



	Dr. Vinay Chopra MD (Pathology & Microb Chairman & Consultant F			Pathology)
NAME	: Mr. RUPENDRA SINGH			
AGE/ GENDER	: 51 YRS/MALE		PATIENT ID	: 1593900
COLLECTED BY	:		REG. NO./LAB NO.	: 042503300001
REFERRED BY	:		REGISTRATION DATE	: 30/Mar/2025 01:08 PM
BARCODE NO.	: A1260761		COLLECTION DATE	: 30/Mar/2025 03:09PM
CLIENT CODE.	: KOS DIAGNOSTIC SHAHBAD		REPORTING DATE	: 30/Mar/2025 03:36PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBAL	A CANTT		
Test Name	V	alue	Unit	Biological Reference interval
	SWASTHY	VA WE	LLNESS PANEL: G	
			DOD COUNT (CBC)	
RED BLOOD CELL	<u>S (RBCS) COUNT AND INDICES</u>		(020)	
HAEMOGLOBIN (HI	3)	10.5 ^L	gm/dL	12.0 - 17.0
by CALORIMETRIC RED BLOOD CELL ((RBC) COUNT	3.71	Millions/c	mm 3.50 - 5.00
	CUSING, ELECTRICAL IMPEDENCE	5.71		
PACKED CELL VOL	UME (PCV) JTOMATED HEMATOLOGY ANALYZER	32.4 ^L	%	40.0 - 54.0
	AR VOLUME (MCV)	87.4	fL	80.0 - 100.0
	JTOMATED HEMATOLOGY ANALYZER AR HAEMOGLOBIN (MCH)	28.2	ng	27.0 - 34.0
	JTOMATED HEMATOLOGY ANALYZER		pg	
	AR HEMOGLOBIN CONC. (MCHC) JTOMATED HEMATOLOGY ANALYZER	32.4	g/dL	32.0 - 36.0
	SUTION WIDTH (RDW-CV)	13.4	%	11.00 - 16.00
-	JTOMATED HEMATOLOGY ANALYZER	44.8	fL	35.0 - 56.0
	BUTION WIDTH (RDW-SD) JTOMATED HEMATOLOGY ANALYZER	44.0	IL	55.0 - 50.0
MENTZERS INDEX		23.56	RATIO	BETA THALASSEMIA TRAIT: <
by CALCULATED				13.0 IRON DEFICIENCY ANEMIA:
				>13.0
GREEN & KING INI	DEX	97.49	RATIO	BETA THALASSEMIA TRAIT:
by CALCULATED				<= 74.1 IRON DEFICIENCY ANEMIA:
				>= 74.1
WHITE BLOOD CH	ELLS (WBCS)			
TOTAL LEUCOCYT		8940	/cmm	4000 - 11000
•	BY SF CUBE & MICROSCOPY BLOOD CELLS (nRBCS)	NIL		0.00 - 20.00
by AUTOMATED 6 PAR	T HEMATOLOGY ANALYZER			
NILCI EATED DED I	BLOOD CELLS (nRBCS) %	NIL	%	< 10 %





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DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY)

KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana KOS Molecular Lab: IInd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt - 133 001, Haryana 0171-2643898, +91 99910 43898 | care@koshealthcare.com | www.koshealthcare.com







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NAME	: Mr. RUPENDRA SINGH			
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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AM			
Test Name		Value	Unit	Biological Reference interval
•	ITOMATED HEMATOLOGY ANALYZER			
DIFFERENTIAL LE	<u>UCOCYTE COUNT (DLC)</u>			
NEUTROPHILS		69	%	50 - 70
by FLOW CYTOMETRY	BY SF CUBE & MICROSCOPY	Int	%	20 - 40
	BY SF CUBE & MICROSCOPY	18 ^L	%	20 - 40
EOSINOPHILS		4	%	1 - 6
	BY SF CUBE & MICROSCOPY			0.10
MONOCYTES	BY SF CUBE & MICROSCOPY	9	%	2 - 12
BASOPHILS		0	%	0 - 1
by FLOW CYTOMETRY	BY SF CUBE & MICROSCOPY			
ABSOLUTE LEUKO	CYTES (WBC) COUNT			
ABSOLUTE NEUTRO		6169	/cmm	2000 - 7500
	BY SF CUBE & MICROSCOPY	1000	1	800 4000
ABSOLUTE LYMPH	BY SF CUBE & MICROSCOPY	1609	/cmm	800 - 4900
ABSOLUTE EOSINO		358	/cmm	40 - 440
-	BY SF CUBE & MICROSCOPY			
ABSOLUTE MONOC	CYTE COUNT BY SF CUBE & MICROSCOPY	805	/cmm	80 - 880
	THER PLATELET PREDICTIV	E MARKERS.		
PLATELET COUNT		204000	/cmm	150000 - 450000
	CUSING, ELECTRICAL IMPEDENCE	201000	, ennin	150000 150000
PLATELETCRIT (PC	·	0.26	%	0.10 - 0.36
by HYDRO DYNAMIC FO MEAN PLATELET V	OCUSING, ELECTRICAL IMPEDENCE	ч	fL	6.50 - 12.0
	OLUNIE (INF V) OCUSING, ELECTRICAL IMPEDENCE	13 ^H	IL	0.50 - 12.0
PLATELET LARGE	CELL COUNT (P-LCC)	96000 ^H	/cmm	30000 - 90000
-	CUSING, ELECTRICAL IMPEDENCE		24	11.0 45.0
	CELL RATIO (P-LCR)	46.9 ^H	%	11.0 - 45.0
	BUTION WIDTH (PDW)	16.4	%	15.0 - 17.0
by HYDRO DYNAMIC FO	CUSING, ELECTRICAL IMPEDENCE			
NOTE: TEST CONDUC	TED ON EDTA WHOLE BLOOD			

