

(A Unit of KOS Healthcare)



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

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

NAME : Mr. BHUPINDER SINGH

AGE/ GENDER : 45 YRS/MALE PATIENT ID : 1715080

COLLECTED BY : REG. NO./LAB NO. : 012501030033

 REFERRED BY
 : 03/Jan/2025 03:27 PM

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 : 01523389
 COLLECTION DATE
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 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 03/Jan/2025 03:54 PM

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) by CALORIMETRIC	15.1	gm/dL	12.0 - 17.0
RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	5.27 ^H	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	47.1	%	40.0 - 54.0
MEAN CORPUSCULAR VOLUME (MCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	89.5	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	28.8	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	32.1	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	14.8	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	49.5	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED	16.98	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX by CALCULATED	25.26	RATIO	BETA THALASSEMIA TRAIT:<= 65.0 IRON DEFICIENCY ANEMIA: > 65.0
WHITE BLOOD CELLS (WBCS)			
TOTAL LEUCOCYTE COUNT (TLC) by Flow cytometry by SF cube & microscopy	4340	/cmm	4000 - 11000
NUCLEATED RED BLOOD CELLS (nRBCS) by automated 6 part hematology analyzer	NIL		0.00 - 20.00
NUCLEATED RED BLOOD CELLS (nRBCS) %	NIL	%	< 10 %



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CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS MD (PATHOLOGY)



by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER



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Test Name	Value	Unit	Biological Reference interval
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHILS by flow cytometry by sf cube & microscopy	38 ^L	%	50 - 70
LYMPHOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	39	%	20 - 40
EOSINOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	9 _H	%	1 - 6
MONOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	14 ^H	%	2 - 12
BASOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	0	%	0 - 1
ABSOLUTE LEUKOCYTES (WBC) COUNT			
ABSOLUTE NEUTROPHIL COUNT by flow cytometry by sf cube & microscopy	1649 ^L	/cmm	2000 - 7500
ABSOLUTE LYMPHOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	1693	/cmm	800 - 4900
ABSOLUTE EOSINOPHIL COUNT by flow cytometry by sf cube & microscopy	391	/cmm	40 - 440
ABSOLUTE MONOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	608	/cmm	80 - 880
ABSOLUTE BASOPHIL COUNT by flow cytometry by sf cube & microscopy	0	/cmm	0 - 110
PLATELETS AND OTHER PLATELET PREDICTIVE	MARKERS.		
PLATELET COUNT (PLT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	190000	/cmm	150000 - 450000
PLATELETCRIT (PCT) by hydro dynamic focusing, electrical impedence	0.21	%	0.10 - 0.36
MEAN PLATELET VOLUME (MPV) by hydro dynamic focusing, electrical impedence	11	fL	6.50 - 12.0
PLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	68000	/cmm	30000 - 90000
PLATELET LARGE CELL RATIO (P-LCR) by hydro dynamic focusing, electrical impedence	35.6	%	11.0 - 45.0
PLATELET DISTRIBUTION WIDTH (PDW) by hydro dynamic focusing, electrical impedence NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD	16.1	%	15.0 - 17.0



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MBBS , MD (PATHOLOGY)



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KOS Diagnostic Lab (A Unit of KOS Healthcare)



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Test Name Value Unit **Biological Reference interval**



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Test Name Value Unit Biological Reference interval

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

TYPHOID ANTIGEN - SERUM NEGATIVE (-ve) NEGATIVE (-ve)

by ICT (IMMUNOCHROMATOGRAPHY)

TYPHI DOT ANTIBODY IgG NEGATIVE (-ve) NEGATIVE (-ve)

by ICT (IMMUNOCHROMATOĞRAPHY)

TYPHI DOT ANTIBODY IgM NEGATIVE (-ve) NEGATIVE (-ve)

by ICT (IMMUNOCHROMATOĞRAPHY)

INTE*RPRETATION:*

Typhoid fever is a life threatening illness caused by the bacterium Salmonella typhus. 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 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.

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 ft 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 COMBO SCREENING - (NS1 ANTIGEN, IgG AND IgM)

DENGUE NS1 ANTIGEN - SCREENING
by ICT (IMMUNOCHROMATOGRAPHY)

DENGUE ANTIBODY IgG - SCREENING
by ICT (IMMUNOCHROMATOGRAPHY)

DENGUE ANTIBODY IgM - SCREENING
by ICT (IMMUNOCHROMATOGRAPHY)

NEGATIVE (-ve)

NEGATIVE (-ve)

NEGATIVE (-ve)

NEGATIVE (-ve)

INTERPRETATION:-

- 1. This is a solid phase immunochromatographic ELISA test for the qualitative detection of the specific IgG and IgM antibodies against the Dengue virus.
- 2.The IgM antibodies 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.
- 3. The IgG antibodies develop at least two weeks after exposure to primary infection and subsequently remain positive for the rest of the life. A positive result is incapable of differentiating a current infection from a past infection.
- 4. The Dengue NS-1 antigen test is most suited for early diagnosis (within the first week of exposure).



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MALARIA - P.FALCIPARUM AND P.VIVAX ANTIGEN DETECTION

PLASMODIUM FALCIPARUM ANTIGEN by ICT (IMMUNOCHROMATOGRAPHY) PLASMODIUM VIVAX ANTIGEN by ICT (IMMUNOCHROMATOGRAPHY)

NEGATIVE (-ve)

NEGATIVE (-ve)

NEGATIVE (-ve)

NEGATIVE (-ve)

*** End Of Report ***



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