

Dr. Vinay Chopra
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Chairman & Consultant Pathologist

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

NAME : Mr. SUNIL LUTHRA
AGE/ GENDER : 68 YRS/MALE
COLLECTED BY : SURJESH
REFERRED BY :
BARCODE NO. : 01517189
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1616910
REG. NO./LAB NO. : 012409180030
REGISTRATION DATE : 18/Sep/2024 09:59 AM
COLLECTION DATE : 18/Sep/2024 10:09AM
REPORTING DATE : 18/Sep/2024 10:43AM

Test Name	Value	Unit	Biological Reference interval
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HAEMATOLOGY

PLATELET COUNT (P/C)

PLATELET COUNT (PLT)	147000 ^L	/cmm	150000 - 450000
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by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE & MICROSCOPY

ADVICE

KINDLY CORRELATE CLINICALLY

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

RECHECKED.



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AGE/ GENDER	: 68 YRS/MALE	REG. NO./LAB NO.	: 012409180030
COLLECTED BY	: SURJESH	REGISTRATION DATE	: 18/Sep/2024 12:19 PM
REFERRED BY	:	COLLECTION DATE	: 18/Sep/2024 12:39PM
BARCODE NO.	: 01517189	REPORTING DATE	: 18/Sep/2024 12:51PM
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IMMUNOPATHOLOGY/SEROLOGY

TYPHOID COMBO SCREEN (TYPHOID ANTIGEN, IgG AND IgM): SERUM

TYPHOID ANTIGEN - SERUM <i>by ICT (IMMUNOCHROMATOGRAPHY)</i>	NEGATIVE (-ve)	NEGATIVE (-ve)
TYPHI DOT ANTIBODY IgG <i>by ICT (IMMUNOCHROMATOGRAPHY)</i>	POSITIVE (+ve)	NEGATIVE (-ve)
TYPHI DOT ANTIBODY IgM <i>by ICT (IMMUNOCHROMATOGRAPHY)</i>	POSITIVE (+ve)	NEGATIVE (-ve)

INTERPRETATION:

Typhoid fever is a life threatening illness caused by the bacterium *Salmonella typhi*. The infection is acquired typically by ingestion. On reaching the gut, the bacilli attach themselves to the epithelial cells of the intestinal villi and penetrate the lamina and submucosa. They are then phagocytosed there by polymorphs and mesenteric lymph nodes, where they multiply and, via the thoracic duct, enter the blood stream. A transient bacteremia follows, during which the bacilli are seeded in the liver, gall bladder, spleen, bone marrow, lymph nodes, and kidneys, where further multiplication takes place. Towards the end of the incubation period, there occurs a massive bacteremia from these sites, 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 SENSITIVITY 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 MEMBRANE 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.
- Unrelated infections may lead to production of specific *Salmonella* antibodies if the patient has previously been exposed to




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Salmonella infection (ANAMNESTIC RESPONSE).

NOTE:-Rapid blood culture performed during 1st 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.




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DENGUE FEVER ANTIGEN NS1 - ELISA (QUANTITATIVE)

DENGUE NS1 ANTIGEN QUANTITATIVE <i>by ELISA (ENZYME LINKED IMMUNOSORBENT ASSAY)</i>	0.318	INDEX	NEGATIVE: < 0.90 BORDERLINE: 0.90 - 1.10 POSITIVE: >=1.10
DENGUE NS1 ANTIGEN RESULT <i>by ELISA (ENZYME LINKED IMMUNOSORBENT ASSAY)</i>	NEGATIVE (-ve)		NEGATIVE (-ve)

INTERPRETATION

DENGUE ANTIGEN NS1		
VALUE	UNIT	RESULT
< 0.90	INDEX	NEGATIVE (-ve)
0.90 - 1.10	INDEX	BORDERLINE
>=1.10	INDEX	POSITIVE (+ve)

1. The test becomes positive within 0-9 days of exposure to the virus (positive results are obtained within 24 hours of exposure in the overwhelming majority of patients) and generally remains positive till 15 days after exposure. The Dengue NS-1 antigen test is extremely useful in the early diagnosis of the disease thus helping in proper follow up and monitoring of the patients.
 2. The IgM antibodies on the other hand take a minimum of 5-10 days in primary infection and 4-5 days in secondary infections to test positive and hence are suitable for the diagnosis of dengue fever only when the fever is approximately one week old.

*** End Of Report ***




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