



ACE/ CENDER: :48 YRS/FEMALE PATIENT ID :1610199 COLLECTED BY : REG. NO./LAB NO. :012409110063 REFERRED BY : REGISTRATION DATE :11/Sep/2024 06:46 PM BARCODE NO. :01516783 COLLECTION DATE :11/Sep/2024 06:47 PM CLIENT CODE : KOS DIAGNOSTIC LAB REPORTING DATE :11/Sep/2024 07:02 PM CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT : : Test Name Value Unit Biological Reference interval HAEMOGLOBIN (HB) 9,6 ^L gm/dL 12.0 - 16.0 by CALORMETRIC PACKED CELLS (RECS) COUNT AND INDICES HAEMOGLOBIN (HB) 9, CALCUARTER PICOUNT 4.52 Millions/cmm 3.50 - 5.00 by CALORMETRIC 31,6 ^L % 37.0 - 50.0 9 by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER 69,9 ^L fL 80.0 - 100.0 10.0 by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER 13.3 ^L pg 27.0 - 34.0 32.0 - 36.0 32.0 - 36.0 32.0 - 36.0 32.0 - 36.0 32.0 - 36.0 32.0 - 36.0		Dr. Vinay Chopr MD (Pathology & Mic Chairman & Consulta	robiology)		(Pathology)
COLLECTED BY : REG. NO./LAB NO. : 012409110063 REFERRED BY : REGISTRATION DATE : 11/Sep/2024 06:46 PM BARCODE NO. : 01516783 COLLECTION DATE : 11/Sep/2024 06:47 PM CLIENT CODE : KOS DIAGNOSTIC LAB REPORTING DATE : 11/Sep/2024 07:02 PM CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT :: 11/Sep/2024 07:02 PM Test Name Value Unit Biological Reference interval COMPLETE BLOOD COUNT (CBC) RED BLOOD CELLS (RBCS) COUNT AND INDICES HAEMOGLOBIN (HB) by CALORIMETRIC 9,6 ^L gm/dL 12.0 - 16.0 by CALORIMETRIC 9,6 ^L gm/dL 12.0 - 16.0 by CALORIMETRIC 4.52 Millions/cmm 3.50 - 5.00 by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER 69,9 ^L fL 80.0 - 100.0 by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER 69,9 ^L fL 80.0 - 100.0 by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER 13.4 ^L Pg 27.0 - 34.0 by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER 14.5 ^L Pg 21.0 - 36.0 by CAL	NAME	: Mrs. NARAYANI			
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BARCODE NO. :: 01516783 COLLECTION DATE :: 11/Sep/2024 06:47PM CLIENT CODE :: KOS DIAGNOSTIC LAB REPORTING DATE :: 11/Sep/2024 07:02PM CLIENT ADDRESS :: 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit Biological Reference interval HAEMATOLOGY COMPLETE BLOOD COUNT (CBC) RED BLOOD CELLS (RBCS) COUNT AND INDICES HAEMOGLOBIN (HB) 9.6 ^L gm/dL 12.0 - 16.0 by CALORIMETRIC PACKED CELL VOLUME (PCV) 9.6 ^L 9.9 ^L Millions/cmm 3.50 - 5.00 by CALORIATED BY AUTOMATED HEMATOLOGY ANALYZER MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) 21.3 ^L 9g 27.0 - 34.0 by CALORIATED BY AUTOMATED HEMATOLOGY ANALYZER MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) 30.5 ^L 9/dL 32.0 - 36.0 by CALORIATED BY AUTOMATED HEMATOLOGY ANALYZER RED CELL DISTRIBUTION WIDTH (RDW-CV) 16.5 ^H % 11.00 - 16.00 by CALORIATED BY AUTOMATED HEMATOLOGY ANALYZER RED CELL DISTRIBUTION WIDTH (RDW-CV) 16.5 ^H % 11.00 - 16.00 by CALORIATED BY AUTOMATED HEMATOLOGY ANALYZER RED CELL DISTRIBUTION WIDTH (RDW-SD) 43.3 fL 35.0 - 56.0 by CALORIATED BY AUTOMATED HEMATOLOGY ANALYZER RED CELL DISTRIBUTION WIDTH (RDW-SD) 43.3 fL 35.0 - 56.0 by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER RED CELL DISTRIBUTION WIDTH (RDW-SD) 43.3 fL 35.0 - 56.0 by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER RED CELL DISTRIBUTION WIDTH (RDW-SD) 43.3 FL 35.0 - 56.0 by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER MENTZERS INDEX 15.46 RATIO BETA THALASSEMIA TRAIT: < 13 GREEN & KING INDEX 25.59 RATIO BETA THALASSEMIA TRAIT: < 15.46	COLLECTED BY	:		REG. NO./LAB NO.	: 012409110063
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RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER43.3fL35.0 - 56.0MENTZERS INDEX by CALCULATED15.46RATIOBETA THALASSEMIA TRAIT: < 13			16.5 ^H	%	11.00 - 16.00
MENTZERS INDEX15.46RATIOBETA THALASSEMIA TRAIT: < 13by CALCULATEDIRON DEFICIENCY ANEMIA: >13.GREEN & KING INDEX25.59RATIOBETA THALASSEMIA TRAIT: <= 65	RED CELL DISTRIBUT	ION WIDTH (RDW-SD)	43.3	fL	35.0 - 56.0
by CALCULATED IRON DEFICIENCY ANEMIA: >13. GREEN & KING INDEX 25.59 RATIO BETA THALASSEMIA TRAIT:<= 65	,	UTOMATED HEMATOLOGY ANALYZER	15 46	RATIO	ΒΕΤΔ ΤΗΔΙ ΔSSEMIA ΤΡΔΙΤ· < 13 Ο
			13.40	KATIO	IRON DEFICIENCY ANEMIA: >13.0
by CALCULATED IRON DEFICIENCY ANEMIA: < 65		X	25.59	RATIO	BETA THALASSEMIA TRAIT:<= 65.0
WHITE BLOOD CELLS (WBCS)		(MBCS)			IRON DEFICIENCY ANEMIA: > 65.0
TOTAL LEUCOCYTE COUNT (TLC) 10370 /cmm 4000 - 11000			10370	Icmm	4000 - 11000
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	by FLOW CYTOMETRY	BY SF CUBE & MICROSCOPY		/ chin	4000 - 11000
NUCLEATED RED BLOOD CELLS (nRBCS) NIL 0.00 - 20.00 by AUTOMATED 6 PART HEMATOLOGY ANALYZER 0.00 - 20.00			NIL		0.00 - 20.00
NUCLEATED RED BLOOD CELLS (nRBCS) % NIL % <10 %			NIL	%	< 10 %
by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER					
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			F 2	0/	EQ. 70
NEUTROPHILS 53 % 50 - 70 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY % 50 - 70	NEUTROPHILS by FLOW CYTOMETRY	BY SF CUBE & MICROSCOPY	00	70	00 - 70





