

Regd. Dt:	18/09/2019	Acc. ID: 241947364	Client Details:	Oncquest Employee
Coll Dt. Tm:	18/09/2019 10:50:35			Oncquest Main Lab3 Factory Road, Adj. Safdarjung
Recd Dt. Tm:	18/09/2019 10:50:35		Refd. By:	NA
Age:	22 Yrs	Sex: Female	Report Dt. Tm:	18/09/2019 13:47:47
Name:	Mrs. VENKATA RAMANA			

HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Interval
Fever Panel (Basic)			
CBC (Complete Blood Count) (Electronic Cell Counter)			
Haemoglobin (Hb) <small>Whole Blood EDTA Photometric</small>	12.2	gm/dL	12.0 - 15.0
RBC Count <small>Whole Blood EDTA Electrical Impedance</small>	4.12	millions/cu.mm	3.80 - 4.80
HCT <small>Whole Blood EDTA Calculated</small>	37.8	%	36.0 - 46.0
MCV <small>Whole Blood EDTA Electrical Impedance</small>	91.7	fL	83.0 - 101.0
MCH <small>Whole Blood EDTA Calculated</small>	29.7	pg	27.0 - 32.0
MCHC <small>Whole Blood EDTA Calculated</small>	32.4	gm/dL	31.5 - 34.5
RDW <small>Whole Blood EDTA Electric Impedance</small>	20.2	%	11.6 - 14.0
Total Leukocyte Count (TLC) <small>Whole Blood EDTA Electrical Impedance</small>	4.9	X 10 ³ /uL.	4.0 - 10.0
DLC			
Neutrophils <small>Whole Blood EDTA VCS/Microscopy</small>	53.0	%	40.0 - 80.0
Lymphocytes <small>Whole Blood EDTA VCS/Microscopy</small>	40.0	%	20.0 - 40.0
Eosinophils <small>Whole Blood EDTA VCS/Microscopy</small>	1.0	%	1.0 - 6.0
Monocytes <small>Whole Blood EDTA VCS/Microscopy</small>	6.0	%	2.0 - 10.0
Basophils <small>Whole Blood EDTA VCS/Microscopy</small>	0.0	%	0.0 - 0.2

Contd...2

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Absolute Leucocyte Count

Absolute Neutrophil Count <small>Whole Blood EDTA Electric Impedance, VCS/Microscopy Calculated</small>	2.60	$\times 10^3/\mu\text{L}$	2.00 - 7.00
Absolute Lymphocyte Count <small>Whole Blood EDTA Electric Impedance, VCS/Microscopy Calculated</small>	1.96	$\times 10^3/\mu\text{L}$	1.00 - 3.00
Absolute Monocyte Count <small>Whole Blood EDTA Electric Impedance, VCS/Microscopy Calculated</small>	0.29	$\times 10^3/\mu\text{L}$	0.20 - 1.00
Absolute Eosinophil Count <small>Whole Blood EDTA Electric Impedance, VCS/Microscopy Calculated</small>	0.05	$\times 10^3/\mu\text{L}$	0.02 - 0.50
Absolute Basophils Count <small>Whole Blood EDTA Electric Impedance, VCS/Microscopy Calculated</small>	0.00	$\times 10^3/\mu\text{L}$	0.02 - 0.10
Platelet Count <small>Whole Blood EDTA Electrical Impedance</small>	241	$\times 10^3/\mu\text{L}$	150 - 410

Note: Platelets decrease a lot on keeping; sample should be sent to the laboratory as soon as possible. Low platelet count should be interpreted in correlation with the clinical picture of the patient.