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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA	A CANTT	
·			
Test Name	V	alue Unit	Biological Reference interval



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CLIENT CODE.	: KOS DIAGNOSTIC SHAHBAD	REPO	RTING DATE	: 30/Mar/2025 04:14PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	MBALA CANTT		
Test Name		Value	Unit	Biological Reference interva
GLYCOSYLATED H	IAEMOGLOBIN (HbA1c):	10.8 ^H	%	4.0 - 6.4
WHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVER by HPLC (HIGH PERFO	IAEMOGLOBIN (HbA1c): RMANCE LIQUID CHROMATOGRAPHY) AGE PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY)	10.8 ^H 263.26 ^H	% mg/dL	4.0 - 6.4 60.00 - 140.00
WHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVER by HPLC (HIGH PERFO	RMANCE LIQUID CHROMATOGRAPHY) AGE PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY)	263.26 ^H	mg/dL	
WHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVER by HPLC (HIGH PERFO INTERPRETATION:	RMANCE LIQUID CHROMATOGRAPHY) AGE PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY)	263.26 ^H DIABETES ASSOCIATION	mg/dL	60.00 - 140.00
WHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVER by HPLC (HIGH PERFO INTERPRETATION:	RMANCE LIQUID CHROMATOGRAPHY) AGE PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN I	263.26 ^H DIABETES ASSOCIATION	mg/dL	60.00 - 140.00
WHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVER by HPLC (HIGH PERFO INTERPRETATION: Non di	RMANCE LIQUID CHROMATOGRAPHY) AGE PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN I REFERENCE GROUP	263.26 ^H DIABETES ASSOCIATION	mg/dL (ADA): LATED HEMOGLOGIB <5.7 5.7 - 6.4	60.00 - 140.00
WHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVER by HPLC (HIGH PERFO NTERPRETATION: Non di	RMANCE LIQUID CHROMATOGRAPHY) AGE PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN I REFERENCE GROUP abetic Adults >= 18 years	263.26 ^H DIABETES ASSOCIATION	mg/dL (ADA): LATED HEMOGLOGIB <5.7 5.7 - 6.4 >= 6.5	60.00 - 140.00
WHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVER by HPLC (HIGH PERFO INTERPRETATION: Non di	RMANCE LIQUID CHROMATOGRAPHY) AGE PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN I REFERENCE GROUP abetic Adults >= 18 years t Risk (Prediabetes)	263.26 ^H	mg/dL (ADA): LATED HEMOGLOGIB <5.7 5.7 - 6.4 >= 6.5 Age > 19 Years	60.00 - 140.00
WHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVER by HPLC (HIGH PERFO INTERPRETATION: Non di A	RMANCE LIQUID CHROMATOGRAPHY) AGE PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN I REFERENCE GROUP abetic Adults >= 18 years t Risk (Prediabetes) tiagnosing Diabetes	263.26 ^H	mg/dL (ADA): LATED HEMOGLOGIB <5.7 5.7 – 6.4 >= 6.5 Age > 19 Years rapy:	60.00 - 140.00 (HBAIC) in %
WHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVER by HPLC (HIGH PERFO INTERPRETATION: Non di A D	RMANCE LIQUID CHROMATOGRAPHY) AGE PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN I REFERENCE GROUP abetic Adults >= 18 years t Risk (Prediabetes)	263.26 ^H	mg/dL (ADA): LATED HEMOGLOGIB <5.7 5.7 – 6.4 >= 6.5 Age > 19 Years rapy:	60.00 - 140.00

1.Glycosylated hemoglobin (HbA1c) test is three monthly monitoring done to assess compliace with therapeutic regimen in diabetic patients. 2.Since Hb1c reflects long term fluctuations in blood glucose concentration, a diabetic patient who has recently under good control may still have high concentration of HbAlc. Converse is true for a diabetic previously under good control but now poorly controlled.

3. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targetting a goal of < 7.0% may not be appropriate.

4. High HbA1c (>9.0 -9.5 %) is strongly associated with risk of development and rapid progression of microvascular and nerve complications 5. Any condition that shorten RBC life span like acute blood loss, hemolytic anemia falsely lower HbA1c results.

6.HbA1c results from patients with HbSS,HbSC and HbD must be interpreted with caution, given the pathological processes including anemia, increased red cell turnover, and transfusion requirement that adversely impact HbA1c as a marker of long-term gycemic control.

7.Specimens from patients with polycythemia or post-splenctomy may exhibit increse in HbA1c values due to a somewhat longer life span of the red cells.



