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*

Name	:	**Mr. MOHAMMED MASUD ANSARI**	Bill Number	:	**M003**
Name	:	**Mr. MOHAMMED MASUD ANSARI**	Bill Date	:	31-Mar-2024 12:13 PM
Age/Gender	:	29YEARS/MALE	Sample Collection	:	31-Mar-2024 12:13 PM
Age/Gender	:	**29YEARS/MALE**	**Bill Date**	:	**31-Mar-2024 12:13 PM**
Sample Type	:	WB EDTA	Sample Received	:	31-Mar-2024 12:14 PM
Sample Type	:	**WB EDTA**	**Sample Collection**	:	**31-Mar-2024 12:18 PM**
Reff By	:	DR SELF	Reporting Date	:	31-Mar-2024 12:14 PM
Reff By	:	**DR SELF**	**Sample Received**	:	**31-Mar-2024 12:24 PM**
TypedBy	:	Md Masud Ansari			
TypedBy	:	**Md Masud Ansari**	**Reporting Date**	:	**31-Mar-2024 12:16 PM**

Note

1.This test detects P.falciparum and P.vivax Malarial antigens targeted by highly specific monoclonal antibodies in pLDH/Aldolase respectively.

2.Sensitivity and Specificity of this test are 98.2% &99.6% for P.falciparum and 94.8% &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----------

Authorized Signatory

LAB INCHARGE

SEROLOGY

WIDAL

INVESTIGATION	RESULT
SALMONELLA TYPHI' O '	1 in 20 DILUTION
SALMONELLA TYPI ' H '	1 in 20 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*

Demonstration of a rise in the titer of antibodies by testing two or more serum samples is more meaningful than a single test. Sample taken late in disease instead of rise in titer, fall in titer may be seen in some cases. Agglutination more than or equal to 1:80 is significant . Immunised person or patients who had prior infection may develop anamnestic response.

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

COMPLETE BLOOD PICTURE (CBP)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
HAEMOGLOBIN (Method: Cell Counter)	12.6	g%	MALE: 13 -18 g% FEMALE: 11-13 g%
RBC Count (Method: Cell Counter)	4.5	Millions/cu.mm	4.5 - 6.5
WBC Count (Method: Cell Counter)	6,800	Cells/cumm	4,000 - 11,000
RDW (Method: Cell Counter)	14.6	%	11.0 - 16.0
DIFFERENTIAL COUNT			
NEUTROPHILS (Method: Cell Counter)	65	%	Adults 40 - 75% Childrens 40 - 60 %
LYMPHOCYTES (Method: Cell Counter)	30	%	Adults 20 - 40 % Children 30 - 40 %
EOSINOPHILS (Method: Cell Counter)	01	%	Adult 01 - 06% Children 1 - 6%
MONOCYTES (Method: Cell Counter)	04	%	Adult 02 - 10% Children 6 - 10%
BASOPHILS (Method: Cell Counter)	00	%	Adults 0 - 0 % Children 0 - 0 %
PCV (Haematocrit) (Method: Cell Counter)	39	%	35.00 - 45.00 %
MCV (Method: Cell Counter)	87	FL	83 - 101 fl
MCH (Method: Cell Counter)	28	PG	27 - 32 pg
MCHC (Method: Cell Counter)	33	%	32 - 35 %
PLATELET COUNT (Method: Cell Counter)	1.96	Lakhs/cumm	1.5 - 4.5

PERIPHERAL SMEAR

RBCs	NORMOCYTIC NORMOCHROMIC
WBCs	WITHIN NORMAL LIMITS
PLATELETS	ADEQUATE

Sugessted Clinical Correlation If necesarry Kindly Discuss.