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

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Page 1 of 5

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



Dr. Vinay Chopra



Dr. Yugam Chopra

MD (Pathology & Chairman & Con		MD CEO & Consultant	(Pathology)
NAME : Mrs. NARAYANI			
AGE/ GENDER : 48 YRS/FEMALE	PA	FIENT ID	: 1610199
COLLECTED BY :	RE	G. NO./LAB NO.	: 012409110063
REFERRED BY :	RE	GISTRATION DATE	: 11/Sep/2024 06:46 PM
BARCODE NO. : 01516783	CO	LLECTION DATE	: 11/Sep/2024 06:47PM
CLIENT CODE. : KOS DIAGNOSTIC LAB	RE	PORTING DATE	: 11/Sep/2024 07:02PM
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD,	AMBALA CANTT		
Test Name	Value	Unit	Biological Reference interval
			•
LYMPHOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	38	%	20 - 40
EOSINOPHILS	3	%	1 - 6
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY		04	0.10
MONOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	6	%	2 - 12
BASOPHILS	0	%	0 - 1
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
ABSOLUTE LEUKOCYTES (WBC) COUNT			
ABSOLUTE NEUTROPHIL COUNT	5496	/cmm	2000 - 7500
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE LYMPHOCYTE COUNT	3941	/cmm	800 - 4900
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	3741	761111	000 4700
ABSOLUTE EOSINOPHIL COUNT	311	/cmm	40 - 440
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE MONOCYTE COUNT	622	/cmm	80 - 880
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	022	/cmm	80 - 880
ABSOLUTE BASOPHIL COUNT	0	/cmm	0 - 110
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	WEDS		
PLATELETS AND OTHER PLATELET PREDICTIVE MAR			150000 450000
PLATELET COUNT (PLT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	422000	/cmm	150000 - 450000
PLATELETCRIT (PCT)	0.5 ^H	%	0.10 - 0.36
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENC	E	fl	(50, 130
MEAN PLATELET VOLUME (MPV) by Hydro Dynamic Focusing, electrical impedence	12	fL	6.50 - 12.0
PLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENC	167000 ^H	/cmm	30000 - 90000
PLATELET LARGE CELL RATIO (P-LCR) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	39.6	%	11.0 - 45.0
PLATELET DISTRIBUTION WIDTH (PDW)	16	%	15.0 - 17.0
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOI			
	-		