Erythrocyte Sedimentation Rate <small>Whole Blood EDTA Westergren's</small>	15	mm in 1hr	00 - 12
Smear Examination for Malarial Parasite <small>Whole Blood EDTA Light Microscopy</small>	Not Detected		



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SEROLOGY

Test Name	Result	Unit	Biological Ref. Interval
Widal (Slide Agglutination)			
S. Typhi Antigen `O` Serum	Negative		Negative
S. Typhi Antigen `H` Serum	Negative		Negative
S. Paratyphi Antigen A(H) Serum	Negative		Negative
S. Paratyphi Antigen B(H) Serum	Negative		Negative

Limitations: Numerous false positives due to cross reacting antibodies and heterospecific anamnestic responses and false low titres as a result of partial treatment are observed. This makes clinical correlation with lab findings mandatory

Widal test is a slide agglutination test employed in serological diagnosis of enteric fever

1. Timings of test is important as antibodies begin to arise during end of first week. The titres increase during second, third and fourth week after which it gradually declines. The test may be negative in early part of first week.
2. A single Widal test is of little clinical relevance due to the number of cross reacting infections, including malaria. If no other tests (either bacteriologic culture or more specific serology) are available, a four fold increase in the titer (e.g., from 1:40 to 1:160) in the course of the infection, or a conversion from an IgM reaction to an IgG reaction of at least the same titer, would be consistent with a typhoid infection.
3. A rise in titre between two sera specimens is more meaningful than a single test. If the first sample is taken late in the disease, a rise in titre may not be demonstrable. Instead there may be a fall in titre.
4. The antibody levels of individuals in a population (Baseline titre) of the population must be known before attaching significance to the titres. A titre of 100 or more for O antigen and a titre in excess of 200 for H antigens is considered significant.
5. Patients already treated with antibiotics may not show any rise in titre, instead there may be fall in titre. Patients treated with antibiotics in early stages may not give positive results.
6. Patients who have received vaccines against Salmonella may give false positive reactions. To differentiate it from true infection, repeat the test after a week. True untreated infection results in rise in titre whereas vaccinated individuals do not demonstrate any rise in titre.
7. Individuals, who had suffered from enteric fever in the past, sometimes develop anti salmonella antibodies during an unrelated or closely related infection. This "anamnestic response" can be differentiated from true infection by lack of any rise in titre on repetition after one week.
8. Antigen suspensions with fimbrial antigens may sometimes give false positive reactions due to sharing of fimbrial antigens by some Enterobacteriaceae members.



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Contd...4

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CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Interval
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Urine Examination (Routine) Strip Test and Microscopy

Physical Examination

Volume Urine	25	mL	
Colour Urine	PALE YELLOW		PALE YELLOW
Appearance Urine	CLEAR		CLEAR
pH Urine Double indicators test	6.0		4.6-8
Specific Gravity Urine Hydrogenous ionogen reaction	1.025		1.001-1.035

Chemical Examination

Urine Protein Urine Protein Ionization	NIL		NIL
Urine Glucose Urine Oxidation reaction	NIL		NIL
Ketone Urine	NEGATIVE		NEGATIVE
Nitrite Urine Diazotized reaction	NEGATIVE		NEGATIVE
Blood Urine Peroxidase reaction	NIL		NIL
Urobilinogen Urine p-aminobenzoic acid and phenazopyridine reaction	NOT INCREASED		NOT INCREASED
Bilirubin Urine Dichlorobenze diazonium reaction	NIL		NIL

Microscopic Examination.

Red Blood Cells Urine Microscopy	NIL	/hpf	NIL
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Contd...5

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Pus Cells (WBC)

Urine
Microscopy

1 - 2

/hpf

0 - 5

Epithelial Cells

Urine
Microscopy

2 - 3

/hpf

FEW

Casts

Urine
Microscopy

NIL

/hpf

NIL

Crystals

Urine
Microscopy

NIL

NIL



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Contd...6

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IMMUNOASSAY

Test Name	Result	Unit	Biological Ref. Interval
Dengue DUO			
Immunochromatography			
Dengue Fever Antibody IgG-rapid card <small>Serum Chromatography</small>	Negative		Negative
Dengue Fever Antibody IgM-rapid card <small>Serum Chromatography</small>	Negative		Negative
Dengue Fever -NS1 Antigen-rapid card <small>Serum</small>	Negative		Negative

*** End of Report ***



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