





Age/Gender: 2YEARS/MALEBill Date: 11-Aug-2024 11:24 AMSample Type: WB EDTASample Collection: 11-Aug-2024 11:24 AMReff By: DR.GOVIND SINGHSample Received: 11-Aug-2024 11:25 AM

TypedBy : Noor Amin Ansari Reporting Date : 11-Aug-2024 06:31 PM

## **COMPLETE BLOOD PICTURE (CBP)**

| INVESTIGATION                                | RESULT   | UNITS                  | NORMAL RANGE   |  |
|--|----------|------------------------|----------------|--|
| HAEMOGRAM HAEMOGLOBIN (Method: Cell Counter) | 9.4      | gm/dL                  | 13 -18         |  |
| RBC Count<br>(Method: Cell Counter)          | 3.7      | Millions/Cumm          | 3.8 - 4.8      |  |
| WBC Count<br>(Method: Cell Counter)          | 6,300    | Cells/Cumm             | 4,000 - 11,000 |  |
| RDW  | 16.6     | %                      | 11.0 - 16.0    |  |
| DIFFERENTIAL COUNT                           |          |                        |                |  |
| NEUTROPHILS<br>(Method: Cell Counter)        | 43       | %                      | 40 - 75        |  |
| LYMPHOCYTES<br>(Method: Cell Counter)        | 51       | %                      | 20 - 40        |  |
| EOSINOPHILS<br>(Method: Cell Counter)        | 03       | %                      | 01 - 06        |  |
| MONOCYTES<br>(Method: Cell Counter)          | 03       | %                      | 02 - 10        |  |
| BASOPHILS<br>(Method: Cell Counter)          | 00       | %                      | 00 - 00        |  |
| PCV (Haematocrit)<br>(Method: Cell Counter)  | 28       | %                      | 35 - 45        |  |
| MCV<br>(Method: Cell Counter)                | 75       | FL                     | 83 - 101       |  |
| MCH<br>(Method: Cell Counter)                | 27       | PG                     | 27 - 32        |  |
| MCHC<br>(Method: Cell Counter)               | 36       | %                      | 32 - 35        |  |
| PLATELET COUNT<br>(Method: Cell Counter)     | 1.74     | Lakhs/Cumm             | 1.5 - 4.5      |  |
| PERIPHERAL SMEAR                             |          |                        |                |  |
| RBCs   | MICROCYT | MICROCYTIC HYPOCHROMIC |                |  |

**WBCs** 

LYMPHOCYTOSIS







Name : MASTER. GURU PRASAD

Age/Gender : 2YEARS/MALE

Sample Type : WB EDTA

: DR.GOVIND SINGH Reff By

TypedBy : Noor Amin Ansari

Bill Number

Bill Date

: 11-Aug-2024 11:24 AM

Sample Collection : 11-Aug-2024 11:24 AM Sample Received : 11-Aug-2024 11:25 AM

Reporting Date : 11-Aug-2024 06:31 PM

**PLATELETS ADEQUATE** 

Sugessted Clinical Correlation If necesarry Kindly Discuss.

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

**Authorized Signatory** 

LAB INCHARGE







Name : MASTER. GURU PRASAD

: Citrate Blood

Age/Gender : 2YEARS/MALE

Reff By : **DR.GOVIND SINGH** 

TypedBy : Noor Amin Ansari

Bill Number : M4681

Bill Date : 11-Aug-2024 11:24 AM

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# **ERYTHROCYTE SEDIMENTATION RATE(ESR)**

INVESTIGATION RESULT UNITS NORMAL RANGE

FIRST HOUR (Method: Westergrens) 28 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

Sample Type

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

LAB INCHARGE





Age/Gender : 2YEARS/MALE Bill Date : 11-Aug-2024 11:24 AM

Sample Type : WB EDTA Sample Collection : 11-Aug-2024 11:24 AM

Reff By : **DR.GOVIND SINGH** Sample Received : 11-Aug-2024 11:25 AM

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# **RAPID MALARIA TEST ( PV PF )**

INVESTIGATION RESULT NORMAL RANGE

MALARIAL PARASITE PLASMODIUM NEGATIVE NEGATIVE

 $\mathsf{VIVAX}(\mathsf{P.V})$ 

(Method: Immunochromotography)

MALARIAL PARASITE PLASMODIUM NEGATIVE NEGATIVE

FALCIPARUM(PF)

(Method: Immunochromotography) **Method:** Immunochromotography

#### Note:

- 1. This test detects P.falciparum and P.Vivax Malarial antigens targeted by highly specific monoclonal antibodies of pLDH and Aldolase respectively.
- 2. Sensitivity and Specificity of this test are 98.2% &99.6% for P.falciparum and 91.8% &99.6% for P.Vivax detection.
- 3. 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.

