

Dr. Vinay Chopra
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Chairman & Consultant Pathologist

Dr. Yugam Chopra
MD (Pathology)
CEO & Consultant Pathologist

NAME : Mr. RAMESH KUMAR
AGE/ GENDER : 60 YRS/MALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 01514905
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1577878
REG. NO./LAB NO. : 012408110044
REGISTRATION DATE : 11/Aug/2024 07:15 PM
COLLECTION DATE : 11/Aug/2024 07:19PM
REPORTING DATE : 12/Aug/2024 05:30PM

| Test Name | Value | Unit | Biological Reference interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

IMMUNOPATHOLOGY/SEROLOGY

WIDAL TUBE AGGLUTINATION TEST

| | | | |
|---|--------|-------|---------|
| SALMONELLA TYPHI O by TUBE AGGLUTINATION METHOD | 1 : 20 | TITRE | 1 : 80 |
| SALMONELLA TYPHI H by TUBE AGGLUTINATION METHOD | 1 : 80 | TITRE | 1 : 160 |
| SALMONELLA PARATYPHI AH by TUBE AGGLUTINATION METHOD | 1 : 80 | TITRE | 1 : 160 |
| SALMONELLA PARATYPHI BH by TUBE AGGLUTINATION METHOD | NIL | TITRE | 1 : 160 |

INTERPRETATION:

1. Titres of 1:80 or more for "O" agglutinin is considered significant.
2. Titres of 1:160 or more for "H" agglutinin is considered significant.

LIMITATIONS:

1. Agglutinins usually appear by 5th to 6th day of illness of enteric fever, hence a negative result in early stage is inconclusive. The titre then rises till 3rd or 4th week, after which it declines gradually.
2. Lower titres may be found in normal individuals.
3. A single positive result has less significance than the rising agglutination titre, since demonstration of rising titre four or more in 1st and 3rd week is considered as a definite evidence of infection.
4. A simultaneous rise in H agglutinins is suggestive of paratyphoid infection.

NOTE:

1. Individuals with prior infection or immunization with TAB vaccine may develop an ANAMNESTIC RESPONSE (False-Positive) during an unrelated fever i.e High titres of antibodies to various antigens. This may be differentiated by repetition of the test after a week.
2. The anamnestic response shows only a transient rise, while in enteric fever rise is sustained.
3. H agglutinins tend to persist for many months after vaccination but O agglutinins tend to disappear sooner i.e within 6 months. Therefore rise in O agglutinins indicate recent infection.



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| REFERRED BY | : | COLLECTION DATE | : 11/Aug/2024 07:19PM |
| BARCODE NO. | : 01514905 | REPORTING DATE | : 16/Aug/2024 10:03AM |
| CLIENT CODE. | : KOS DIAGNOSTIC LAB | | |
| CLIENT ADDRESS | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |

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MICROBIOLOGY

CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY (CONVENTIONAL): BLOOD

BLOOD CULTURE AND SUSCEPTIBILITY

| | |
|----------------------------|---|
| DATE OF SAMPLE | 11-08-2024 |
| SPECIMEN SOURCE | BLOOD |
| INCUBATION PERIOD | 72 HOURS (3 SUBCULTURES) |
| CULTURE | STERILE |
| by AUTOMATED BROTH CULTURE | |
| ORGANISM | NO AEROBIC PYOGENIC ORGANISM GROWN AFTER 72 HOURS OF INCUBATION AT 37°C |
| by AUTOMATED BROTH CULTURE | |

AEROBIC SUSCEPTIBILITY BLOOD

INTERPRETATION

SUSCEPTIBILITY:

1. A test interpreted as **SENSITIVE** implies that infection due to isolate may be appropriately treated with the dosage of an antimicrobial agent recommended for that type of infection and infecting species, unless otherwise indicated.
2. A test interpreted as **INTERMEDIATE** implies that the "Infection due to the isolate may be appropriately treated in body sites where the drugs are physiologically concentrated or when a high dosage of drug can be used".
3. A test interpreted as **RESISTANT** implies that the "isolates are not inhibited by the usually achievable concentration of the agents with normal dosage, schedule and/or fall in the range where specific microbial resistance mechanism are likely (e.g. beta-lactamases), and clinical efficacy has not been reliable in treatment studies.

CAUTION:

Conditions which can cause a false Negative culture:

1. Patient is on antibiotics. Please repeat culture post therapy.
2. Anaerobic bacterial infection.
3. Fastidious aerobic bacteria which are not able to grow on routine culture media.
4. Besides all these factors, at least in 25-40 % of cases there is no direct correlation between in vivo clinical picture.
5. Renal tuberculosis to be confirmed by AFB studies.

*** End Of Report ***




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