



Name : **MR. M.DILIP**
Age/Gender : **35YEARS/MALE**
Sample Type : **WB EDTA**
Reff By : **DR.P.GIRI**
TypedBy : Bharat Saini

Bill Number : **M6184**
Bill Date : 01-Sep-2024 01:23 PM
Sample Collection : 01-Sep-2024 01:23 PM
Sample Received : 01-Sep-2024 01:24 PM
Reporting Date : 01-Sep-2024 01:44 PM

COMPLETE BLOOD PICTURE (CBP)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
HAEMOGRAM			
HAEMOGLOBIN (Method: Cell Counter)	14.6	g%	MALE: 13 -18 g% FEMALE: 11-13 g%
RBC Count (Method: Cell Counter)	4.5	Millions/Cumm	3.8 - 4.8
WBC Count (Method: Cell Counter)	3,300	Cells/Cumm	4,000 - 11,000
RDW-CV (Method: Cell Counter)	12.8	%	11.0 - 16.0
DIFFERENTIAL COUNT			
NEUTROPHILS (Method: Cell Counter)	61	%	Adults 40 - 75% Childrens 40 - 60 %
LYMPHOCYTES (Method: Cell Counter)	29	%	Adults 20 - 40 % Children 30 - 40 %
EOSINOPHILS (Method: Cell Counter)	02	%	Adult 01 - 06% Children 1 - 6%
MONOCYTES (Method: Cell Counter)	08	%	Adult 02 - 10% Children 6 - 10%
BASOPHILS (Method: Cell Counter)	00	%	Adults 0 - 0 % Children 0 - 0 %
PCV (Haematocrit) (Method: Cell Counter)	41	%	35.00 - 45.00 %
MCV (Method: Cell Counter)	94	FL	83 - 101 fl
MCH (Method: Cell Counter)	32	PG	27 - 32
MCHC (Method: Cell Counter)	35	%	32 - 35 %
PLATELET COUNT (Method: Cell Counter)	1.56	Lakhs/cumm	1.5 - 4.5
PERIPHERAL SMEAR			
RBCs	NORMOCYTIC NORMOCHROMIC		
WBCs	LEUCOCYTOPENIA		
PLATELETS	ADEQUATE		

Sugessted Clinical Correlation If necesarry Kindly Discuss.



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



Authorized Signatory



LAB INCHARGE



Name : **MR. M.DILIP**
Age/Gender : **35YEARS/MALE**
Sample Type : **SERUM**
Reff By : **DR.P.GIRI**
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C - REACTIVE PROTEINS (CRP)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
C – REACTIVE PROTEINS (Method: Immunoturbidimetry)	5.29	mg/L	0.0 - 6.0
INTERPRETAION	NEGATIVE		

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. M.DILIP**
Age/Gender : **35YEARS/MALE**
Sample Type : **URINE**
Reff By : **DR.P.GIRI**
TypedBy : Bharat Saini

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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	1 - 2 / 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.

9-190/1 A, Opp. Bajaj Electronics, Beside Govt. Hospital, New Market Road, Ambedkar Colony,
PATANCHERU, Sangareddy Dist- 502 319. T.S. 📞 : 08455 296155, 📠 : 9603496176

✉ : mstardiagnostics@gmail.com. 🌐 : www.mstardiagnostics.com



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WIDAL

INVESTIGATION

RESULT

SALMONELLA TYPHI' O '	1 in 160 DILUTION
SALMONELLA TYPI ' H '	1 in 160 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-----

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