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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT



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	Dr. Vinay Ch e MD (Pathology & Chairman & Cons	Microbiology)		(Pathology)
NAME AGE/ GENDER COLLECTED BY REFERRED BY BARCODE NO. CLIENT CODE. CLIENT ADDRESS	: Mr. RUPENDRA SINGH : 51 YRS/MALE : : : A1260761 : KOS DIAGNOSTIC SHAHBAD : 6349/1, NICHOLSON ROAD, A	MBALA CANTT	PATIENT ID REG. NO./LAB NO. REGISTRATION DATE COLLECTION DATE REPORTING DATE	: 1593900 : 042503300001 : 30/Mar/2025 01:08 PM : 30/Mar/2025 03:09PM : 30/Mar/2025 03:47PM
Test Name		Value	Unit	Biological Reference interval
	гругира	OVTE SED	IMENTATION RATE	(FSR)
by RED CELL AGGREG INTERPRETATION: 1. ESR is a non-specifi immune disease, but of 2. An ESR can be affect as C-reactive protein 3. This test may also b systemic lupus erythe CONDITION WITH LOV A low ESR can be seer (polycythaemia), sign as sickle cells in sickle NOTE: 1. ESR and C - reactive 2. Generally, ESR does 3. CRP is not affected 4. If the ESR is elevated 5. Women tend to hav 6. Drugs such as dextr	DIMENTATION RATE (ESR) ATION BY CAPILLARY PHOTOMETR to test because an elevated result does not tell the health practition ted by other conditions besides be used to monitor disease activi matosus V ESR with conditions that inhibit the ficantly high white blood cell co e cell anaemia) also lower the Es protein (C-RP) are both markers is not change as rapidly as does C by as many other factors as is ESI ed, it is typically a result of two type e a higher ESR, and menstruatio	54 ^H often indicates ner exactly whe inflammation. F ty and response normal sedime unt (leucocytos SR. of inflammatio RP, either at the A making it a be ypes of proteins n and pregnanc ²	mm/1st h s the presence of inflammat re the inflammation is in the or this reason, the ESR is ty e to therapy in both of the a ntation of red blood cells, s is), and some protein abno n. e start of inflammation or a stter marker of inflammatior , globulins or fibrinogen. y can cause temporary eleva	nr 0 - 20 ion associated with infection, cancer and auto- e body or what is causing it. pically used in conjunction with other test such bove diseases as well as some others, such as uch as a high red blood cell count irmalities. Some changes in red cell shape (such s it resolves. n.





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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



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IAME	: Mr. RUPEN	DRA SINGH			
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COLLECTED BY	:		RE	G. NO./LAB NO.	: 042503300001
REFERRED BY	:		RE	GISTRATION DATE	: 30/Mar/2025 01:08 PM
BARCODE NO.	: A1260759		CO	LLECTION DATE	: 30/Mar/2025 03:09PM
CLIENT CODE.	: KOS DIAGN	OSTIC SHAHBAD	RE	PORTING DATE	: 30/Mar/2025 04:34PM
LIENT ADDRESS	: 6349/1, NIO	CHOLSON ROAD,	AMBALA CANTT		
Test Name			Value	Unit	Biological Reference interval
by GLUCOSE OXIDASE					DIABETIC: > 0R = 126.0
					DIABETIC: $> 0R = 126.0$
NTERPRETATION N ACCORDANCE WITH . A fasting plasma gl	lucose level bel	ow 100 mg/dl is	considered normal.		
<u>NTERPRETATION</u> N ACCORDANCE WITH I. A fasting plasma gl 2. A fasting plasma gl est (after consumption)	lucose level bel lucose level bet on of 75 gms of	ow 100 mg/dl is (tween 100 - 125 r f glucose) is recor	considered normal. mg/dl is considered a nmended for all such	patients.	prediabetic. A fasting and post-prandial blood
<u>NTERPRETATION</u> N ACCORDANCE WITH I. A fasting plasma gl 2. A fasting plasma gl est (after consumptio 3. A fasting plasma gl	lucose level bel lucose level bel on of 75 gms of ucose level of a	ow 100 mg/dl is o tween 100 - 125 r f glucose) is recor above 125 mg/dl	considered normal. mg/dl is considered a mmended for all such is highly suggestive c	pătients. If diabetic state. A repe	prediabetic. A fasting and post-prandial blood
<u>NTERPRETATION</u> N ACCORDANCE WITH I. A fasting plasma gl est (after consumptions) A fasting plasma gl	lucose level bel lucose level bel on of 75 gms of ucose level of a	ow 100 mg/dl is o tween 100 - 125 r f glucose) is recor above 125 mg/dl	considered normal. mg/dl is considered a mmended for all such is highly suggestive c	pătients. If diabetic state. A repe	prediabetic. A fasting and post-prandial blood at post-prandial is strongly recommended for al
<u>NTERPRETATION</u> N ACCORDANCE WITH I. A fasting plasma gl est (after consumptions) A fasting plasma gl	lucose level bel lucose level bel on of 75 gms of ucose level of a	ow 100 mg/dl is o tween 100 - 125 r f glucose) is recor above 125 mg/dl	considered normal. mg/dl is considered a mmended for all such is highly suggestive c	pătients. If diabetic state. A repe	prediabetic. A fasting and post-prandial blood at post-prandial is strongly recommended for al
<u>NTERPRETATION</u> N ACCORDANCE WITH I. A fasting plasma gl est (after consumptions) A fasting plasma gl	lucose level bel lucose level bel on of 75 gms of ucose level of a	ow 100 mg/dl is o tween 100 - 125 r f glucose) is recor above 125 mg/dl	considered normal. mg/dl is considered a mmended for all such is highly suggestive c	pătients. If diabetic state. A repe	prediabetic. A fasting and post-prandial blood at post-prandial is strongly recommended for al
<u>NTERPRETATION</u> N ACCORDANCE WITH I. A fasting plasma gl est (after consumptions) A fasting plasma gl	lucose level bel lucose level bel on of 75 gms of ucose level of a	ow 100 mg/dl is o tween 100 - 125 r f glucose) is recor above 125 mg/dl	considered normal. mg/dl is considered a mmended for all such is highly suggestive c	pătients. If diabetic state. A repe	prediabetic. A fasting and post-prandial blood at post-prandial is strongly recommended for al
<u>NTERPRETATION</u> N ACCORDANCE WITH I. A fasting plasma gl 2. A fasting plasma gl est (after consumptio 3. A fasting plasma gl	lucose level bel lucose level bel on of 75 gms of ucose level of a	ow 100 mg/dl is o tween 100 - 125 r f glucose) is recor above 125 mg/dl	considered normal. mg/dl is considered a mmended for all such is highly suggestive c	pătients. If diabetic state. A repe	prediabetic. A fasting and post-prandial blood at post-prandial is strongly recommended for a
<u>NTERPRETATION</u> N ACCORDANCE WITH I. A fasting plasma gl est (after consumptions) A fasting plasma gl	lucose level bel lucose level bel on of 75 gms of ucose level of a	ow 100 mg/dl is o tween 100 - 125 r f glucose) is recor above 125 mg/dl	considered normal. mg/dl is considered a mmended for all such is highly suggestive c	pătients. If diabetic state. A repe	prediabetic. A fasting and post-prandial blood at post-prandial is strongly recommended for a
<u>NTERPRETATION</u> N ACCORDANCE WITH I. A fasting plasma gl 2. A fasting plasma gl est (after consumptions) 3. A fasting plasma gl	lucose level bel lucose level bel on of 75 gms of ucose level of a	ow 100 mg/dl is o tween 100 - 125 r f glucose) is recor above 125 mg/dl	considered normal. mg/dl is considered a mmended for all such is highly suggestive c	pătients. If diabetic state. A repe	prediabetic. A fasting and post-prandial blood at post-prandial is strongly recommended for a
<u>NTERPRETATION</u> N ACCORDANCE WITH I. A fasting plasma gl est (after consumptions) A fasting plasma gl	lucose level bel lucose level bel on of 75 gms of ucose level of a	ow 100 mg/dl is o tween 100 - 125 r f glucose) is recor above 125 mg/dl	considered normal. mg/dl is considered a mmended for all such is highly suggestive c	pătients. If diabetic state. A repe	prediabetic. A fasting and post-prandial blood at post-prandial is strongly recommended for al
<u>NTERPRETATION</u> N ACCORDANCE WITH I. A fasting plasma gl 2. A fasting plasma gl est (after consumptions) 3. A fasting plasma gl	lucose level bel lucose level bel on of 75 gms of ucose level of a	ow 100 mg/dl is o tween 100 - 125 r f glucose) is recor above 125 mg/dl	considered normal. mg/dl is considered a mmended for all such is highly suggestive c	pătients. If diabetic state. A repe	prediabetic. A fasting and post-prandial blood at post-prandial is strongly recommended for a
NTERPRETATION N ACCORDANCE WITH . A fasting plasma gl est (after consumption . A fasting plasma gl	lucose level bel lucose level bel on of 75 gms of ucose level of a	ow 100 mg/dl is o tween 100 - 125 r f glucose) is recor above 125 mg/dl	considered normal. mg/dl is considered a mmended for all such is highly suggestive c	pătients. If diabetic state. A repe	prediabetic. A fasting and post-prandial blood at post-prandial is strongly recommended for a

