



Name : Mr. ACHYUTANANDA BISHI	Age : 34 Years
Lab No. : 445452829	Gender : Male
Ref By : SELF	Reported : 28/6/2023 7:34:11PM
Collected : 28/6/2023 9:28:00AM	Report Status : Final
A/c Status : P	Processed at : LPL-BENGALURU REFERENCE LAB
Collected at : AGAPE DIAGNOSTICS LAB & COLLECTION CENTER Ramagondana Halli B.O, # 22B/23B, PUSHPA	NO.17/1,SERVICE ROAD, THE ADDRESS,OPP PRESTIGE CESSNA PARK, OUTER RING ROAD ,KADUBEESANAHALLI ,BANGALORE-560103

Test Report

Test Name	Results	Units	Bio. Ref. Interval
DENGUE FEVER ANTIBODIES IGG, IGM & NS1 EIA			

DENGUE FEVER ANTIBODIES, IgG & IgM, SERUM (ELISA)

Dengu Antibody, IgG	0.08	Index
Dengu Antibody, IgM	0.47	Index

Interpretation

ANTIBODY	RESULT (INDEX)	REMARKS
Dengue IgM	Negative (<0.9)	No detectable IgM antibody. Result does not rule out Dengue infection. Additional sample to be tested after 7-14 days if infection is suspected.
	Equivocal (0.9-1.1)	Retesting advised.
	Positive (>1.1)	IgM antibody detected. Suggestive of Primary/Secondary Dengue infection.
Dengue IgG	Negative (<1.8)	No detectable IgG antibody indicating a presumptive evidence that the patient does not have secondary Dengue infection.
	Equivocal (1.8-2.2)	Retesting advised.
	Positive (>2.2)	IgG antibody detected indicating presumptive evidence that the patient has been recently exposed to / or currently infected with Dengue virus.

Note

- Recommended test is NS1 Antigen by ELISA in the first 5 days of fever. After 7-10 days of fever, the recommended test is Dengue fever antibodies IgG & IgM by ELISA
- Cross reactivity is seen in the Flavivirus group between Dengue virus, Murray Valley encephalitis, Japanese encephalitis, Yellow fever & West Nile viruses

Comments

Dengue viruses belong to the family Flaviviridae and have 4 subtypes (1-4). Dengue virus is transmitted by the mosquito Aedes aegypti and Aedes albopictus, widely distributed in Tropical and Subtropical areas of the world. Dengue is considered to be the most important arthropod borne viral disease due to the human morbidity and mortality it causes. The disease may be subclinical, self limiting, febrile or may progress to a severe form of Dengue hemorrhagic fever or Dengue shock syndrome.



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Test Report

Test Name	Results		Units	Bio. Ref. Interval
DENGUE INFECTION	ANTIBODY DETECTED POST ILLNESS			
	IgM	IgG		
Primary	5th-10th day	14th day & persists for life		
Secondary	4th-5th day	1st-2nd day		



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
DENGUE FEVER ANTIGEN, NS1, EIA, SERUM (ELISA)			
DENGUE FEVER ANTIGEN NS1 EIA	6.00	Index	
Please Correlate Clinically.			

Interpretation

RESULT IN INDEX	REMARKS
Negative (<0.5)	No detectable Dengue NS1 antigen.The Result does not rule out Dengue infection. An additional sample should be tested for IgG & IgM serology in 7-14 days.
Equivocal (0.5-<1.0)	Repeat sample after 1 week
Positive (>=1.0)	Presence of detectable dengue NS1 antigen. Dengue IgG & IgM serology assay should be performed on follow up samples after 5-7 days of onset of fever,to confirm dengue infection.

Note: Recommended test is NS1 Antigen by ELISA in the first 5 days of fever. After 7-10 days of fever, the recommended test is Dengue fever antibodies IgG & IgM by ELISA


Comments

Dengue viruses belong to the family Flaviviridae and have 4 subtypes (1-4). Dengue virus is transmitted by the mosquito Aedes aegypti and Aedes albopictus, widely distributed in Tropical and Subtropical areas of the world. Dengue is considered to be the most important arthropod borne viral disease due to the human morbidity and mortality it causes. The disease may be subclinical, self limiting, febrile or may progress to a severe form of Dengue hemorrhagic fever or Dengue shock syndrome.



