





Name : MR. JAHANGEER MOHAMMED Bill Number : M2828

: 39YEARS/MALE Age/Gender Bill Date : 25-Jun-2024 11:36 AM Sample Type : 25-Jun-2024 11:41 AM : WB EDTA Sample Collection Reff By : DR.P.GIRI Sample Received : 25-Jun-2024 11:46 AM TypedBy : Md Masud Ansari Reporting Date : 25-Jun-2024 05:07 PM

### COMPLETE BLOOD PICTURE ( CBP )

INVESTIGATION	RESULT	<u>UNITS</u>	NORMAL RANGE	
HAEMOGRAM HAEMOGLOBIN (Method: Cell Counter)	15.3	gm/dL	13 -18	
RBC Count (Method: Cell Counter)	5.1	Millions/Cumm	3.8 - 4.8	
WBC Count (Method: Cell Counter)	2,400	Cells/Cumm	4,000 - 11,000	
RDW	14.3	%	11.0 - 16.0	
DIFFERENTIAL COUNT				
NEUTROPHILS (Method: Cell Counter)	65	%	40 - 75	
LYMPHOCYTES (Method: Cell Counter)	30	%	20 - 40	
EOSINOPHILS (Method: Cell Counter)	01	%	01 - 06	
MONOCYTES (Method: Cell Counter)	04	%	02 - 10	
BASOPHILS (Method: Cell Counter)	00	%	00 - 00	
PCV (Haematocrit) (Method: Cell Counter)	45	%	35 - 45	
MCV (Method: Cell Counter)	88	FL	83 - 101	
MCH (Method: Cell Counter)	30	PG	27 - 32	
MCHC (Method: Cell Counter)	34	%	32 - 35	
PLATELET COUNT (Method: Cell Counter)	0.81	Lakhs/Cumm	1.5 - 4.5	
PERIPHERAL SMEAR				
RBCs	NORMOCY	NORMOCYTIC NORMOCHROMIC		

WBCs LEUCOCYTOPENIA







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**PLATELETS** 

Age/Gender

**THROMBOCYTOPENIA** 

Bill Number

Sugessted Clinical Correlation If necesarry Kindly Discuss.

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

**Authorized Signatory** 

LAB INCHARGE





: 25-Jun-2024 11:46 AM

Name : **MR. JAHANGEER MOHAMMED** 

Age/Gender : 39YEARS/MALE

Sample Type : **SERUM**Reff By : **DR.P.GIRI** 

TypedBy : Md Masud Ansari

Bill Date : 25-Jun-2024 11:36 AM

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0.0 - 6.0

Sample Received

mg/L

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

INVESTIGATION RESULT UNITS NORMAL RANGE

C – REACTIVE PROTEINS 49.62 (Method: Immunoturbidimetry)

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-----

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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

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-----

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# Dengue NS1 antigen IgG IgM

INVESTIGATION RESULT NORMAL RANGE

DENGUE NS1 POSITIVE NEGATIVE

(Method: Rapid)

DENGUE - IGG NEGATIVE NEGATIVE

(Method: Rapid)

DENGUE - IGM NEGATIVE NEGATIVE

(Method: Rapid)

TECHNOLOGY RAPID VISUAL TEST FOR THE DETECTIONOF DENGUE

PRIMARY DENGUE VIRUS INFECTION IS CHARACTARISED BY ELEVATION IN SPECIFIC NS 1 ANTIGEN LEVEL 0-9 DAY'S AFTER THE ONSET OF SIMPTOMSPLEASE CORRELATE WITH CLINICAL CONDITIONS.

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

LAB INCHARGE

**Authorized Signatory**