KOS Diagnostic Lab (A Unit of KOS Healthcare)





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V DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS , MD (PATHOLOGY)







KOS Diagnostic Lab (A Unit of KOS Healthcare)

		hopra & Microbiology) onsultant Pathologist	Dr. Yugam MD CEO & Consultant	(Pathology)
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Test Name		Value	Unit	Biological Reference interval
			TILE : BASIC	
CHOLESTEROL TOTA by CHOLESTEROL OXIDA		91.16	mg/dL	OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.0
TRIGLYCERIDES: SEI by GLYCEROL PHOSPHA	RUM re oxidase (enzymatic)	137.75	mg/dL	OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199.0 HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0
HDL CHOLESTEROL by SELECTIVE INHIBITION		35.97	mg/dL	LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 - 60.0 HIGH HDL: > OR = 60.0
LDL CHOLESTEROL: by CALCULATED, SPECTI		27.64	mg/dL	OPTIMAL: < 100.0 ABOVE OPTIMAL: 100.0 - 129.0 BORDERLINE HIGH: 130.0 - 159.0 HIGH: 160.0 - 189.0 VERY HIGH: > OR = 190.0
NON HDL CHOLESTE by CALCULATED, SPECTI		55.19	mg/dL	OPTIMAL: < 130.0 ABOVE OPTIMAL: 130.0 - 159.0 BORDERLINE HIGH: 160.0 - 189.0 HIGH: 190.0 - 219.0 VERY HIGH: > OR = 220.0
VLDL CHOLESTEROL by CALCULATED, SPECTA		27.55	mg/dL	0.00 - 45.00
TOTAL LIPIDS: SERU by CALCULATED, SPECT		320.07 ^L	mg/dL	350.00 - 700.00
CHOLESTEROL/HDL		2.53	RATIO	LOW RISK: 3.30 - 4.40 AVERAGE RISK: 4.50 - 7.0