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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



		CNOPFA y & Microbiology) Consultant Patholog		(Pathology)
AME	: Mrs. NARAYANI			
GE/ GENDER	: 48 YRS/FEMALE		PATIENT ID	: 1610199
COLLECTED BY	:		REG. NO./LAB NO.	: 012409110063
EFERRED BY	:		REGISTRATION DATE	: 11/Sep/2024 06:46 PM
BARCODE NO.	: 01516783		COLLECTION DATE REPORTING DATE	: 11/Sep/2024 06:47PM
CLIENT CODE. CLIENT ADDRESS	: KOS DIAGNOSTIC LAB : 6349/1, NICHOLSON ROA	AD, AMBALA CANT		: 11/Sep/2024 07:23PM
Test Name		Value	Unit	Biological Reference interval
	CL	INICAL CHEMI	STRY/BIOCHEMISTR	Y
		GLUCOS	E RANDOM (R)	
GLUCOSE RANDOM by glucose oxidas	(R): PLASMA SE - PEROXIDASE (GOD-POD)	284.97 ^H	mg/dL	NORMAL: < 140.00 PREDIABETIC: 140.0 - 200.0 DIABETIC: > 0R = 200.0
 A random plasma A random glucose after consumption c A random glucose 	of 75 ams of alucose) is recomi	Il is considered nor dl is considered as (mended for all such ahly suggestive of (mal. glucose intolerant or predial n patients. diabetic state. A repeat post	petic. A fasting and post-prnadial blood test e-prandial is strongly recommended for all such of for diabetic state.
N ACCORDANCE WIT 1. A random plasma 2. A random glucose after consumption c 3. A random glucose	glucose level below 140 mg/d level between 140 - 200 mg/c of 75 gms of glucose) is recomi level of above 200 mg/dl is hi	Il is considered nor dl is considered as (mended for all such ahly suggestive of (mal. glucose intolerant or predial n patients. diabetic state. A repeat post	-prandial is strongly recommended for all such
N ACCORDANCE WIT 1. A random plasma 2. A random glucose after consumption c 3. A random glucose	glucose level below 140 mg/d level between 140 - 200 mg/c of 75 gms of glucose) is recomi level of above 200 mg/dl is hi	Il is considered nor dl is considered as (mended for all such ahly suggestive of (mal. glucose intolerant or predial n patients. diabetic state. A repeat post	-prandial is strongly recommended for all such
N ACCORDANCE WIT 1. A random plasma 2. A random glucose after consumption c 3. A random glucose	glucose level below 140 mg/d level between 140 - 200 mg/c of 75 gms of glucose) is recomi level of above 200 mg/dl is hi	Il is considered nor dl is considered as (mended for all such ahly suggestive of (mal. glucose intolerant or predial n patients. diabetic state. A repeat post	-prandial is strongly recommended for all such
N ACCORDANCE WIT 1. A random plasma 2. A random glucose after consumption c 3. A random glucose	glucose level below 140 mg/d level between 140 - 200 mg/c of 75 gms of glucose) is recomi level of above 200 mg/dl is hi	Il is considered nor dl is considered as (mended for all such ahly suggestive of (mal. glucose intolerant or predial n patients. diabetic state. A repeat post	-prandial is strongly recommended for all such
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N ACCORDANCE WIT 1. A random plasma 2. A random glucose after consumption c 3. A random glucose	glucose level below 140 mg/d level between 140 - 200 mg/c of 75 gms of glucose) is recomi level of above 200 mg/dl is hi	Il is considered nor dl is considered as (mended for all such ahly suggestive of (mal. glucose intolerant or predial n patients. diabetic state. A repeat post	-prandial is strongly recommended for all such
N ACCORDANCE WIT 1. A random plasma 2. A random glucose after consumption c 3. A random glucose	glucose level below 140 mg/d level between 140 - 200 mg/c of 75 gms of glucose) is recomi level of above 200 mg/dl is hi	Il is considered nor dl is considered as (mended for all such ahly suggestive of (mal. glucose intolerant or predial n patients. diabetic state. A repeat post	-prandial is strongly recommended for all such
N ACCORDANCE WIT 1. A random plasma 2. A random glucose after consumption c 3. A random glucose	glucose level below 140 mg/d level between 140 - 200 mg/c of 75 gms of glucose) is recomi level of above 200 mg/dl is hi	Il is considered nor dl is considered as (mended for all such ahly suggestive of (mal. glucose intolerant or predial n patients. diabetic state. A repeat post	-prandial is strongly recommended for all such
N ACCORDANCE WIT 1. A random plasma 2. A random glucose after consumption c 3. A random glucose	glucose level below 140 mg/d level between 140 - 200 mg/c of 75 gms of glucose) is recomi level of above 200 mg/dl is hi	Il is considered nor dl is considered as (mended for all such ahly suggestive of (mal. glucose intolerant or predial n patients. diabetic state. A repeat post	-prandial is strongly recommended for all such
N ACCORDANCE WIT 1. A random plasma 2. A random glucose after consumption c 3. A random glucose	glucose level below 140 mg/d level between 140 - 200 mg/c of 75 gms of glucose) is recomi level of above 200 mg/dl is hi	Il is considered nor dl is considered as (mended for all such ahly suggestive of (mal. glucose intolerant or predial n patients. diabetic state. A repeat post	-prandial is strongly recommended for all such
N ACCORDANCE WIT 1. A random plasma 2. A random glucose after consumption c 3. A random glucose	glucose level below 140 mg/d level between 140 - 200 mg/c of 75 gms of glucose) is recomi level of above 200 mg/dl is hi	Il is considered nor dl is considered as (mended for all such ahly suggestive of (mal. glucose intolerant or predial n patients. diabetic state. A repeat post	-prandial is strongly recommended for all such
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N ACCORDANCE WIT 1. A random plasma 2. A random glucose after consumption c 3. A random glucose	glucose level below 140 mg/d level between 140 - 200 mg/c of 75 gms of glucose) is recomi level of above 200 mg/dl is hi	Il is considered nor dl is considered as (mended for all such ahly suggestive of (mal. glucose intolerant or predial n patients. diabetic state. A repeat post	-prandial is strongly recommended for all such
N ACCORDANCE WIT 1. A random plasma 2. A random glucose after consumption c 3. A random glucose	glucose level below 140 mg/d level between 140 - 200 mg/c of 75 gms of glucose) is recomi level of above 200 mg/dl is hi	Il is considered nor dl is considered as (mended for all such ahly suggestive of (mal. glucose intolerant or predial n patients. diabetic state. A repeat post	-prandial is strongly recommended for all such

