



	Dr. Vinay Cl MD (Pathology & Chairman & Cor		Dr. Yugan MD CEO & Consultant	(Pathology)
NAME	: Mr. AADIT KHANNA			
AGE/ GENDER	: 12 YRS/MALE	PATI	ENT ID	: 1611728
COLLECTED BY	:	REG.	NO./LAB NO.	: 012409130042
REFERRED BY	:	REGISTRATION DATE		: 13/Sep/2024 11:56 AM
BARCODE NO.	:01516891	COLLECTION DATE		: 13/Sep/2024 11:57AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPORTING DATE		: 13/Sep/2024 12:50PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD,	AMBALA CANTT	Unit	Biological Reference interval
		IMUNOPATHOLO /IDAL SLIDE AGGLU		
SALMONELLA TYPHI O by SLIDE AGGLUTINATION		1 : 40	TITRE	1 : 80
SALMONELLA TYPHI by SLIDE AGGLUTINA	Н	1 : 160	TITRE	1 : 160
SALMONELLA PARA by SLIDE AGGLUTINA	ТҮРНІ АН	1 : 20	TITRE	1 : 160
SALMONELLA PARA	ТҮРНІ ВН	NIL	TITRE	1 : 160

MONELLA PARATYPHI BH 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.





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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



	Dr. Vinay Cho		Dr. Yugam			
	MD (Pathology & N Chairman & Consu		MD CEO & Consultant	(Pathology) Pathologist		
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EFERRED BY	:	REG	ISTRATION DATE	: 13/Sep/2024 11:56 AM		
ARCODE NO.	:01516891	COL	LECTION DATE	: 13/Sep/2024 11:57AM		
LIENT CODE.	: KOS DIAGNOSTIC LAB	REP	ORTING DATE	: 18/Sep/2024 04:38PM		
LIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	MBALA CANTT				
est Name		Value	Unit	Biological Reference interval		
		MICROBIC				
C						
			C SENSITIVITY (CO	INVENTIONAL): BLOOD		
LOOD CULTURE AND	<u>J SUSCEPTIBILITY</u>	12 00 2024				
ATE OF SAMPLE PECIMEN SOURCE		13-09-2024 BLOOD				
INCUBATION PERIOD		72 HOURS (3 SUBCULTURES)				
CULTURE		STERILE				
by AUTOMATED BROTH	CULTURE					
ORGANISM by AUTOMATED BROTH CULTURE		NO AEROBIC PYOGENIC ORGANISM GROWN AFTER 72 HOURS OF INCUBATION AT 37*C				
EROBIC SUSCEPTIBI	LITY BLOOD					
<u>NTERPRETATION</u> USCEPTIBILITY:						
. A test interpreted as ecommended for that . A test interpreted as hysiologically concen .A test interpreted as losage, schedule and/ as not been reliable i AUTION: conditions which can	type of infection and infecting sp INTERMEDIATE implies that the" trated or when a high dosage of RESISTANT implies that the "isola or fall in the range where specifi in treatment studies. cause a false Negative culture: tics. Please repeat culture post th	becies, unless otherw Infection due to the drug can be used". Ites are not inhibited c microbial resistant	vise indicated. isolate may be approp I by the usually achieva	ed with the dosage of an antimicrobial agent riately treated in body sites where the drugs are able concentration of the agents with normal ly (e.g. beta-lactamases), and clinical efficacy		
. Fastidious aerobic b . Besides all these fac	acteria which are not able to gro tors, at least in 25-40 % of cases b be confirmed by AFB studies.	w on routine culture there is no direct co	e media. prrelation between in v	vivo clinical picture.		
	* *	* End Of Repor	~t * * *			





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