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





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BARCODE NO.	: A1260760		COLLECTION DATE	: 30/Mar/2025 03:09PM
CLIENT CODE.	: KOS DIAGNOSTIC SHAHBA	D	REPORTING DATE	: 30/Mar/2025 05:06PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAI), AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
				MODERATE RISK: 7.10 - 11.0 HIGH RISK: > 11.0
LDL/HDL RATIO: S by CALCULATED, SPE		0.77	RATIO	LOW RISK: 0.50 - 3.0 MODERATE RISK: 3.10 - 6.0 HIGH RISK: > 6.0
TRIGLYCERIDES/H	HDL RATIO: SERUM	3.83	RATIO	3.00 - 5.00

by CALCULATED, SPECTROPHOTOMETRY

INTERPRETATION:

1. Measurements in the same patient can show physiological analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.

2. As per NLA-2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

 Cow HDL levels are associated with increased risk for Atherosclerotic Cardiovascular disease (ASCVD) due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
 NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogeniclipoproteins such as LDL, VLDL, IDL, Lpa, Chylomicron remnants) along with LDL-cholesterol as co- primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL

5. Additional testing for Apolipoprotein B, hsCRP,Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement





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DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY)

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	Dr. Vinay Chopra MD (Pathology & Micr Chairman & Consultar	obiology)		(Pathology)
NAME	: Mr. RUPENDRA SINGH			
AGE/ GENDER	: 51 YRS/MALE		PATIENT ID	: 1593900
COLLECTED BY	:		REG. NO./LAB NO.	: 042503300001
REFERRED BY			REGISTRATION DATE	: 30/Mar/2025 01:08 PM
BARCODE NO.	: A1260760		COLLECTION DATE	: 30/Mar/2025 03:09PM
CLIENT CODE.	: KOS DIAGNOSTIC SHAHBAD		REPORTING DATE	: 30/Mar/2025 05:06PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMB		REFURIING DATE	. 30/ Mai / 2023 03.00F M
CLIENT ADDRESS	. 0349/1, NICHOLSON KOAD, AMD	ALA CANT I		
Test Name		Value	Unit	Biological Reference interval
	LIVER F	UNCTION	N TEST (COMPLETE))
BILIRUBIN TOTAL by DIAZOTIZATION, SI	: SERUM PECTROPHOTOMETRY	0.34	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
	T (CONJUGATED): SERUM	0.14	mg/dL	0.00 - 0.40
BILIRUBIN INDIRI	ECT (UNCONJUGATED): SERUM	0.2	mg/dL	0.10 - 1.00
SGOT/AST: SERUN		14.1	U/L	7.00 - 45.00
SGPT/ALT: SERUM		15.8	U/L	0.00 - 49.00
AST/ALT RATIO: S	ERUM ECTROPHOTOMETRY	0.89	RATIO	0.00 - 46.00
ALKALINE PHOSP by PARA NITROPHEN PROPANOL	HATASE: SERUM YL PHOSPHATASE BY AMINO METHYL	170.25 ^H	U/L	40.0 - 130.0
GAMMA GLUTAM by SZASZ, SPECTRO	IYL TRANSFERASE (GGT): SERUM Phtometry	1 32.9	U/L	0.00 - 55.0
TOTAL PROTEINS	: SERUM	6.49	gm/dL	6.20 - 8.00
ALBUMIN: SERUM		3.79	gm/dL	3.50 - 5.50
GLOBULIN: SERUN by CALCULATED, SPE	M	2.7	gm/dL	2.30 - 3.50
A : G RATIO: SERU		1.4	RATIO	1.00 - 2.00

INTERPRETATION

NOTE: - To be correlated in individuals having SGOT and SGPT values higher than Normal Referance Range.

USE:- Differential diagnosis of diseases of hepatobiliary system and pancreas.

INCREASED:

>2
> 2 (Highly Suggestive)
1.4 - 2.0
> 1.5



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Page 9 of 14





	Dr. Vinay Chop MD (Pathology & Mi Chairman & Consult	crobiology)	gam Chopra MD (Pathology) tant Pathologist
NAME	: Mr. RUPENDRA SINGH		
AGE/ GENDER	: 51 YRS/MALE	PATIENT ID	: 1593900
COLLECTED BY	:	REG. NO./LAB NO.	: 042503300001
REFERRED BY	:	REGISTRATION DAT	E : 30/Mar/2025 01:08 PM
BARCODE NO.	: A1260760	COLLECTION DATE	: 30/Mar/2025 03:09PM
CLIENT CODE.	: KOS DIAGNOSTIC SHAHBAD	REPORTING DATE	: 30/Mar/2025 05:06PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AM	BALA CANTT	
Test Name		Value Unit	Biological Reference interval
HEPATOCELLULAR C	ARCINOMA & CHRONIC HEPATITIS	> 1.3 (Slightly	Increased)