KOS Diagnostic Lab (A Unit of KOS Healthcare)





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TEST PERFORMED AT KOS DIAGNOSTIC LAB. AMBALA CANTT



IMMUNOPATHOLOGY/SEROLOGY TYPHOID COMBO SCREEN (TYPHOID ANTIGEN, IgG AND IgM): SERUM TYPHOID ANTIGEN - SERUM NEGATIVE (-ve) NEGATI by ICT (IMMUNOCHROMATOGRAPHY) TYPHI DOT ANTIBODY IgG NEGATIVE (-ve) NEGATI by ICT (IMMUNOCHROMATOGRAPHY) TYPHI DOT ANTIBODY IgM WEAKLY POSITIVE (+ve) NEGATI by ICT (IMMUNOCHROMATOGRAPHY)	
COLLECTED BY:REG. NO./LAB NO.: 01240911000REFERRED BY:REGISTRATION DATE: 11/Sep/2024 00BARCODE NO.: 01516783COLLECTION DATE: 11/Sep/2024 00BARCODE.: KOS DIAGNOSTIC LABREPORTING DATE: 11/Sep/2024 00CLIENT CODE.: KOS DIAGNOSTIC LABREPORTING DATE: 11/Sep/2024 00CLIENT ADDRESS: 6349/1, NICHOLSON ROAD, AMBALA CANTT: 11/Sep/2024 00Test NameValueUnitBiologiaIMMUNOPATHOLOGY/SEROLOGYTYPHOID COMBO SCREEN (TYPHOID ANTIGEN, IgG AND IgM): SERUMTYPHOID COMBO SCREEN (TYPHOID ANTIGEN, IgG AND IgM): SERUMby ICT (IMMUNOCHROMATOGRAPHY)NEGATIVE (-ve)NEGATIby ICT (IMMUNOCHROMATOGRAPHY)NEGATIVE (-ve)NEGATIby ICT (IMMUNOCHROMATOGRAPHY)WEAKLY POSITIVE (+ve)NEGATIby ICT (IMMUNOCHROMATOGRAPHY)WEAKLY POSITIVE (+ve)NEGATI	
REFERRED BY :	
BARCODE NO. : 01516783 COLLECTION DATE : 11/Sep/2024 00 CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 11/Sep/2024 07 CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit Biologia IMMUNOPATHOLOGY/SEROLOGY TYPHOID COMBO SCREEN (TYPHOID ANTIGEN, IgG AND IgM): SERUM TYPHOID ANTIGEN - SERUM NEGATIVE (-ve) NEGATI by ICT (IMMUNOCHROMATOGRAPHY) TYPHI DOT ANTIBODY IgG NEGATIVE (-ve) NEGATI by ICT (IMMUNOCHROMATOGRAPHY) TYPHI DOT ANTIBODY IgM WEAKLY POSITIVE (+ve) NEGATI by ICT (IMMUNOCHROMATOGRAPHY)	3
CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 11/Sep/2024 07 CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit Biologia IMMUNOPATHOLOGY/SEROLOGY TYPHOID COMBO SCREEN (TYPHOID ANTIGEN, IgG AND IgM): SERUM TYPHOID ANTIGEN - SERUM NEGATIVE (-ve) NEGATI by ICT (IMMUNOCHROMATOGRAPHY) NEGATIVE (-ve) NEGATI TYPHI DOT ANTIBODY IgG NEGATIVE (-ve) NEGATI by ICT (IMMUNOCHROMATOGRAPHY) WEAKLY POSITIVE (+ve) NEGATI by ICT (IMMUNOCHROMATOGRAPHY) WEAKLY POSITIVE (+ve) NEGATI	5:46 PM
