

Name : Mr. SANCHIT
PID No. : IND456416
SID No. : 417083927
Age / Sex : 22 Year(s) / Male
Ref. Dr : DR. SUNEETH KUMAR K
Source :



Register On : 17/09/2017 11:09 AM
Collection On : 17/09/2017 11:18 AM
Report On : 17/09/2017 2:40 PM
Printed On : 17/09/2017 5:03 PM
Type : OP

REPORT

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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HAEMATOLOGY

Smear for Malarial Parasite
(Whole Blood/Microscopy)

Negative

Negative

Complete Blood Count With - ESR

Haemoglobin

16.3

g/dL

13.5 - 18.0

(EDTA Blood/Automated Blood cell Counter)

Packed Cell Volume(PCV)/Haematocrit

48.8

%

42 - 52

(EDTA Blood/Automated Blood cell Counter)

RBC Count

5.55

mill/cu.mm

4.7 - 6.0

(EDTA Blood/Automated Blood cell Counter)

Mean Corpuscular Volume(MCV)

88.0

fL

78 - 100

(EDTA Blood/Automated Blood cell Counter)

Mean Corpuscular Haemoglobin(MCH)

29.4

pg

27 - 31

(EDTA Blood/Automated Blood cell Counter)

Mean Corpuscular Haemoglobin
concentration(MCHC)

33.4

g/dL

32 - 36

(EDTA Blood/Automated Blood cell Counter)

RDW-SD

40.9

fL

39 - 46

(EDTA Blood/Automated Blood cell Counter)

RDW-CV

12.8

%

11.5 - 14.0

(EDTA Blood/Automated Blood cell Counter)

Total Leukocyte Count (TC)

4,880

cells/cu.mm

4000 - 10500

(EDTA Blood/Automated Blood cell Counter)

Platelet Count

2.05

lakh/cu.mm

1.5 - 4.5

(EDTA Blood/Automated Blood cell Counter)

A handwritten signature in black ink, appearing to read "Akshatha".

DR. AKSHATHA C
CONSULTANT PATHOLOGIST
KMC NO - 87821

The results pertain to sample tested.

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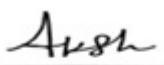
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<u>Diferential Leucocyte Count</u>			
Neutrophils (EDTA Blood/Automated Blood cell Counter)	62.1	%	40 - 75
Lymphocytes (EDTA Blood/Automated Blood cell Counter)	28.9	%	20 - 45
Eosinophils (EDTA Blood/Automated Blood cell Counter)	0.0	%	01 - 06
Monocytes (EDTA Blood/Automated Blood cell Counter)	8.8	%	02 - 08
Basophils (Blood/Automated Blood cell Counter)	0.2	%	00 - 01
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	2	mm/hr	0 - 15


DR. AKSHATHA C
CONSULTANT PATHOLOGIST
KMC NO - 87821

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SEROLOGY

Widal Test (Slide Method)

INTERPRETATION: A rapid screening test to detect the presence of antibody against Salmonella typhi antigens which begin to rise during the end of first week, second, third & fourth week, after which it gradually decreases. A rise or fall in titres between two sera specimens is more significant than a single test. All Positive titres should be confirmed by tube method. Widal test should be interpreted in the light of baseline titres in the healthy local population. False positive results can occur in patients with previous vaccination or infection with S typhi. Definitive diagnosis of Typhoid fever depends on the isolation of S. typhi from blood, stool or other body fluid.

S. Typhi O	No Agglutination
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S. Typhi H	No Agglutination
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S. Paratyphi AH (Serum/Slide Agglutination)	No Agglutination
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S. Paratyphi BH	No Agglutination
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DENGUE PROFILE

Anti Dengue Antibody, IgG (Serum/Immunochromatography)	Negative
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INTERPRETATION: NOTE : Primary Dengue Fever - Positive for IgM antibodies Secondary Dengue Fever - Positive for IgG antibodies or IgG & IgM. Test results to be correlated with clinical and other laboratory findings. Positive results should be confirmed by ELISA method. Negative results need to be retested after 7 days. This is only a screening test. False positive & False negative results are known to occur with this test. Advised tests like ELISA/PCR for confirmation of test results.

Anti Dengue Antibody, IgM (Serum/Immunochromatography)	Negative
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VENKATESH RATHOD
MSC (MEDICAL BIOCHEMISTRY)
BIOCHEMIST

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Dengue Antigen (NS1) (Serum/Immunochromatography)	Positive
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INTERPRETATION: Note: NS1 antigen is an early marker of dengue infection, detectable 1 day after onset of fever. This is only a screening test. False positive & False negative results are known to occur with this test. Advised tests like ELISA/PCR for confirmation of test results.


VENKATESH RATHOD
MSC (MEDICAL BIOCHEMISTRY)
BIOCHEMIST

-- End of Report --