



Name : **BABY OF. PALLAVI** Bill Number : **M538**

Age/Gender : 10MONTHS/MALE Bill Date : 22-Aug-2024 04:45 PM

Sample Type : WB EDTA Sample Collection : 22-Aug-2024 04:49 PM
Reff By : C/O SRADDHA HOSPITAL Sample Received : 22-Aug-2024 04:49 PM

TypedBy : Noor Amin Ansari Reporting Date : 22-Aug-2024 05:16 PM

COMPLETE BLOOD PICTURE (CBP)

INVESTIGATION	RESULT	<u>UNITS</u>	NORMAL RANGE	
HAEMOGRAM HAEMOGLOBIN (Method: Cell Counter)	8.6	gm/dL	12.0 - 18.0	
RBC Count (Method: Cell Counter)	3.9	Millions/Cumm	4.0 - 5.5	
WBC Count (Method: Cell Counter)	12,400	Cells/Cumm	6,000 - 16,000	
RDW (Method: Cell Counter)	15.8	%	11.0 - 16.0	
DIFFERENTIAL COUNT				
NEUTROPHILS (Method: Cell Counter)	47	%	30 - 60	
LYMPHOCYTES (Method: Cell Counter)	43	%	20 - 50	
EOSINOPHILS (Method: Cell Counter)	01	%	01 - 06	
MONOCYTES (Method: Cell Counter)	09	%	03 - 06	
BASOPHILS (Method: Cell Counter)	00	%	00 - 00	
PCV (Haematocrit) (Method: Cell Counter)	26	%	30 - 38	
MCV (Method: Cell Counter)	67	FL	72 - 84	
MCH (Method: Cell Counter)	22	PG	25 - 29	
MCHC (Method: Cell Counter)	33	%	32 - 36	
PLATELET COUNT (Method: Cell Counter)	4.15	Lakhs/Cumm	1.5 -4.5	
PERIPHERAL SMEAR				
RBCs	MICROCYT	MICROCYTIC HYPOCHROMIC & ANISOPOIKLOCYTOSIS		

WBCs LEUCOCYTOSIS WITH LYMPHOCYTOSIS

PLATELETS ADEQUATE

Sugessted Clinical Correlation If necesarry Kindly Discuss.







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Authorized Signatory

LAB INCHARGE





Name **BABY OF. PALLAVI**

Age/Gender 10MONTHS/MALE

Sample Type : SERUM

Reff By : C/O SRADDHA HOSPITAL

: Noor Amin Ansari TypedBy

Bill Number

Bill Date : 22-Aug-2024 04:45 PM

0.0 - 6.0

Sample Collection : 22-Aug-2024 04:49 PM

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C - REACTIVE PROTEINS (CRP)

mg/L

INVESTIGATION **RESULT UNITS NORMAL RANGE**

C - REACTIVE PROTEINS (Method: Immunoturbidimetry)

45.49

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

-----End of the Report-----

Authorized Signatory

LAB INCHARGE







Name : BABY OF. PALLAVI Bill Number : M5

Age/Gender : 10MONTHS/MALE Bill Date : 22-Aug-2024 04:45 PM

Sample Type : SERUM Sample Collection : 22-Aug-2024 04:49 PM

Reff By : C/O SRADDHA HOSPITAL Sample Received : 22-Aug-2024 04:49 PM

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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.

-----End of the Report-----

LAB INCHARGE

Authorized Signatory







Name : **BABY OF. PALLAVI**

10MONTHS/MALE

Reff By : C/O SRADDHA HOSPITAL

TypedBy : Noor Amin Ansari

Bill Number : M5382

Bill Date : 22-Aug-2024 04:45 PM

Reporting Date : 22-Aug-2024 05:16 PM

DEPARTMENT OF RADIOLOGY

X - RAY CHEST PA VIEW

Trachea is in midline.

Age/Gender

Both hila normal in density.

Cardiac silhouette maintained.

Both CP angles are clear.

Both lung parenchyma are normal.

Bony cage and soft tissues are normal.

IMPRESSION: NORMAL STUDY.

Suggested Clinical Correlation If necessary Kindly Discuss.

-----End of the Report-----



Dr. Swetha MD. Radiologist