



Name : **MRS. NAURIDA**
 Age/Gender : **20YEARS/FEMALE**
 Sample Type : **WB EDTA**
 Ref By : **DR.SRI TEJA REDDY**
 TypedBy : Bharat Saini

Bill Number : **M2373**
 Bill Date : 19-Jun-2024 05:35 PM
 Sample Collection : 19-Jun-2024 05:38 PM
 Sample Received : 19-Jun-2024 05:40 PM
 Reporting Date : 20-Jun-2024 07:09 PM

COMPLETE BLOOD PICTURE (CBP)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
HAEMOGLOBIN (Method: Cell Counter)	10.5	gm/dL	12.0 - 15.0
RBC Count (Method: Cell Counter)	4.3	Millions/Cumm	3.8 - 4.8
WBC Count (Method: Cell Counter)	10,200	Cells/cumm	4,000 - 11,000
RDW (Method: Cell Counter)	13.9	%	11.0 - 16.0
DIFFERENTIAL COUNT			
NEUTROPHILS (Method: Cell Counter)	73	%	40 - 75
LYMPHOCYTES (Method: Cell Counter)	22	%	20 - 40
EOSINOPHILS (Method: Cell Counter)	02	%	01 - 06
MONOCYTES (Method: Cell Counter)	03	%	02 - 10
BASOPHILS (Method: Cell Counter)	00	%	0 - 0
PCV (Haematocrit) (Method: Cell Counter)	31	%	35 - 45
MCV (Method: Cell Counter)	72	FL	83 - 101
MCH (Method: Cell Counter)	24	pg	27 - 32
MCHC (Method: Cell Counter)	33	%	32 - 35
PLATELET COUNT (Method: Cell Counter)	2.60	Lakhs/Cumm	1.5 - 4.5
PERIPHERAL SMEAR			
RBCs	NORMOCYTIC MILD HYPOCHROMIC		
WBCs	WITHIN NORMAL LIMITS		
PLATELETS	ADEQUATE		



Name : **MRS. NAURIDA**
Age/Gender : **20YEARS/FEMALE**
Sample Type : **WB EDTA**
Reff By : **DR.SRI TEJA REDDY**
TypedBy : Bharat Saini

Bill Number : **M2373**
Bill Date : 19-Jun-2024 05:35 PM
Sample Collection : 19-Jun-2024 05:38 PM
Sample Received : 19-Jun-2024 05:40 PM
Reporting Date : 20-Jun-2024 07:09 PM

Sugessted Clinical Correlation If necesarry Kindly Discuss.

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



Authorized Signatory



LAB INCHARGE



Name : **MRS. NAURIDA**
Age/Gender : **20YEARS/FEMALE**
Sample Type : **SERUM**
Reff By : **DR.SRI TEJA REDDY**
TypedBy : **Md Masud Ansari**

Bill Number : **M2373**
Bill Date : **19-Jun-2024 05:35 PM**
Sample Collection : **19-Jun-2024 05:38 PM**
Sample Received : **19-Jun-2024 05:40 PM**
Reporting Date : **20-Jun-2024 07:27 PM**

TORCH PROFILE (10 PARAMETERS)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
Toxoplasma Antibody IgG (Method: ELISA)	0.14	Ratio	Negative : < 0.8 Grey Zone : 0.8 to < 1.1 Positive : >= 1.1
Toxoplasma Antibody IgM (Method: ELISA)	0.15	Ratio	Negative : < 0.8 Grey Zone : 0.8 to < 1.1 Positive : >= 1.1
Rubella Antibody IgG (Method: ELISA)	2.81	Ratio	Grey Zone : 0.8 to < 1.1 Positive : >= 1.1
Rubella Antibody IgM (Method: ELISA)	0.11	Ratio	Negative : < 0.8 Grey Zone : 0.8 to < 1.1 Positive : >= 1.1
Cytomegalo Virus Antibody IgG (Method: ELISA)	2.50	Ratio	Negative : < 0.8 Grey Zone : 0.8 to < 1.1 Positive : >= 1.1
Cytomegalo Virus IgM Antibody (Method: ELISA)	0.21	Ratio	Negative : < 0.8 Grey Zone : 0.8 to < 1.1 Positive : >= 1.1
Herpes Simplex Virus I IgG Ab (Method: ELISA)	1.10	Ratio	Negative : < 0.8 Grey Zone : 0.8 to < 1.1 Positive : >= 1.1
Herpes Simplex Virus I IgM Ab (Method: ELISA)	0.74	Ratio	Negative : < 0.8 Grey Zone : 0.8 to < 1.1 Positive : >= 1.1
Herpes Simplex Virus II IgG Ab (Method: ELISA)	0.38	Ratio	Negative : < 0.8 Grey Zone : 0.8 to < 1.1 Positive : >= 1.1
Herpes Simplex Virus II IgM Ab (Method: ELISA)	0.58	Ratio	Negative : < 0.8 Grey Zone : 0.8 to < 1.1 Positive : >= 1.1



Name : **MRS. NAURIDA**
Age/Gender : **20YEARS/FEMALE**
Sample Type : **SERUM**
Reff By : **DR.SRI TEJA REDDY**
TypedBy : **Md Masud Ansari**

Bill Number : **M2373**
Bill Date : **19-Jun-2024 05:35 PM**
Sample Collection : **19-Jun-2024 05:38 PM**
Sample Received : **19-Jun-2024 05:40 PM**
Reporting Date : **20-Jun-2024 07:27 PM**

TORCH IgG:

1. Non reactive results do not always exclude the possibility of infection. Patients with negative results in suspected early disease cases should be retested after 3 weeks.
2. Equivocal results may contain low levels of IgG. In such cases it is recommended to test for IgM antibody and / or a second sample to be tested for IgG antibody after 2 weeks.
3. Reactive results indicate past or acute infection.
4. IgG avidity testing is recommended to differentiate between recent and past infection

TORCH IgM:

1. Non reactive results do not always exclude the possibility of infection. Patients with negative results in suspected early disease cases should be retested after 3 weeks.
2. Equivocal results may contain low levels of antibodies. In such cases it is recommended to retest after 2 weeks.
3. Reactive Rubella & CMV result indicates primary infection / reinfection / reactivation of latent virus.
4. Reactive Toxoplasma result indicates recent / past infection as the IgM antibodies can persist upto 18 months post infection. The result should be considered false positive if Toxoplasma IgG remains negative on repeat testing after 2-3 weeks.

Please Correlate With Clinical Findings If Necessary Discuss

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

Authorized Signatory



LAB INCHARGE