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit Biologia IMMUNOPATHOLOGY/SEROLOGY TYPHOID COMBO SCREEN (TYPHOID ANTIGEN, IgG AND IgM): SERUM TYPHOID ANTIGEN - SERUM NEGATIVE (-ve) NEGATI by ICT (IMMUNOCHROMATOGRAPHY) NEGATIVE (-ve) NEGATI typHI DOT ANTIBODY IgG NEGATIVE (-ve) NEGATI by ICT (IMMUNOCHROMATOGRAPHY) WEAKLY POSITIVE (+ve) NEGATI	:47PM
Test NameValueUnitBiologiaIMMUNOPATHOLOGY/SEROLOGYTYPHOID COMBO SCREEN (TYPHOID ANTIGEN, IgG AND IgM): SERUMTYPHOID ANTIGEN - SERUMby ICT (IMMUNOCHROMATOGRAPHY)TYPHI DOT ANTIBODY IgGNEGATIVE (-ve)NEGATIby ICT (IMMUNOCHROMATOGRAPHY)TYPHI DOT ANTIBODY IgGNEGATIVE (-ve)NEGATIby ICT (IMMUNOCHROMATOGRAPHY)TYPHI DOT ANTIBODY IgGNEGATIVE (-ve)NEGATIby ICT (IMMUNOCHROMATOGRAPHY)WEAKLY POSITIVE (+ve)NEGATI	':52PM
IMMUNOPATHOLOGY/SEROLOGY TYPHOID COMBO SCREEN (TYPHOID ANTIGEN, IgG AND IgM): SERUM TYPHOID ANTIGEN - SERUM NEGATIVE (-ve) NEGATI by ICT (IMMUNOCHROMATOGRAPHY) TYPHI DOT ANTIBODY IgG NEGATIVE (-ve) NEGATI by ICT (IMMUNOCHROMATOGRAPHY) TYPHI DOT ANTIBODY IgM WEAKLY POSITIVE (+ve) NEGATI	al Reference interval
TYPHOID ANTIGEN - SERUM by ICT (IMMUNOCHROMATOGRAPHY)NEGATIVE (-ve)NEGATI VEGATIVE (-ve)TYPHI DOT ANTIBODY IgG by ICT (IMMUNOCHROMATOGRAPHY)NEGATIVE (-ve)NEGATI VEGATIVE (-ve)TYPHI DOT ANTIBODY IgM by ICT (IMMUNOCHROMATOGRAPHY)WEAKLY POSITIVE (+ve)NEGATI	
by ICT (IMMUNOCHROMATOGRAPHY) TYPHI DOT ANTIBODY IgM WEAKLY POSITIVE (+ve) NEGATI by ICT (IMMUNOCHROMATOGRAPHY)	VE (-ve)
by ICT (IMMUNOCHROMATOGRAPHY)	VE (-ve)
	VE (-ve)
INTE <u>RPRETATION:</u>	
Typhoid fever is a life threatening illness caused by the bacterium Salmonella typhus.The infection is acquired typica reaching the gut, the bacilli attach themselves to the epithelial cells of the intestinal villi and penetrate the lamina an	
phagocytosed there by polymorphs and mesenteric lymph nodes, where they multiply and, via the thoracic duct, enter	
transient bacteremia follows, during which the bacilli are seeded in the liver, gall bladder, spleen, bone marrow, lym where further multiplication takes place. Towards the end of the incubation period, there occurs a massive bacteremi	