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



LAB INCHARGE



: DR.GOVIND SINGH

Reff By

(Method: Calculated)



: 11-Aug-2024 11:25 AM

Name : MASTER. GURU PRASAD Bill Number : M468

Age/Gender : 2YEARS/MALE Bill Date : 11-Aug-2024 11:24 AM

Sample Type : **SERUM** Sample Collection : 11-Aug-2024 11:24 AM

TypedBy : Noor Amin Ansari Reporting Date : 11-Aug-2024 06:32 PM

### **SERUM BILIRUBIN( TSB )**

Sample Received

| INVESTIGATION                                     | RESULT | <u>UNITS</u> | NORMAL RANGE   |
|---|--------|--------------|--|
| Total Bilirubin<br>(Method: Modified Jendrassik)  | 0.9    | mg/dl        | Adults: 0.4 - 1.2<br>Children:<br>FULL TERM:<br>Cord: Upto 2.0<br>0-1 day: 2.0 - 6.0<br>1-2 days: 6.0 - 10.0<br>3-5 days: 4.0 - 8.0<br>PREMATURE:<br>Cord: Upto 2.0<br>0-1 day: 1.0 - 8.0<br>1-2 days: 6.0 - 12.0<br>3-5 days: 10.0 - 14.0 |
| Direct Bilirubin<br>(Method: Modified Jendrassik) | 0.2    | mg/dl        | Up to 0.25   |
| Indirect Bilirubin                                | 0.7    | 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

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

LAB INCHARGE







Age/Gender : 2YEARS/MALE Bill Date : 11-Aug-2024 11:24 AM

Sample Type : SERUM Sample Collection : 11-Aug-2024 11:24 AM

Reff By : **DR.GOVIND SINGH** Sample Received : 11-Aug-2024 11:25 AM

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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-----

**Authorized Signatory** 

LAB INCHARGE





Name **MASTER. GURU PRASAD** 

: 2YEARS/MALE

Sample Type : SERUM

Age/Gender

Reff By : DR.GOVIND SINGH

TypedBy : Noor Amin Ansari

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## C - REACTIVE PROTEINS (CRP)

INVESTIGATION **RESULT UNITS NORMAL RANGE** 

**C - REACTIVE PROTEINS** (Method: Immunoturbidimetry)

1.92

mg/L

0.0 - 6.0

**NEGATIVE** 

#### Note:

**INERPRETAION** 

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-----

LAB INCHARGE





Age/Gender: 2YEARS/MALEBill Date: 11-Aug-2024 11:24 AMSample Type: URINESample Collection: 11-Aug-2024 11:24 AMReff By: DR.GOVIND SINGHSample Received: 11-Aug-2024 11:25 AM

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# **CUE(COMPLETE URINE EXAMINATION)**

| INVESTIGATION                     | RESULT          | NORMAL RANGE  |
|-----------------------------------|-----------------|---------------|
| PHYSICAL EXAMINATION QUANTITY     | 20 ml           |               |
| COLOUR                            | PALE YELLOW     |               |
| APPEARANCE                        | SLIGHTLY TURBID |               |
| REACTION ( PH )                   | 6.5             | 4.6 - 8.0     |
| SPECIFIC GRAVITY                  | 1.020           | 1.005 - 1.030 |
| CHEMICAL EXAMINATION ALBUMIN      | TRACE           | NEGATIVE      |
| SUGAR                             | NIL             | NIL           |
| UROBILINOGEN                      | NEGATIVE        | NEGATIVE      |
| BILE SALT                         | NEGATIVE        | NEGATIVE      |
| BILE PIGMENT                      | NEGATIVE        | NEGATIVE      |
| KETONE BODIES                     | NEGATIVE        | NEGATIVE      |
| MICROSCOPIC EXAMINATION PUS CELLS | 4 - 5 / HPF     | 0 - 5 / HPF   |
| RBC                               | NIL             | NIL           |
| EPETHILIAL CELLS                  | 1 - 2 / HPF     | 0 - 5 / HPF   |
| CRYSTALS                          | NIL             | NIL           |
| CASTS                             | NIL             | NIL           |







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Age/Gender : 2YEARS/MALE

Sample Type : URINE

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OTHERS NIL NIL

Method: Multi Reagent Strip / Chemical / Microscopy

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

**Authorized Signatory** 

LAB INCHARGE