



Name : **MR. SYED AZEEM**  
Age/Gender : **50YEARS/MALE**  
Sample Type : **WB EDTA**  
Reff By : **DR.SELF**  
TypedBy : **Md Masud Ansari**

Bill Number : **M4753**  
Bill Date : **12-Aug-2024 04:09 PM**  
Sample Collection : **12-Aug-2024 04:10 PM**  
Sample Received : **12-Aug-2024 04:11 PM**  
Reporting Date : **12-Aug-2024 05:32 PM**

### COMPLETE BLOOD PICTURE ( CBP )

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
<b>HAEMOGRAM</b>			
HAEMOGLOBIN (Method: Cell Counter)	12.5	gm/dL	13 - 18
RBC Count (Method: Cell Counter)	4.4	Millions/Cumm	3.8 - 4.8
WBC Count (Method: Cell Counter)	4,000	Cells/Cumm	4,000 - 11,000
RDW	14.0	%	11.0 - 16.0
<b>DIFFERENTIAL COUNT</b>			
NEUTROPHILS (Method: Cell Counter)	58	%	40 - 75
LYMPHOCYTES (Method: Cell Counter)	34	%	20 - 40
EOSINOPHILS (Method: Cell Counter)	01	%	01 - 06
MONOCYTES (Method: Cell Counter)	07	%	02 - 10
BASOPHILS (Method: Cell Counter)	00	%	00 - 00
PCV (Haematocrit) (Method: Cell Counter)	37	%	35 - 45
MCV (Method: Cell Counter)	84	FL	83 - 101
MCH (Method: Cell Counter)	28	PG	27 - 32
MCHC (Method: Cell Counter)	33	%	32 - 35
PLATELET COUNT (Method: Cell Counter)	1.67	Lakhs/Cumm	1.5 - 4.5
<b>PERIPHERAL SMEAR</b>			
RBCs	MICROCYTIC HYPOCHROMIC		
WBCs	WITHIN NORMAL LIMITS		



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PLATELETS

ADEQUATE

Sugessted Clinical Correlation If necesarry Kindly Discuss.

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

Authorized Signatory



LAB INCHARGE



Name : **MR. SYED AZEEM**  
Age/Gender : **50YEARS/MALE**  
Sample Type : **Citrate Blood**  
Reff By : **DR.SELF**  
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**ERYTHROCYTE SEDIMENTATION RATE(ESR)**

**INVESTIGATION**

FIRST HOUR  
(Method: Westergrens)

**RESULT**

**41**

**UNITS**

mm/hr

**NORMAL RANGE**

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

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

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

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

#### **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.

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

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LAB INCHARGE



Name : **MR. SYED AZEEM**  
Age/Gender : **50YEARS/MALE**  
Sample Type : **SERUM**  
Reff By : **DR.SELF**  
TypedBy : Md Masud Ansari

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### 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  
Up to 0.25

Direct Bilirubin  
(Method: Modified Jendrassik)

0.2

mg/dl

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

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

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### **C - REACTIVE PROTEINS ( CRP )**

<b>INVESTIGATION</b>	<b>RESULT</b>	<b>UNITS</b>	<b>NORMAL RANGE</b>
C – REACTIVE PROTEINS (Method: Immunoturbidimetry)	<b>40.23</b>	mg/L	0.0 - 6.0
INTERPRETAION	<b>POSITIVE</b>		

**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 Correlate With Clinical Findings If Necessary Discuss

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

**Authorized Signatory**



**LAB INCHARGE**





Name : **MR. SYED AZEEM**  
Age/Gender : **50YEARS/MALE**  
Sample Type : **URINE**  
Reff By : **DR.SELF**  
TypedBy : Md Masud Ansari

Bill Number : **M4753**  
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**CUE(COMPLETE URINE EXAMINATION)**

<b>INVESTIGATION</b>	<b>RESULT</b>	<b>NORMAL RANGE</b>
<b><u>PHYSICAL EXAMINATION</u></b>		
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
<b><u>CHEMICAL EXAMINATION</u></b>		
ALBUMIN	TRACE	NEGATIVE
SUGAR	NIL	NIL
UROBILINOGEN	NEGATIVE	NEGATIVE
BILE SALT	NEGATIVE	NEGATIVE
BILE PIGMENT	NEGATIVE	NEGATIVE
KETONE BODIES	NEGATIVE	NEGATIVE
<b><u>MICROSCOPIC EXAMINATION</u></b>		
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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OTHERS

NIL

NIL

**Method:** Multi Reagent Strip / Chemical / Microscopy

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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 DETECTION OF 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

Suggested Clinical Correlation If necessary Kindly Discuss.

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

Authorized Signatory




LAB INCHARGE