
Direct Bilirubin (Method: Modified Jendrassik)	0.2	mg/dl	Up to 0.25
Indirect Bilirubin (Method: Calculated)	0.6	mg/dl	up to 1

Elevation in serum unconjugated bilirubin levels occur in haemolytic jaundice due to excessive haemolysis.B). Hepatic jaundice is associated with increase in both conjugated and unconjugated bilirubin in serum. Ref for BRI : Carl.A.Burtis, David.E.Burn et.al Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics. 7th ed.. page No. 955

Sugessted Clinical Correlation If necesarry Kindly Discuss.

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Sample Type	:	**SERUM**	Sample Collection	:	01-Sep-2024 01:24 PM
Reff By	:	**DR.GOVIND SINGH**	Sample Received	:	01-Sep-2024 01:24 PM
TypedBy	:	Tanveer Fathima	Reporting Date	:	01-Sep-2024 01:47 PM

WIDAL

INVESTIGATION	RESULT
SALMONELLA TYPHI‘ O ‘	1 in 80 DILUTION
SALMONELLA TYPI ‘ H ‘	1 in 40 DILUTION
SALMONELLA PARA TYPHI‘ AH‘	1 in 20 DILUTION
SALMONELLA PARA TYPHI‘ BH‘	1 in 20 DILUTION
BIOLOGICAL REFERENCE	1:80 and above titers considered as positive

Method: *SEMI QUANTITAVE SLIDE AGGLUTINATION*

Interpretation and Remarks:

- The Widal test is applied for the diagnosis of enteric fever that includes typhoid and paratyphoid caused by Salmonella? typhi and Salmonella paratyphi respectively.
- For the slide agglutination test, stained Salmonella antigens are used to detect the presence of specific agglutinin in the patient's serum.
- The slide agglutination test is used as a primary screening procedure.
- Widal test measures somatic O and flagellar H antibodies against Typhoid and Paratyphoid bacilli. The Agglutinins appears usually at the end of the first week of infection and increases steadily till third / fourth week after which the decline starts. A positive Widal test may occur because of typhoid vaccination or past typhoid infection and in certain autoimmune diseases. Nonspecific febrile disease may cause titre to increase. The test may be falsely negative in cases of Enteric fever treated with antibiotics in the early stages

Sugessted Clinical Correlation If necesarry Kindly Discuss.

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Reff By	:	**DR.GOVIND SINGH**	Sample Received	:	01-Sep-2024 01:24 PM
TypedBy	:	Tanveer Fathima	Reporting Date	:	01-Sep-2024 02:02 PM

C - REACTIVE PROTEINS (CRP)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
C – REACTIVE PROTEINS (Method: Immunoturbidimetry)	**6.95**	mg/L	0.0 - 6.0
INERPRETAION	POSITIVE		

Note:

1. **The CRP test is a sensitive indicator of inflammatory processes.**
2. **The determination of the CRP level can be used in therapy control**
3. **As with all the diagnostic methods, the final diagnosis should not be based on the result of a single test, but on a correlation of test results with other clinical findings.**
4. **The strength of agglutination is not indicative of the CRP concentration in the samples tested.**

Please Corelate With Clinical Findings If Necessary Discuss

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Age/Gender	:	**12YEARS/MALE**	Bill Date	:	01-Sep-2024 12:46 PM
Sample Type	:	**URINE**	Sample Collection	:	01-Sep-2024 01:24 PM
Reff By	:	**DR.GOVIND SINGH**	Sample Received	:	01-Sep-2024 01:24 PM
TypedBy	:	Tanveer Fathima	Reporting Date	:	01-Sep-2024 01:59 PM

CUE(COMPLETE URINE EXAMINATION)

INVESTIGATION	RESULT	NORMAL RANGE
PHYSICAL EXAMINATION		
QUANTITY	20 ml	
COLOUR	PALE YELLOW	
APPEARANCE	CLEAR	
REACTION (PH)	6.0	4.6 - 8.0
SPECIFIC GRAVITY	1.010	1.005 - 1.030
CHEMICAL EXAMINATION		
ALBUMIN	NIL	NEGATIVE
SUGAR	NIL	NIL
UROBILINOGEN	NEGATIVE	NEGATIVE
BILE SALT	NEGATIVE	NEGATIVE
BILE PIGMENT	NEGATIVE	NEGATIVE
KETONE BODIES	NEGATIVE	NEGATIVE
MICROSCOPIC EXAMINATION		
PUS CELLS	2 - 3 / HPF	0 - 5 / HPF
RBC	NIL	NIL
EPETHILIAL CELLS	1 - 2 / HPF	0 - 5 / HPF
CRYSTALS	NIL	NIL
CASTS	NIL	NIL
OTHERS	NIL	NIL

Method: *Multi Reagent Strip / Chemical / Microscopy*

Sugessted Clinical Correlation If necesarry Kindly Discuss.

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Dengue NS1 antigen IgG IgM

INVESTIGATION	RESULT	NORMAL RANGE
DENGUE NS1 (Method: Rapid)	NEGATIVE	NEGATIVE
DENGUE - IGG (Method: Rapid)	NEGATIVE	NEGATIVE
DENGUE - IGM (Method: Rapid)	NEGATIVE	NEGATIVE
TECHNOLOGY	RAPID VISUAL TEST FOR THE DETECTIONOF DENGUE	

Interpretation:

The NS1 antigen is typically detectable within 1 to 2 days following infection and up to 9 days following symptom onset.NS1 antigen may also be detectable during secondary dengue virus infection, but for a shorter duration of time (1-4 days following symptom onset).

False-positive Dengue NS results may occur in individuals with active infection due to other flaviviruses, including West Nile virus and yellow fever virus.

Negative NS1 antigen results may occur if the specimen was collected greater than 7 days following symptom onset

Sugessted Clinical Correlation If necesarry Kindly Discuss.

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