heralding the onset of the clinical symptoms.

The diagnosis of typhoid consists of isolation of the bacilli and the demonstration of antibodies. The isolation of the bacilli is very time consuming and antibody detection is not very specific. Other tests include the Widal reaction. The advantage of this test is that it takes only 10-20 minutes and requires only a small amount of stool/serum/plasma to perform. It is the easiest and most specific method for detecting S. typhi infection.

RELATIVE SENSTIVITY OF TYPHOID ANTIGEN DETECTION: 98.7% RELATIVE SPECIFICITY OF TYPHOID ANTIGEN DETECTION: 97.4%

DETECTABLE IgM RESPONSE:

ONSET OF FEVER	PERCENT POSITIVE
4 - 6 DAYS	43.5
6 - 9 DAYS	92.9
> 9 DAYS	99.5

1. This is a solid phase, immunochromatographic ELISA assay that detects specific IgM and IgG Antibodies against the OUTER MEMBRAN PROTEIN(OMP) of the Salmonella species. IgM antibodies appear in the serum 2-3 days post infection and are indicative of a recent infection while the IgG antibodies appear later and are useful for presumptive diagnosis of Enteric fever if the patient presents more than a week after onset of symptoms.

2. This is a useful screening assay for the early detection of Enteric fever and has a high sensitivity. However the test has moderate specificity and false positive results may be obtained in the following situations:

Antibodies against Salmonella may cross react with other antibodies.



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	Dr. Vinay Chopra MD (Pathology & Micro Chairman & Consultant	obiology) MI	m Chopra D (Pathology) ht Pathologist
NAME	: Mrs. NARAYANI		
AGE/ GENDER	: 48 YRS/FEMALE	PATIENT ID	: 1610199
COLLECTED BY	:	REG. NO./LAB NO.	: 012409110063
REFERRED BY	:	REGISTRATION DATE	: 11/Sep/2024 06:46 PM
BARCODE NO.	: 01516783	COLLECTION DATE	: 11/Sep/2024 06:47PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPORTING DATE	: 11/Sep/2024 07:52PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBA	LA CANTT	
Test Name		Value Unit	Biological Reference interval

Unrelated infections may lead to production of specific Salmonella antibodies if the patient has previously been exposed to Salmonella infection (ANAMNESTIC RESPONSE).

NOTE:-Rapid blood culture performed during f^t week of infection is highly recommended for confirmation of all IgM positive results. In case the patient has presented after the first week of infection, a thorough clinical correlation and confirmatory Widal test must be performed to establish the diagnosis.

*** End Of Report ***



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