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,KADUBEESANAHALLI ,BANGALORE-5601



Test Report

Test Name	Results	Units	Bio. Ref. Interval
HEMOGRAM (Flow Cytometry, SLS,Capillary Photometry)			
Hemoglobin	13.60	g/dL	13.00 - 17.00
Packed Cell Volume (PCV)	43.20	%	40.00 - 50.00
RBC Count	4.43	mill/mm3	4.50 - 5.50
MCV	97.50	fL	83.00 - 101.00
MCH	30.70	pg	27.00 - 32.00
MCHC	31.50	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	12.60	%	11.60 - 14.00
Total Leukocyte Count (TLC)	4.42	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	77.20	%	40.00 - 80.00
Lymphocytes	13.10	%	20.00 - 40.00
Monocytes	9.00	%	2.00 - 10.00
Eosinophils	0.20	%	1.00 - 6.00
Basophils	0.50	%	<2.00
Absolute Leucocyte Count			
Neutrophils	3.41	thou/mm3	2.00 - 7.00
Lymphocytes	0.58	thou/mm3	1.00 - 3.00
Monocytes	0.40	thou/mm3	0.20 - 1.00
Eosinophils	0.01	thou/mm3	0.02 - 0.50
Basophils	0.02	thou/mm3	0.02 - 0.10
Platelet Count	150	thou/mm3	150.00 - 410.00
Mean Platelet Volume	13.8	fL	6.5 - 12.0
E.S.R.	19	mm/hr	0 - 15



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			,KADUBEESANAHALLI ,BANGALORE-5601



Test Report

Test Name	Results	Units	Bio. Ref. Interval
Note			
1. As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood			
2. Test conducted on EDTA whole blood			



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Test Report

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	1.010		1.001 - 1.030
pH	6.5		5.0 - 8.0
Chemical			
Proteins	Negative		Negative
Glucose	Negative		Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative
Leucocyte Esterase	Negative		Negative
Nitrite	Negative		Negative
Microscopy			
R.B.C.	Negative		0.0 - 2.0 RBC/hpf
Pus Cells	2-3 WBC/HPF		0-5 WBC / hpf
Epithelial Cells	0-1 Epi Cells/hpf		0.0 - 5.0 Epi cells/hpf
Casts	None seen		None seen/Lpf
Crystals	None seen		None seen
Others	None seen		None seen



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			: OUTER RING ROAD ,KADUBEESANAHALLI
			: ,BANGALORE-560103



Test Report

Test Name	Results	Units	Bio. Ref. Interval
MALARIA PARASITE / BLOOD PARASITE IDENTIFICATION (Microscopy)	No MP seen in smears examined.		

Note: A Single negative smear does not rule out malaria

Test conducted on whole blood.



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
WIDAL TEST, SERUM (Slide Agglutination)			
Salmonella typhi O (TO)	Non Reactive		
Salmonella typhi H (TH)	Non Reactive		
Salmonella paratyphi A, H (AH)	Non Reactive		
Salmonella paratyphi B, H (BH)	Non Reactive		

Interpretation

RESULT	REMARKS
Reactive	Indicates presence of IgM & IgG antibodies against Salmonella spp.
Non-Reactive	Indicates absence of IgM & IgG antibodies against Salmonella spp.

Note:

1. Titres $\geq 1:80$ of "O" antigen & $\geq 1:160$ of "H" antigen for Salmonella typhi and titres $\geq 1:80$ of "H" antigen for Salmonella paratyphi A & B are significant.
2. Rising titres in paired samples taken 7-10 days apart are more significant than a single test.
3. Reactive results indicates ongoing or recent infection by Salmonella spp. and the diagnosis should be confirmed by gold standard test such as Blood culture prior to start of antibiotics.
4. The reactivity will vary with stage of the disease with appearance in 1st week to increase in titres till end of 4th week post which it starts decreasing.
5. In TAB vaccinated patients, high titres of H antibody of $\geq 1:160$ to each of Salmonellae is observed. They tend to persist for many months and even years while O antibody shows lower titres and disappears within 6 months.
6. Antibiotic treatment during 1st week before the appearance of antibodies tend to suppress the immune response in the form of no or decreasing antibody levels.
7. False positive results/anamnestic response may be seen in patients with past enteric infection during unrelated fevers like Malaria, Influenzae etc. in the form of transient rise in H antibody in Widal test.
8. False negative results may be due to processing of sample collected early in the course of disease (1st week) and immunosuppression.
9. Test conducted on serum.

Uses



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
<ul style="list-style-type: none"> To diagnose infection due to Salmonella spp. (Enteric fever). To monitor the progression of disease. To assess the response to therapy (decreasing titres) in patients being treated for Enteric fever. 			



Dr.Archana Bhandekar
MD Microbiology
Consultant Microbiologist
Dr Lal PathLabs Ltd



Dr.Bharath M
PhD , Medical Microbiology
Research Scientist



DR HARISH K
MBBS,DCP
Chief of Laboratory
Dr Lal PathLabs Ltd



Dr Richa Daljeet Singh
MD,Pathology
Chief of Laboratory
Dr Lal PathLabs Ltd



Dr Shruti D.Pattanshetty
MBBS MD (Pathology)
Consultant Pathologist

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



IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted. •All test results are dependent on the quality of the sample received by the Laboratory .
•Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician .•Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. •Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. •Test results may show interlaboratory variations. •The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). •Test results are not valid for medico legal purposes. •This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner /Doctor. •The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

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