1. Acute Hepatitis due to virus, drugs, toxins (with AST increased 3 to 10 times upper limit of normal)

2. Extra Hepatic cholestatis: 0.8 (normal or slightly decreased). **PROGNOSTIC SIGNIFICANCE:**

NORMAL	< 0.65
GOOD PROGNOSTIC SIGN	0.3 - 0.6
POOR PROGNOSTIC SIGN	1.2 - 1.6



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NAME : Mr. RUPENDRA SINGH AGE/ GENDER : 51 YBS/MALE PATIENT ID : 1593900 COLLECTED BY : REG. NO./LAB NO. : 042503300001 REFERRED BY : REGISTRATION DATE : 30/Mar/2025 01:08 PM BARCODE NO. : A1260760 COLLECTION DATE : 30/Mar/2025 03:09PM CLIENT CODE. : KOS DIAGNOSTIC SHAHBAD REPORTING DATE : 30/Mar/2025 07:47PM CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT :: 30/Mar/2025 07:47PM INTENT ID :: SIRUM Mage: Market Behryprogenase (GLDH) COMPARTS INTEGRISM (GLDH) Market Behryprogenase (GLDH) WEAKSE - GLUTAMATE DEHryprogenase (GLDH) UREA: SERUM mg/dL 0.40 - 1.40 by CALCULATED, SPECTROPHOTOMETRY UREA: CLUTANTE OFFROPHOTOMETRY 3.08 ^H mg/dL 7.0 - 25.0 by CALCULATED, SPECTROPHOTOMETRY BLOOD UREA NITROGEN (GUN): SERUM 40.09 ^H mg/dL 7.0 - 25.0 by CALCULATED, SPECTROPHOTOMETRY INCEA/CCLUCATED, SPECTROPHOTOMETRY INCEA/CCLUCATED, SPECTROPHOTOMETRY INCEA/CCLUCATED, SPECTROPHOTOMETRY U		MD (Pathology & Microbiology)		MD	Yugam Chopra MD (Pathology) sultant Pathologist	
COLLECTED BY INFORMATION PARTY INCOMPANY AND	NAME	: Mr. RUPENDRA SINGH				
REFEREED BY::REGISTRATION DATE:: 30/Mar/2025 01:08 PMBARCODE NO.:: A1260760COLLECTION DATE:: 30/Mar/2025 03:09PMCLIENT CODE:: KOS DIAGNOSTIC SHAHBADREPORTING DATE:: 30/Mar/2025 07:47PMCLIENT ADDRESS:: 6349/1, NICHOLSON ROAD, AMBALA CANTT:: 30/Mar/2025 07:47PMCLIENT ADDRESS:: 6349/1, NICHOLSON ROAD, AMBALA CANTTValueUnitBiological Reference intervalCLIENT ADDRESSCHICHOLSON ROAD, AMBALA CANTTUREA: SERUMValueUnitBiological Reference intervalCLIENT ADDRESSCULTAMATE DEHYDROGENASE (GLDH)biological Reference intervalUREA: SERUM0.40 - 1.40biological Reference intervalBLOOD UREA NITROGEN (BUN): SERUM40.09Hmg/dL7.0 - 25.0BLOOD UREA NITROGEN (BUN): CREATININE13.02RATIOIURICACID: SERUMbiological Reference intervalURICACID: SERUMbiological Reference i	AGE/ GENDER	: 51 YRS/MALE		PATIENT ID	: 1593900	
BARCODE NO. : A1260760 COLLECTION DATE : 30/Mar/2025 03:09PM CLIENT CODE. : KOS DIAGNOSTIC SHAHBAD REPORTING DATE : 30/Mar/2025 07:47PM CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT : 30/Mar/2025 07:47PM Control Contentry	COLLECTED BY	:		REG. NO./LAB NO.	: 042503300001	
CLEENT CODE : KOS DIAGNOSTIC SHAHBAD REPORTING DATE : 30/Mar/2025 07:47PM CLEENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit Biological Reference interval KIDNEY FUNCTION TEST (COMPLETE) UREA: SERUM 85.8 ^H mg/dL 0.00 - 50.00 by IREASE: GUITAMATE DEHYDROGENASE (GLDH) 85.8 ^H mg/dL 0.40 - 1.40 by ENZYMARTC: SPECTROPHOTOMETERY 3.08 ^H mg/dL 0.40 - 1.40 by ENZYMARTC: SPECTROPHOTOMETERY 3.08 ^H mg/dL 7.0 - 25.0 BLOOD UREA NITROGEN (BUN); SERUM 40.09 ^H mg/dL 7.0 - 25.0 BLOOD UREA NITROGEN (BUN); SERUM 27.86 RATIO 10.0 - 20.0 NATIO: SERUM 9.66 ^H mg/dL 3.60 - 7.70 UREA CREATININE RATIO: SERUM 27.86 RATIO by URIASE: oVIDASE EREONDADASE 9.66 ^H mg/dL 3.60 - 7.70 URIC ACID: SERUM 9.51 mg/dL 8.50 - 10.60 phosPhomouspatric spectrophotometry URIC ACID: SERUM 9.51 mg/dL 3.50 - 150.0 phos Phoreshomous selective electroope Dio PhosPhomous selective elecotroope	REFERRED BY	:		REGISTRATION DATE	: 30/Mar/2025 01:08 PM	
