**Collected**: **20/1/2017 12:00:00AM Received**: **20/1/2017 10:29:11AM Reported**: **21/1/2017 10:48:25AM**

**Report Status** : **Final**

**Unknown**

**Ref By :**

**P**

**A/c Status**

**Gender:Unknown**

**Age: Unknown**

**134315810**

**Lab No.**

**Z390**

:

:

:

**Name**

**TestName** **Results** **Units** **Bio. Ref.Interval FEVER PANEL1**

|  |  |
| --- | --- |
| Name | LJohn |
| Gender | Male |

|  |  |  |  |
| --- | --- | --- | --- |
| **COMPLETE BLOOD COUNT (CBC)**  (Electrical Impedance & VCS,Photometry ) | | | |
| Hemoglobin | 14.40 |  |  |
| Packed Cell Volume (PCV) | 43.80 |  |  |
| RBC Count | 5.27 |  |  |
| MCV | 83.00 |  |  |
| MCH | 27.20 |  |  |
| MCHC | 32.80 |  |  |
| Red Cell Distribution Width (RDW) | 14.50 |  |  |
| Total Leukocyte Count (TLC) | 11.00 |  |  |
| **Differential Leucocyte Count (DLC)** |  |  |  |
| Segmented Neutrophils | 66.40 |
| Lymphocytes | 24.70 |
| Monocytes | 4.90 |
| Eosinophils | 3.10 |
| Basophils | 0.90 |
| **Absolute Leucocyte Count** |  |
| Neutrophils | 7.30 |
| Lymphocytes | 2.72 |
| Monocytes | 0.54 |
| Eosinophils | 0.34 |
| Basophils | 0.10 |
| Platelet Count | 290.0 |  |  |

# Note

1. As per the recommendation of International council for Standardization in Hematology, the differential leucocytecountsareadditionallybeingreportedasabsolutenumbersofeachcellinperunitvolumeof blood
2. Test conducted on EDTA wholeblood

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** : **Z390** **Collected** :**20/1/2017 12:00:00AM Received** :**20/1/201710:29:11AM** | | | | |
|  | **LabNo.** : **134315810** **Age:Unknown** | **Gender:** **Unknown** | **Reported** | :**21/1/2017 10:48:25AM** |
|  | **A/cStatus** :**P** **RefBy:** **Unknown** |  | **Report Status** | :**Final** |
|  | **Test Name** | **Results** | **Units** | **Bio. Ref. Interval** |
|  | **URINE EXAMINATION, ROUTINE; URINE, R/E**  (Automated Strip Test, Microscopy) |  |  |  |
|  | **Physical** |  |  |  |
|  | Colour | Light Yellow |  | Pale yellow |
|  | Specific Gravity | 1.025 |  |  |
|  | pH | 6 |  | 5.0 - 8.0 |
|  | **Chemical** |  |  |  |
|  | Proteins Glucose Ketones Bilirubin Urobilinogen  Leucocyte Esterase Nitrite | Nil Nil Nil Nil  Normal Negative Negative |  | Nil Nil Nil Nil  Normal Negative Negative |
|  | **Microscopy** |  |  |  |
|  | R.B.C. | Negative |  | Negative |
|  | Pus Cells | Negative |  | 0-5 WBC / hpf |
|  | Epithelial Cells | Few |  | Few |
|  | Casts | Nil |  | Nil /lpf |
|  | Crystals | Nil |  | Nil |
|  | Others | Nil |  | - |

**Collected**: **20/1/2017 12:00:00AM Received**: **20/1/2017 10:29:11AM Reported**: **21/1/2017 10:48:25AM**

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**P**

**A/c Status**

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**Z390**

:

:

:

**Name**

**TestName** **Results** **Units** **Bio. Ref.Interval**

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**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

(Capillary photometry)

# Note

* 1. C-Reactive Protein (CRP) is the recommended test in acute inflammatoryconditions.
  2. Test conducted on EDTA whole blood at37°C.
  3. ESR readings are auto- corrected with respect to Hematocrit (PCV)values.

Non Reactive

Salmonella paratyphi B, H (BH)

Non Reactive

Salmonella paratyphi A, H (AH)

Non Reactive

Salmonella typhi H (TH)

Non Reactive

**WIDAL TEST, SERUM**

(Slide Agglutination)

Salmonella typhi O (TO)

Note: 1.Titres 1:80 and above of “O” antigen & 1:160 and above of “H” antigen are significant

* + 1. Rising titres are significant`
    2. The recommended Widal test is by Tube Agglutination Method

# Comments

This test measures somatic O and flagellar H antibodies against Typhoid and Paratyphoid bacilli. The agglutinins usually appear at the end of the first week of infection and increase steadily till third / fourth week after which the decline starts. A positive Widal test may occur because of typhoid vaccination or previous typhoid infection and in certain autoimmune diseases. Non specific febrile disease may cause this titre to increase (anamnestic reaction). The test may be falsely negative in cases of Enteric fever treatedwithantibioticsintheearlystages.Therecommendedtestspeciallyinthefirstweekafterinfection is BloodCulture.

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:

:

:

**Name**

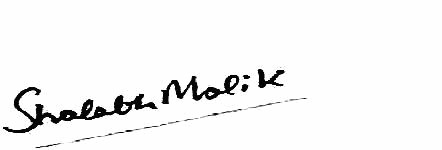
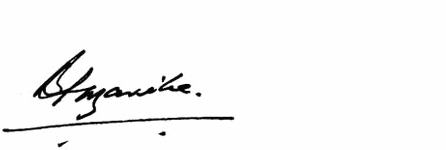
**TestName** **Results** **Units** **Bio. Ref.Interval**

**MALARIAPARASITE/BLOODPARASITE IDENTIFICATION**

(Microscopy)

No MP seen in smears examined.

**Note:**A Single negative smear does not rule out malaria



Dr. Anil Arora MD (Pathology)

Consultant Pathologist

Dr Biswadip Hazarika MD (Pathology) Consultant Pathologist

Dr. Shalabh Malik MD (Microbiology)

HOD Micro & Clinical Path

-------------------------------End of report --------------------------------