

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

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

| | | | |
|-----------------------|--|--------------------------|------------------------|
| NAME | : Mr. TAMAN | PATIENT ID | : 1808184 |
| AGE/ GENDER | : 26 YRS/MALE | REG. NO./LAB NO. | : 012503270041 |
| COLLECTED BY | : SURJESH | REGISTRATION DATE | : 27/Mar/2025 11:33 AM |
| REFERRED BY | : | COLLECTION DATE | : 27/Mar/2025 11:48AM |
| BARCODE NO. | : 01527873 | REPORTING DATE | : 27/Mar/2025 12:37PM |
| 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

COMPLETE BLOOD COUNT (CBC)

RED BLOOD CELLS (RBCS) COUNT AND INDICES

| | | | |
|---|-------|--------------|--|
| HAEMOGLOBIN (HB) <i>by CALORIMETRIC</i> | 13.2 | gm/dL | 12.0 - 17.0 |
| RED BLOOD CELL (RBC) COUNT <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 4.61 | Millions/cmm | 3.50 - 5.00 |
| PACKED CELL VOLUME (PCV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 40.7 | % | 40.0 - 54.0 |
| MEAN CORPUSCULAR VOLUME (MCV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 88.1 | fL | 80.0 - 100.0 |
| MEAN CORPUSCULAR HAEMOGLOBIN (MCH) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 28.7 | pg | 27.0 - 34.0 |
| MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 32.6 | g/dL | 32.0 - 36.0 |
| RED CELL DISTRIBUTION WIDTH (RDW-CV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 14.5 | % | 11.00 - 16.00 |
| RED CELL DISTRIBUTION WIDTH (RDW-SD) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 48 | fL | 35.0 - 56.0 |
| MENTZERS INDEX <i>by CALCULATED</i> | 19.11 | RATIO | BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0 |
| GREEN & KING INDEX <i>by CALCULATED</i> | 85.26 | RATIO | BETA THALASSEMIA TRAIT: <= 74.1 IRON DEFICIENCY ANEMIA: >= 74.1 |

WHITE BLOOD CELLS (WBCS)

| | | | |
|---|------|------|--------------|
| TOTAL LEUCOCYTE COUNT (TLC) <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 7600 | /cmm | 4000 - 11000 |
| NUCLEATED RED BLOOD CELLS (nRBCS) <i>by AUTOMATED 6 PART HEMATOLOGY ANALYZER</i> | NIL | | 0.00 - 20.00 |
| NUCLEATED RED BLOOD CELLS (nRBCS) % | NIL | % | < 10 % |




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| by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER | | | |
| <u>DIFFERENTIAL LEUCOCYTE COUNT (DLC)</u> | | | |
| NEUTROPHILS | 64 | % | 50 - 70 |
| by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | | | |
| LYMPHOCYTES | 25 | % | 20 - 40 |
| by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | | | |
| EOSINOPHILS | 1 | % | 1 - 6 |
| by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | | | |
| MONOCYTES | 10 | % | 2 - 12 |
| by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | | | |
| BASOPHILS | 0 | % | 0 - 1 |
| by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | | | |
| <u>ABSOLUTE LEUKOCYTES (WBC) COUNT</u> | | | |
| ABSOLUTE NEUTROPHIL COUNT | 4864 | /cmm | 2000 - 7500 |
| by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | | | |
| ABSOLUTE LYMPHOCYTE COUNT | 1900 | /cmm | 800 - 4900 |
| by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | | | |
| ABSOLUTE EOSINOPHIL COUNT | 76 | /cmm | 40 - 440 |
| by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | | | |
| ABSOLUTE MONOCYTE COUNT | 760 | /cmm | 80 - 880 |
| by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | | | |
| <u>PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.</u> | | | |
| PLATELET COUNT (PLT) | 239000 | /cmm | 150000 - 450000 |
| by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | | | |
| PLATELETCRIT (PCT) | 0.24 | % | 0.10 - 0.36 |
| by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | | | |
| MEAN PLATELET VOLUME (MPV) | 10 | fL | 6.50 - 12.0 |
| by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | | | |
| PLATELET LARGE CELL COUNT (P-LCC) | 59000 | /cmm | 30000 - 90000 |
| by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | | | |
| PLATELET LARGE CELL RATIO (P-LCR) | 24.9 | % | 11.0 - 45.0 |
| by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | | | |
| PLATELET DISTRIBUTION WIDTH (PDW) | 15.9 | % | 15.0 - 17.0 |
| by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | | | |
| NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD | | | |




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IMMUNOPATHOLOGY/SEROLOGY

DENGUE FEVER COMBO SCREENING - (NS1 ANTIGEN, IgG AND IgM)

| | | |
|--|----------------|----------------|
| DENGUE NS1 ANTIGEN - SCREENING by ICT (IMMUNOCHROMATOGRAPHY) | NEGATIVE (-ve) | NEGATIVE (-ve) |
| DENGUE ANTIBODY IgG - SCREENING by ICT (IMMUNOCHROMATOGRAPHY) | NEGATIVE (-ve) | NEGATIVE (-ve) |
| DENGUE ANTIBODY IgM - SCREENING by ICT (IMMUNOCHROMATOGRAPHY) | 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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WIDAL SLIDE AGGLUTINATION TEST

| | | | |
|---|--------|-------|---------|
| SALMONELLA TYPHI O by SLIDE AGGLUTINATION | 1 : 20 | 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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