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Test NameValueUnitBiological Reference intervalKIDNEY FUNCTION TEST (COMPLETE)UREA: SERUM by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)85.8 ^H mg/dL10.00 - 50.00by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)SERUM by CREASE - GLUTAMATE DEHYDROGENASE (GLDH)SERUM by CREASE - GLUTAMATE DEHYDROGENASE (GLDH)SERUM by CREASE - GLUTAMATE DEHYDROGENASE (GLDH)SERUM by CALCULATED, SPECTROPHOTOMETRY BLOOD UREA NITROGEN (BUN): SERUM 	CLIENT CODE.	: KOS DIAGNOSTIC SHAHBAD		REPORTING DATE	: 30/Mar/2025 07:47PM	
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by URICASE - OXIDASE PEROXIDASEFINDCCALCIUM: SERUM by ARSENAZO III, SPECTROPHOTOMETRY9.51mg/dL8.50 - 10.60PHOSPHOROUS: SERUM by PHOSPHOMOLYBDATE, SPECTROPHOTOMETRY3.39mg/dL2.30 - 4.70ELECTROLYTESSODIUM: SERUM by ISE (ION SELECTIVE ELECTRODE)I44.5mmol/L135.0 - 150.0POTASSIUM: SERUM by ISE (ION SELECTIVE ELECTRODE)5.07Hmmol/L3.50 - 5.00POTASSIUM: SERUM by ISE (ION SELECTIVE ELECTRODE)108.38mmol/L90.0 - 110.0CHLORIDE: SERUM by ISE (ION SELECTIVE ELECTRODE)108.38mmol/L90.0 - 110.0ESTIMATED GLOMERULAR FILTERATION RATE by CALCULATED23.6108.38mmol/L108.38	by CALCULATED, SPE	ECTROPHOTOMETRY				
CALCIUM: SERUM by ARSENAZO III, SPECTROPHOTOMETRY9.51mg/dL8.50 - 10.60PHOSPHOROUS: SERUM by PHOSPHOMOLYBDATE, SPECTROPHOTOMETRY3.39mg/dL2.30 - 4.70ELECTROLYTES500144.5mmol/L135.0 - 150.0SODIUM: SERUM by ISE (ION SELECTIVE ELECTRODE)5.07Hmmol/L3.50 - 5.00POTASSIUM: SERUM by ISE (ION SELECTIVE ELECTRODE)108.38mmol/L90.0 - 110.0ESTIMATED GLOMERULAR FILTERATION RATE by CALCULATED23.623.6100.0				mg/dL	3.60 - 7.70	
PHOSPHOROUS: SERUM by PHOSPHOMOLYBDATE, SPECTROPHOTOMETRY3.39mg/dL2.30 - 4.70ELECTROLYTESELECTROLYTESImmol/L135.0 - 150.0SODIUM: SERUM by ISE (ION SELECTIVE ELECTRODE)144.5mmol/L135.0 - 150.0POTASSIUM: SERUM by ISE (ION SELECTIVE ELECTRODE)5.07Hmmol/L3.50 - 5.00CHLORIDE: SERUM by ISE (ION SELECTIVE ELECTRODE)108.38mmol/L90.0 - 110.0ESTIMATED GLOMERULAR FILTERATION RATE (eGFR): SERUM by CALCULATED23.6Immol/LImmol/L	-		9.51	mg/dL	8.50 - 10.60	
by PHOSPHOMOLYBDATE, SPECTROPHOTOMETRY ELECTROLYTES SODIUM: SERUM by ISE (ION SELECTIVE ELECTRODE) POTASSIUM: SERUM by ISE (ION SELECTIVE ELECTRODE) POTASSIUM: SERUM by ISE (ION SELECTIVE ELECTRODE) CHLORIDE: SERUM by ISE (ION SELECTIVE ELECTRODE) ESTIMATED GLOMERULAR FILTERATION RATE (eGFR): SERUM by CALCULATED	-			-		
ELECTROLYTESSODIUM: SERUM by ISE (ION SELECTIVE ELECTRODE)144.5mmol/L135.0 - 150.0POTASSIUM: SERUM by ISE (ION SELECTIVE ELECTRODE)5.07Hmmol/L3.50 - 5.00CHLORIDE: SERUM by ISE (ION SELECTIVE ELECTRODE)108.38mmol/L90.0 - 110.0ESTIMATED GLOMERULAR FILTERATION RATE (eGFR): SERUM by CALCULATED23.6108.38100.0				mg/dL	2.30 - 4.70	
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CHLORIDE: SERUM by ISE (ION SELECTIVE ELECTRODE) 108.38 mmol/L 90.0 - 110.0 ESTIMATED GLOMERULAR FILTERATION RATE (eGFR): SERUM by CALCULATED 23.6			5.07 ^H	mmol/L	3.50 - 5.00	
by ISE (ION SELECTIVE ELECTRODE) ESTIMATED GLOMERULAR FILTERATION RATE ESTIMATED GLOMERULAR FILTERATION RATE 23.6 (eGFR): SERUM by CALCULATED			108.38	mmol/L	90.0 - 110.0	
ESTIMATED GLOMERULAR FILTERATION RATE 23.6 (eGFR): SERUM by CALCULATED	by ISE (ION SELECTIVE ELECTRODE)					
(eGFR): SERUM by CALCULATED						
by CALCULATED			23.6			
	(
To differentiate between proceeding and pact renal azotomia	INTERPRETATION:					