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

Authorized Signatory

LAB INCHARGE

ERYTHROCYTE SEDIMENTATION RATE(ESR)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
FIRST HOUR (Method: Westergrens)	**17**	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*

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

Authorized Signatory

LAB INCHARGE

BLOOD GROUPING & Rh TYPING

INVESTIGATION	RESULT
BLOOD GROUPING (Method: Slide Agglutination)	" A "
RH TYPING	POSITIVE

Method: *METHOD:SLIDE/TUBE AGGLUTINATION (Forward &Reverse Grouping*

Reconfirm the Blood Group and Rh Type(DU Test)& Cross-match before blood transfusion.

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

LAB INCHARGE

DEPARTMENT OF RADIOLOGY

X - RAY CHEST PA VIEW

Trachea is in midline.

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.**

For clinical correlation.

Dr.Sukumar.,MDRD
Consulatant Radiologist

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

THYROID PROFILE (TFT)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3) (Method: CLIA)	0.9	ng/ml	0.87 - 1.78
TOTAL THYROXINE (T4) (Method: CLIA)	0.2	ug/dL	4.82 - 11.72
THYROID STIMULATING HORMONE (TSH) (Method: CLIA)	0.7	uIU/mL	0.34 - 5.60

Pregnancy Reference Ranges for TSH:

1st Trimester : 0.10 - 2.50

2nd Trimester : 0.20 - 3.0

3rd Trimester : 0.20 - 3.0

(Ref: Guidelines of American Association for the diagnosis and management of Thyroid Disease during pregnancy and Postpartum, Thyroid, 2011,21:1-46).

Primary malfunction of the thyroid gland may result in excessive (Hyper) or below normal (Hypo) release of T3 or T4. In Addition, as thyroid function is directly affected by TSH. Diagnostically, T3 concentration in serum changes faster and more markedly than T4, the T3 level is also an exellent indicator of the ability of the thyroid to respond to both stimulatory and suppressive tests. Under conditions of strong thyroid stimulation, the T3 level offers a good. It is expecially useful in the differential diagnosis of primary (Thyroid) from secondary (Pituitary) and tertiary (Hypothalamus)hypothyroidism. In primary Hypothyroidism, TSH levels are significantly elevated, While in secondary and tertiary hypothyroidism, TSH levels are low. A TSH level between 6-12 miu/L with normal T4 may represent sbclinical or compensated Hypothyroidis. Supressed TSH may be seen in elderly patients who do not have thyrotoxcosis (Since the T3 is low or normal). TSH may also be suppressed in depression.

*A synchronous diurnal rhythm is found in serum TSH with low levels in the day time and higher levels at night. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH Concentrations.

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

Authorized Signatory

LAB INCHARGE

CLINICAL PATHOLOGY

CUE(COMPLETE URINE EXAMINATION)

INVESTIGATION	RESULT	NORMAL RANGE
PHYSICAL EXAMINATION		
QUANTITY	20 ml	
COLOUR	PALE YELLOW	
APPEARANCE	CLEAR	
REACTION (PH)	6.5	4.6 - 8.0
SPECIFIC GRAVITY	1.015	1.005 - 1.030
CHEMICAL EXAMINATION		

ALBUMIN	NIL	NEGATIVE
SUGAR	NIL	NIL
BILE SALT	NEGATIVE	NEGATIVE
BILE PIGMENT	NEGATIVE	NEGATIVE
UROBILINOGEN	NEGATIVE	NEGATIVE
KETONE BODIES	NEGATIVE	NEGATIVE

MICROSCOPIC EXAMINATION

PUS CELLS	1 - 2 / HPF	0 - 5 / HPF
RBC	NIL	NIL
EPETHILIAL CELLS	0 - 1 / HPF	0 - 5 / HPF
CRYSTALS	NIL	NIL
CASTS	NIL	NIL
OTHERS	NIL	NIL

