





NAME : Mr. RANBIR AGE/ GENDER : 32 YRS/MALE PATIENT ID : 1578860 COLLECTED BY : REG. NO./LAB NO. : 012408120063 REFERRED BY : REGISTRATION DATE : 12/Aug/2024 07:34 PM BARCODE NO. : 01514969 COLLECTION DATE : 12/Aug/2024 07:36 PM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 12/Aug/2024 07:36 PM CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT : 12/Aug/2024 08:09 PM CLIENT ADDRESS Test Name Value Unit Biological Reference intervence HAEMATOLOGY COMPLETE BLOOD COUNT (CBC) RED BLOOD CELLS (RECS) COUNT AND INDICES HAEMOGLOBIN (HB) 15.5 gm/dL 12.0 - 17.0 by calconimetric 5.94 ^H Millions/cmm 3.50 - 5.00 by calconimetric 5.94 ^H Millions/cmm 3.50 - 5.00 by calcolated by automated hematology analyzer 80.5 fL 80.0 - 100.0 by calcolated by automated hematology analyzer 80.5 fL 80.0 - 100.0 by calcolatere by automated hematology analyzer 26 ^L	rval
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REFERRED BY :: REGISTRATION DATE :: !:: !:: !:: !: !: !: !: !:: !: !: !: !: !: !:< !:< !: !: !:< !:: !:: !:	rval
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CLIENT CODE : KOS DIAGNOSTIC LAB REPORTING DATE : 12/Aug/2024 08:09PM CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit Biological Reference intervention HAEMATOLOGY COMPLETE BLOOD COUNT (CBC) RED BLOOD CELLS (RBCS) COUNT AND INDICES HAEMOGLOBIN (HB) 15.5 gm/dL 12.0 - 17.0 by CALORIMETRIC 5.94H Millions/cmm 3.50 - 5.00 PACKED CELL VOLUME (PCV) 47.9 % 40.0 - 54.0 by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER 80.5 fL 80.0 - 100.0 MEAN CORPUSCULAR VOLUME (MCV) 80.5 fL 90.0 - 34.0 92.3 MEAN CORPUSCULAR HEMOGLOBIN (MCH) 26 ^L pg 27.0 - 34.0 92.0 - 36.0 by calculated BY AUTOMATED HEMATOLOGY ANALYZER 23.3 g/dL 32.0 - 36.0 92.0 - 36.0 BEAN CORPUSCULAR HEMOGLOBIN (MCHC) 32.3 g/dL 32.0 - 36.0 92.0 - 36.0 93.0 - 16.00 by calculated BY AUTOMATED HEMATOLOGY ANALYZER 13.9 % 11.00 - 16.00	rval
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RED CELL DISTRIBUTION WIDTH (RDW-CV) 13.9 % 11.00 - 16.00 by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER % 11.00 - 16.00	
RED CELL DISTRIBUTION WIDTH (RDW-SD)42.2fL35.0 - 56.0	
by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER MENTZERS INDEX 13.55 RATIO BETA THALASSEMIA TRA by CALCULATED IRON DEFICIENCY ANEM	
GREEN & KING INDEX by CALCULATED18.77RATIOBETA THALASSEMIA TRA 65.0	IT: < =
WHITE BLOOD CELLS (WBCS)	A: > 65.0
TOTAL LEUCOCYTE COUNT (TLC) 7810 /cmm 4000 - 11000	
NUCLEATED RED BLOOD CELLS (nRBCS) NIL 0.00 - 20.00 by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER & 0.00 - 20.00	
NUCLEATED RED BLOOD CELLS (nRBCS) % NIL % < 10 % by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER & MICROSCOPY	

DIFFERENTIAL LEUCOCYTE COUNT (DLC)



DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS , MD (PATHOLOGY)









Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathologist

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

NAME : Mr. RANBIR			
AGE/ GENDER : 32 YRS/MALE		PATIENT ID	: 1578860
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CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AM	IBALA CANT	Г	
Test Name	Value	Unit	Biological Reference interval
NEUTROPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	43 ^L	%	50 - 70
LYMPHOCYTES	45 ^H	%	20 - 40
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY		0/	
EOSINOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	6	%	1 - 6
MONOCYTES	6	%	2 - 12
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
BASOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	0	%	0 - 1
ABSOLUTE LEUKOCYTES (WBC) COUNT			
ABSOLUTE NEUTROPHIL COUNT	3358	/cmm	2000 - 7500
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY		70.000	
ABSOLUTE LYMPHOCYTE COUNT	3514	/cmm	800 - 4900
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE EOSINOPHIL COUNT	469 ^H	/cmm	40 - 440
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY		7.61111	
ABSOLUTE MONOCYTE COUNT	469	/cmm	80 - 880
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE BASOPHIL COUNT	0	/cmm	0 - 110
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	U	/ chim	0 110
PLATELETS AND OTHER PLATELET PREDICTIVE MARKE	RS.		
PLATELET COUNT (PLT)	274000	/cmm	150000 - 450000
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	0.00	0/	0.10 0.27
PLATELETCRIT (PCT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	0.29	%	0.10 - 0.36
MEAN PLATELET VOLUME (MPV)	10	fL	6.50 - 12.0
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			
PLATELET LARGE CELL COUNT (P-LCC)	85000	/cmm	30000 - 90000

bv I PLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PLATELET LARGE CELL RATIO (P-LCR) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PLATELET DISTRIBUTION WIDTH (PDW) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

30.9

16.3



DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY)

%

%



11.0 - 45.0

15.0 - 17.0

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	Dr. Vinay Ch MD (Pathology & Chairman & Cor		Dr. Yugam MD CEO & Consultant	(Pathology)
NAME	: Mr. RANBIR			
AGE/ GENDER	: 32 YRS/MALE	Р	ATIENT ID	: 1578860
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Test Name		Value	Unit	Biological Reference interval
	IM	IMUNOPATHO	LOGY/SEROLOGY	
	W	/IDAL SLIDE AGG	LUTINATION TEST	
SALMONELLA TYPHI by slide agglutina		1 : 40	TITRE	1 : 80
SALMONELLA TYPHI	Н	1 · 40	TITRE	1 · 160

by SLIDE AGGLUTINATION			
SALMONELLA TYPHI H	1:40	TITRE	1 : 160
by SLIDE AGGLUTINATION			
SALMONELLA PARATYPHI AH	1:40	TITRE	1 : 160
by SLIDE AGGLUTINATION			
SALMONELLA PARATYPHI BH	NIL	TITRE	1 : 160
by SLIDE AGGLUTINATION			

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:

TEST PERFORMED AT KOS DIAGNOSTIC LAB. AMBALA CANTT

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 repitition 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 Oagglutinins indicate recent infection.

*** End Of Report ***





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DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY)

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