To differentiate between pre- and post renal azotemia.

INCREASED RATIO (>20:1) WITH NORMAL CREATININE:

1. Prerenal azotemia (BUN rises without increase in creatinine) e.g. heart failure, salt depletion, dehydration, blood loss) due to decreased glomerular filtration rate.



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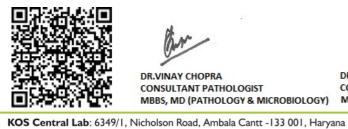
TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





		Dr. Vinay Chopra MD (Pathology & Micro Chairman & Consultant		Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist		
NAME	: Mr. RUPE	NDRA SINGH				
AGE/ GENDER	: 51 YRS/M/	ALE	РА	TIENT ID	: 1593900	
						1
COLLECTED BY	:			G. NO./LAB NO.	: 04250330000	
REFERRED BY	:		RE	GISTRATION DA	TE : 30/Mar/2025 0	1:08 PM
BARCODE NO.	: A1260760		CO	LLECTION DATE	: 30/Mar/2025 03	3:09PM
CLIENT CODE.	: KOS DIAGI	NOSTIC SHAHBAD	RE	PORTING DATE	: 30/Mar/2025 07	7:47PM
CLIENT ADDRESS	· 6349/1 N	ICHOLSON ROAD, AMBA	Ι Δ C ΔΝΤΤ			
	. 0040/ 1, 10	terrolloon kond, hividh				
Test Name			Value	Uni	t Biologi	cal Reference interval
6. Inherited hyperam 7. SIADH (syndrome c 8. Pregnancy. DECREASED RATIO (<1	osis. ad starvation. e. creased urea s urea rather th monemias (ur of inappropiato 0:1) WITH INC py (accelerate eleases muscl	synthesis. nan creatinine diffuses ou rea is virtually absent in b e antidiuretic harmone) d CREASED CREATININE: es conversion of creatine e creatinine).	blood). lue to tubular :	·		
3. Muscular patients INAPPROPIATE RATIO		enal fallure.				
			in creatinine	with certain meth	odologies,resulting in nor	mal ratio when dehydratio
should produce an in 2. Cephalosporin ther	apy (interfere	s with creatinine measure	ement).			
ESTIMATED GLOMERL CKD STAGE	ILAR FILTERAT	ION RATE: DESCRIPTION	CED (ml /	nin/1.73m2)	ASSOCIATED FINDINGS	
UND STAGE		DESCRIPTION		1111/ 1.7 JIIZ J	AJJOURIED FINDINGS	

CKD STAGE	DESCRIPTION	GFR (mL/min/1.73m2)	ASSOCIATED FINDINGS
G1	Normal kidney function	>90	No proteinuria
G2	Kidney damage with	>90	Presence of Protein,
	normal or high GFR		Albumin or cast in urine
G3a	Mild decrease in GFR	60 -89	
G3b	Moderate decrease in GFR	30-59	
G4	Severe decrease in GFR	15-29	
G5	Kidney failure	<15	





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	Dr. Vinay Chopra MD (Pathology & Microbiology Chairman & Consultant Pathole		(Pathology)
NAME	: Mr. RUPENDRA SINGH		
AGE/ GENDER	: 51 YRS/MALE	PATIENT ID	: 1593900
COLLECTED BY	:	REG. NO./LAB NO.	: 042503300001
REFERRED BY	:	REGISTRATION DATE	: 30/Mar/2025 01:08 PM
BARCODE NO.	: A1260760	COLLECTION DATE	: 30/Mar/2025 03:09PM
CLIENT CODE.	: KOS DIAGNOSTIC SHAHBAD	REPORTING DATE	: 30/Mar/2025 07:47PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CAN	NTT	
Test Name	Value	Unit	Biological Reference interval

COMMENTS:

Estimated Glomerular filtration rate (eGFR) is the sum of filtration rates in all functioning nephrons and so an estimation of the GFR provides a measure of functioning nephrons of the kidney.
 eGFR calculated using the 2009 CKD-EPI creatinine equation and GFR category reported as per KDIGO guideline 2012
 In patients, with eGFR creatinine between 45-59 ml/min/1.73 m2 (G3) and without any marker of Kidney damage, It is recommended to measure of FR category reported as per KDIGO guideline 2012

3. In patients, with eGFR cleaning between 45-59 minimit 1.73 m2 (G3) and without any marker of Kidney damage, it is recommended to measure eGFR with Cystatin C for confirmation of CKD
4. eGFR category G1 OR G2 does not fulfill the criteria for CKD, in the absence of evidence of Kidney Damage
5. In a suspected case of Acute Kidney Injury (AKI), measurement of eGFR should be done after 48-96 hours of any Intervention or procedure
6. eGFR calculated by Serum Creatinine may be less accurate due to certain factors like Race, Muscle Mass, Diet, Certain Drugs. In such cases, eGFR should be calculated using Serum Cystatin C
7. A decrease in eGFR implies either progressive renal disease, or a reversible process causing decreased nephron function (eg, severe dehydration).

ADVICE:

KDIGO guideline, 2012 recommends Chronic Kidney Disease (CKD) should be classified based on cause, eGFR category and Albuminuria (ACR) category. GFR & ACR category combined together reflect risk of progression and helps Clinician to identify the individual who are progressing at more rapid rate than anticipated



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	M	r . Vinay Chopra D (Pathology & Microbiology) nairman & Consultant Pathologis		Pathology)		
NAME	: Mr. RUPENDR	RA SINGH				
AGE/ GENDER	: 51 YRS/MALE		PATIENT ID	: 1593900		
COLLECTED BY	:		REG. NO./LAB NO.	: 042503300001		
REFERRED BY	:		REGISTRATION DATE	: 30/Mar/2025 01:08 PM		
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CLIENT ADDRESS	CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT					
I						
Test Name		Value	Unit	Biological Reference interval		
IMMUNOPATHOLOGY/SEROLOGY						
WIDAL SLIDE AGGLUTINATION TEST						
SALMONELLA TYPHI O by SLIDE AGGLUTINATION		NIL	TITRE	1:80		
SALMONELLA TYPHI H by SLIDE AGGLUTINATION		NIL	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 repitition 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 Oagglutinins indicate recent infection.

*** End Of Report ***





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