Method: *Multi Reagent Strip / Chemical / Microscopy*

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

Authorized Signatory

LAB INCHARGE

CLINICAL BIOCHEMISTRY

RENAL FUNCTION TEST (RFT)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
Blood Urea (Method: Urease-GLDH)	36	mg/dl	13 - 45
Serum Creatinine (Method: Alkaline Picrate)	1.0	mg/dl	Male: 0.9 - 1.4 Female: 0.9 - 1.3
Serum Calcium (Method: Arsenazo)	9.3	mg/dl	8.6 - 10.3
Serum Uric Acid (Method: Uricase)	4.2	mg/dl	Male: 3.6 - 7.7 Female: 2.5 - 6.8
Serum Electrolytes			
Sodium (Na) (Method: Alkaline Picrate)	136	mmol/L	135 - 145
Potassium (K) (Method: I S E-Direct)	4.0	mmol/L	3.5-5.3
Chloride (CL) (Method: I S E)	101	mmol/L	98 - 107

Sugessted Clinical Correlation If necesarry Kindly Discuss.

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

Authorized Signatory

LAB INCHARGE

LIVER FUNCTION TEST (LFT)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
TOTAL BILIRUBIN (Method: Jendrassik and Grof)	0.9	mg/dl	0.4 - 1.2
DIRECT BILIRUBIN (Method: Modified Jendrassik)	0.2	mg/dl	Up to 0.25
INDIRECT BILIRUBIN (Method: Calculated)	0.7	mg/dl	up to 1
SGPT(ALT) (Method: Kinetic: IFCC)	32	U/L	Male :Upto 40 Female :Upto 31
SGOT(AST) (Method: Kinetic IFCC)	17	U/L	Male: Upto 37 Female: Upto 31
ALKALINE PHOSPHATASE(ALP) (Method: PNPP AMP Buffer)	110	U/L	Adults : 30-120 Children: 47 - 406
TOTAL PROTEINS (Method: Biuret)	7.6	gm/dl	6.4 - 8.3
ALBUMIN (Method: BCG)	4.0	gm/dl	3.8 - 4.4 gm/dL
GLOBULIN (Method: Calculated)	3.2	gm/dl	2.6 - 3.9
A/G Ratio (Method: Calculated)	**1.0**		1.2-2.2

Total Bilirubin reference range in case of Premature neonates is :0 - 1day: 1.0 - 8.0, 1 - 2day: 6.0 - 12.0, 3 - 5day: 10.0 - 14.0

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

Authorized Signatory

LAB INCHARGE

CLINICAL BIOCHEMISTRY

FASTING BLOOD SUGAR (FBS)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
FASTING BLOOD SUGAR (Method: GOD/POD)	102	mg/dl	70 - 110
POST LUNCH BLOOD SUGAR (Method: GOD/POD)	132	mg/dl	80 - 160

NOTE:

The discordant post prandial blood glucose levels are observed in some of the conditions related to defective absorption,insufficient dietery intake,endocrine disorders,hypoglycemic drug overdose and reactive hypoglycemia etc...

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

Authorized Signatory

LAB INCHARGE

POST LUNCH BLOOD SUGAR (PLBS)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
POST-LUNCH BLOOD SUGAR (Method: GOD/POD)	132	mg/dl	80 - 160

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

Authorized Signatory

LAB INCHARGE

Glycosylated Haemoglobin (HbA1c)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
GLYCATED HAEMOGLOBIN (HBA1C) (Method: HPLC)	**6.3**	%	Below 6.0% - Normal value 6.0 - 7.0 % Good control 7.0 - 8.0 % Fair Control 8.0 - 10.0 % Unsatisfactory Control > 10.0 % Poor Control
AVERAGE BLOOD GLUCOSE (Method: Calculated)	129.3	mg/dl	90 - 120 mg/dl - Excellent control 121 - 150 mg/dl - Good Control 151 - 180 mg/dl - Average Contro 181 - 210 mg/dl - Action Suggeste > 211 mg/dl - Panic Value.

