

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

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

NAME	: Mr. MANANPREET	PATIENT ID	: 1633194
AGE/ GENDER	: 16 YRS/MALE	REG. NO./LAB NO.	: 012410030029
COLLECTED BY	:	REGISTRATION DATE	: 03/Oct/2024 12:57 PM
REFERRED BY	: LOOMBA HOSPITAL (AMBALA CANTT)	COLLECTION DATE	: 03/Oct/2024 01:01PM
BARCODE NO.	: 01518234	REPORTING DATE	: 03/Oct/2024 01:31PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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HAEMATOLOGY

HAEMOGLOBIN (HB)

HAEMOGLOBIN (HB)	12.9	gm/dL	12.0 - 17.0
by CALORIMETRIC			

INTERPRETATION:-

Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the bodys tissues and returns carbon dioxide from the tissues back to the lungs.

A low hemoglobin level is referred to as ANEMIA or low red blood count.

ANEMIA (DECREASED HAEMOGLOBIN):


- 1) Loss of blood (traumatic injury, surgery, bleeding, colon cancer or stomach ulcer)
- 2) Nutritional deficiency (iron, vitamin B12, folate)
- 3) Bone marrow problems (replacement of bone marrow by cancer)
- 4) Suppression by red blood cell synthesis by chemotherapy drugs
- 5) Kidney failure
- 6) Abnormal hemoglobin structure (sickle cell anemia or thalassemia).


POLYCYTHEMIA (INCREASED HAEMOGLOBIN):

- 1) People in higher altitudes (Physiological)
- 2) Smoking (Secondary Polycythemia)
- 3) Dehydration produces a falsely rise in hemoglobin due to increased haemoconcentration
- 4) Advanced lung disease (for example, emphysema)
- 5) Certain tumors
- 6) A disorder of the bone marrow known as polycythemia rubra vera,
- 7) Abuse of the drug erythropoetin (Epogen) by athletes for blood doping purposes (increasing the amount of oxygen available to the body by chemically raising the production of red blood cells).

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD




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TOTAL LEUCOCYTE COUNT (TLC)

TOTAL LEUCOCYTE COUNT (TLC)	9220	/cmm	4000 - 11000
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD			




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DIFFERENTIAL LEUCOCYTE COUNT (DLC)

NEUTROPHILS	80 ^H	%	50 - 70
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
LYMPHOCYTES	10 ^L	%	20 - 40
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
EOSINOPHILS	1	%	1 - 6
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
MONOCYTES	9	%	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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PLATELET COUNT (P/C)

PLATELET COUNT (PLT)	296000	/cmm	150000 - 450000
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by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE & MICROSCOPY

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD




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BLOOD GROUP (ABO) AND RH FACTOR TYPING

ABO GROUP
 by SLIDE AGGLUTINATION
 RH FACTOR TYPE
 by SLIDE AGGLUTINATION

O
 POSITIVE




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IMMUNOPATHOLOGY/SEROLOGY WIDAL SLIDE AGGLUTINATION TEST

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