

Dr. Vinay Chopra  
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Chairman & Consultant Pathologist

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

NAME : Mr. JASHANDEEP SINGH  
AGE/ GENDER : 20 YRS/MALE  
COLLECTED BY : SURJESH  
REFERRED BY :  
BARCODE NO. : 01515418  
CLIENT CODE. : KOS DIAGNOSTIC LAB  
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1586518  
REG. NO./LAB NO. : 012408210031  
REGISTRATION DATE : 21/Aug/2024 12:14 PM  
COLLECTION DATE : 21/Aug/2024 12:27PM  
REPORTING DATE : 21/Aug/2024 12:47PM

Test Name	Value	Unit	Biological Reference interval
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### HAEMATOLOGY

#### TOTAL LEUCOCYTE COUNT (TLC)

TOTAL LEUCOCYTE COUNT (TLC)	9780	/cmm	4000 - 11000
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by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD



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#### DIFFERENTIAL LEUCOCYTE COUNT (DLC)

NEUTROPHILS	58	%	50 - 70
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
LYMPHOCYTES	32	%	20 - 40
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
EOSINOPHILS	2	%	1 - 6
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
MONOCYTES	8	%	2 - 12
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
BASOPHILS	0	%	0 - 1
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD			



  
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<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 21/Aug/2024 12:27PM
<b>BARCODE NO.</b>	: 01515418	<b>REPORTING DATE</b>	: 21/Aug/2024 02:51PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
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### IMMUNOPATHOLOGY/SEROLOGY

#### C-REACTIVE PROTEIN (CRP)

<b>C-REACTIVE PROTEIN (CRP) QUANTITATIVE:</b>	41.01 <sup>H</sup>	mg/L	0.0 - 6.0
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**SERUM**  
by NEPHLOMETRY

**INTERPRETATION:**

1. C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation.
2. CRP levels can increase dramatically (100-fold or more) after severe trauma, bacterial infection, inflammation, surgery, or neoplastic proliferation.
3. CRP levels (Quantitative) has been used to assess activity of inflammatory disease, to detect infections after surgery, to detect transplant rejection, and to monitor these inflammatory processes.
4. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc.,
5. Elevated values are consistent with an acute inflammatory process.

**NOTE:**

1. Elevated C-reactive protein (CRP) values are nonspecific and should not be interpreted without a complete clinical history.
2. Oral contraceptives may increase CRP levels.



  
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#### WIDAL SLIDE AGGLUTINATION TEST

SALMONELLA TYPHI O by SLIDE AGGLUTINATION	1 : 20	TITRE	1 : 80
SALMONELLA TYPHI H by SLIDE AGGLUTINATION	1 : 40	TITRE	1 : 160
SALMONELLA PARATYPHI AH by SLIDE AGGLUTINATION	1 : 40	TITRE	1 : 160
SALMONELLA PARATYPHI BH by SLIDE AGGLUTINATION	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.

\*\*\* End Of Report \*\*\*



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