INTERPRETATION:

* Monitor diabetic patients compliance with therapetic regime and long term blood glucose level control.
* It is useful in evaluating the initial 1 - 2 months of diabetic control in a newly pregnant diabetic female.
* In differentiating stress induced transient glucose intolerance from true diabetic.
* It also confirms discrepancies between blood glucose sellf monitoring results produced by the patients and actual degree of overall control.
* Increased in chronic renal failure, iron deficiency anemia, splenectomy,and alcohol.
* Decreased in shortended RBC life span in presence of HbS, HbC after transfusion, pregnancy etc.

*Average Blood Glucose value is calculated from HBA1C value and it indicates Average Blood Sugar level over past three months.

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

Authorized Signatory

LAB INCHARGE

LIPID PROFILE

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
TOTAL CHOLESTROL (Method: CHOD/POD)	**1236**	mg/dl	Desirable Level: < 200 Borderline : 200 - 239 Undesirable : Above 239
HDL CHOLESTROL (Method: DIRECT/ENZYME ASSAY)	41	mg/dl	Desirable : > 60 Optimal : 40-59 Undesirable : < 40
LDL CHOLESTROL (Method: Calculated)	52	mg/dl	Optimal : < 100 Near Optimal : 100 - 129 Borderline High : 130 - 159 High : 160 - 189

			Very High : Above 190
TRIGLYCERIDES (Method: GPO-PAP)	**225**	mg/dl	Desirable Level : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : >= 500
CHOL/HDL RATIO (Method: Calculated)	**2552**		Low Risk:3.3-4.4 Average Risk :4.5-7.1 Moderate Risk :7.2-11.0

*National Cholesterol Education Programme Adult Treatment Panel III Guidelines (US)

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

Authorized Signatory

LAB INCHARGE

DEPARTMENT OF CARDIOLOGY

ELECTROCARDIOGRAM (ECG)

W

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

SEROLOGY

HIV I AND II

INVESTIGATION	RESULT	NORMAL RANGE
HIV I AND II (Method: immuno chromatography)	NEGATIVE	NON REACTIVE
HBsAg (Method: CARD)	NEGATIVE	NEGATIVE
VDRL (Method: CARD)	NEGATIVE	NON REACTIVE
HCV CARD (Method: CARD)	NEGATIVE	NON REACTIVE
HIV II (Method: CARD)	NEGATIVE	NON REACTIVE

NON REACTIVE : Indicates presumed not to have had HIV infection.

REACTIVE : Presumptively infected with HIV,recommended to confirm by western blot for HIV I&II

CLINICAL SIGNIFICANCE: A nonreactive results does not exclude the possibility of HIV infection. Levels of HIV antibodies may be undetectable in the window period, hence repeat the same test after 2-4 months or go for other supplementary methods like HIV RNA PCR. COMMENTS:Strategy algorithm III as per the guidelines national AIDS control organization (NACO) Govt.of India, has been adopted to report on HIV testing.

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

Hepatitis B surface antigen

INVESTIGATION	RESULT	NORMAL RANGE
HBsAg (Method: immuno chromatography)	NEGATIVE	NEGATIVE

NEGATIVE : Presumed not currently infected or if infected antigens have not yet reached detectable levels.

POSITIVE : Indicative of acute or chronic Hepatitis B virus infection or chronic HBV carrier state.

NOTE : The test is a screening assay, it should not be used as a sole criterion for diagnosis of Hepatitis B infection. Positive results should be confirmed by HBV DNA PCR.

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

Authorized Signatory

LAB INCHARGE

SEROLOGY

VDRL (Rapid)

INVESTIGATION	RESULT	NORMAL RANGE
VDRL (Rapid) (Method: immuno chromatography)	NEGATIVE	NON REACTIVE

NOTE:

1. This test is primarily intended to screen for Syphilis and should not be used as a sole primary diagnostic test.

2. Biological false positives are known to occur with non treponemal tests like VDRL & RPR when the patients have infections other than syphilis.

3. All Positive results should be confirmed by specific Treponemal tests like TPHA.

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