

- Manipal Road, Opp. Panchayat Bhawan, Dahmi Kalan, Jaipur
- (L) +91 96671-26955 On Google >> Kdclab.in

Name : MR SATYAM NAUTIYAL

Age : 21 Gender : MALE

Ref. By Dr : SELF

Laboratory Report.

Sr. Number : 12

Invoice Number : **307**Registration No.: **307**

Report On: 02-03-2025 05:53 PM



HAEMATOLOGY

Complete Blood Cell Count

Test Name	Observed Values	Reference Intervals	Units	
WBC	11.80	410	10*3/UL	
LYM%	7.30	<mark>20</mark> 40	%	
MID% /MXD%	4.60	310	%	
GRANS% / NEUT%	88.10	5070	%	
LYM#	0.8	0.87.0	10*3/UL	
MID# /MXD#	0.5	0.11.2	10*3/UL	
GRANS# / NEUT#	10.5	28.0	10*3/UL	
RBC	5.93	3.55.5	10*12/L	
HGB	16.2	1117	g/dL	
НСТ	51.9	3 <mark>64</mark> 8	%	
MCV	87.6	7387	fL	
MCH	27.3	2632	pg	
MCHC	31.2	3236	g/dL	
RDW-SD	35.9	3745	fL	
RDW-CV	14.9	11.514.5	%	
PLT	210	150450	10*3/UL	
		0		



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HAEMATOLOGY

MALARIA ANTIGEN CARD TEST

	Test Name	Observed Values	Reference Intervals	Units
Pf		Negative		
Pv		Negative		

ADVANTAGE MALARIA CARD is an immunoassay based on the "Sandwich principle". Colloidal gold is conjugated to P.f. specific monoclonal anti-HRP-2 antibody and monoclonal anti-pan specific pLDH (plasmodium lactate dehydrogenase) antibody. The test uses monoclonal anti-Pf HRP-2 antibody (test line F) & monoclonal anti-P.v specific pLDH antibody (test line V) immobilized on a nitrocellulose strip. The test sample is added to the device. On addition of assay buffer, the red blood cells get lysed. If the sample contains P.falciparum or P.vivax or both, the colloidal gold conjugate complexes the HRP-2 / P.vivax specific pLDH in the lysed sample. This complex migrates through the nitrocellulose strip by capillary action. When the complex meets the line of the corresponding immobilized antibody, the complex is trapped forming a purplish pink band which confirms a reactive test result. Absence of a coloured band in the test region indicates a negative test result. To serve as a procedural control an additional line of anti-mouse antibody has been immobilized on the strip as control.



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SEROLOGY

Test Name	Observed Values	Reference Intervals	Units
CRP (C-reactive Protein Quant.)	32.06	06	mg/L

Method : Fluorescence Immunoassay Technology Sample Type: Serum / Plasma / Whole Blood

Clinical Information:

The C-Reactive Protein (CRP) is Synthesized by the Liver in Response to Interleukin-6 and Well Known as One of the Classical Acute-Phase Reactants and as a Marker of Inflammation. CRP is the First Acute-Phase Protein to be Described and is An Exquisitely Sensitive Systemic Marker of Inflammation and Tissue Damage. The Acute-Phase Response Comprises the Nonspecific Physiological and Biochemical Responses of Endothermic animals to most forms of tissue damage, infection, inflammation, and malignant neoplasia. The serum CRP level may rise from a normal level of <5 mg/L to 500 mg/L During the Body's General, Non-Specific Response to Infectious and Other Acute Inflammatory Events. For Some Time, the Measurement of CRP Concentration has Been used as a Clinical Tool for Monitoring Autoimmune Diseases and Infectious Processes, Such as Rheumatoid Arthritis.



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SEROLOGY

WIDAL (Slide Method)

	Obs	erved '	Values		Reference Intervals	Unit
1/20	1/40	1/80	1/160	1/320		
+	+		-			
+	-	1	9 -	-		
-			-	- 4	6	
10000	0	-	-/	- 4	9	
	Machan .	1/20 1/40 + +	1/20 1/40 1/80 + + -	+ +	1/20 1/40 1/80 1/160 1/320 + +	1/20 1/40 1/80 1/160 1/320 + +

WIDAL TEST INTERPETATION

A titre of 1/120 for "O" is diagnostic of enteric fever to be confirmed by rising titre subsequently.

A titre of 1/120 for "O" with any one of the "H" is diagnostic of the type of enteric fever

A titre of 1/60 "O" could be normal titre but to rule out enteric fever test is to be repeated after 5 to 7 days

Only "H" titre even of 1/120 or above is not diagnostic of enteric fever.

NOTE (Salmonella blood culture and sensitivity)

To rule out any uncertainties arising out of widal test a salmonella blood culture (diagnosed in 24 hrs) and also sensitivity (diagnosed in 48 hours) in multi drug resistant typhoid can be done Which is highly sensitive and specific even in first week of infection)



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IMMUNOLOGY

DENGUE NSI IgG, IgM

	Test Name	Observed Values	Reference Intervals	Units
IgG		Negative		
IgM		Negative		
NS1	100	Negative		

Detected samples should be conformed by a supplemental assay enzyme-linked immunosorbent assay (elisa) test

INSTRODUCTION

Dengue virus is a flavivirus found largely in areas of the tropic and sub-tropics. There are four distinct but antigenically related serotypes of dengue viruses, and transmission is by mosquito, principally Aedes aegypti Aedes albopictus.

The mosquito-borne dengue viruses (serotype 1-4) cause dengue fever, a severe flu-like illness.

IgM antibodies are not detectable until 5 -10 days in case of primary dengue infection and untile 4-5 days of secondary infection after the onset of illness.

IgG appears after 14 days and persist for the life in case of primary infection and rise within 1-2 days after the onset of symtoms in sectonday infection

Primary dengue virus infection is characterized by elevations in specific NS1 antigen levels 0 to 9 days after the onset of symptoms; this generally persist upto 15 days.

INTENDED USE

Dengue Day 1 Test is a rapid solid phase immuno-chromatographic test for the qualitative detection of Dengus NS1 antigen and differential detection of IgM and IgG antibodies to dengue virus in human serum/ plasma.

LIMITATION OF TEST

This rapid test device will indicate the presence of Dengue antibodies only &should not used as the sole criteria for the diagnosis of Dengue .Serological cross reactivity acrossthe flavivirus group[Dengue,1,2 3 4 ,StLouisencephelitis West nelievirus,japanese encephalitis &yellow fevere virus]is common.

Positive result should be confirmed By Other methods[Elisa,P C R ,cell Culture].

If result is negative &clinical sysmptoms persist ,additional testing using other clinical methodsis essential .A negative result dose not at any time preculdesthe possibility of Dengue infection .

Advise :- Close follow up &if suspicion persist repeat after 2days.,&confirm by Elisa

<<< END OF REPORT >>>



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