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NAME	: Mrs. SHIVALI	PATIENT ID	: 1704176
AGE/ GENDER	: 30 YRS/FEMALE	REG. NO./LAB NO.	: 012412200027
COLLECTED BY	:	REGISTRATION DATE	: 20/Dec/2024 12:06 PM
REFERRED BY	:	COLLECTION DATE	: 20/Dec/2024 12:10PM
BARCODE NO.	: 01522723	REPORTING DATE	: 21/Dec/2024 11:10AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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IMMUNOPATHOLOGY/SEROLOGY WIDAL TUBE AGGLUTINATION TEST

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