P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

NAME	**: Mr. GOURAV**		
AGE/ GENDER	: 23 YRS/MALE	**PATIENT ID**	: 1565025
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 122407300001**
REFERRED BY	:	**REGISTRATION DATE**	: 30/Jul/2024 08:19 AM
BARCODE NO.	: 12503885	**COLLECTION DATE**	: 30/Jul/2024 08:23AM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTITUTE	**REPORTING DATE**	: 30/Jul/2024 11:52AM
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA		

HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC)

Test Name	Value	Unit	Biological Reference interval
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*	3.69	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	41.5	%	40.0 - 54.0
MEAN CORPUSCULAR VOLUME (MCV) ***by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER***	**112.2^{H}**	**fL**	**80.0 - 100.0**
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) ***by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER***	**40.8^{H}**	**pg**	**27.0 - 34.0**
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) ***by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER***	**36.4^{H}**	**g/dL**	**32.0 - 36.0**
RED CELL DISTRIBUTION WIDTH (RDW-CV) ***by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER***	**16.5^{H}**	**%**	**11.00 - 16.00**
RED CELL DISTRIBUTION WIDTH (RDW-SD) ***by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER***	**69^{H}**	**fL**	**35.0 - 56.0**
MENTZERS INDEX *by CALCULATED*	30.41	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX *by CALCULATED*	50.02	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*	6760	/cmm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHILS *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	55	%	50 - 70
LYMPHOCYTES *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	35	%	20 - 40
EOSINOPHILS	5	%	1 - 6

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NOT VALID FOR MEDICO LEGAL PURPOSE

440 Dated 17.5.2012 u/s 80 G OF INCOME TAX ACT. PAN NO. AAAAP1600.
REPORT ATTRACTS THE CONDITIONS PRINTED OVERLEAF (P.T.O.)

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Test Name	Value	Unit	Biological Reference interval
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
MONOCYTES	5	%	2 - 12
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
BASOPHILS	0	%	0 - 1
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
ABSOLUTE LEUKOCYTES (WBC) COUNT			
ABSOLUTE NEUTROPHIL COUNT	3718	/cmm	2000 - 7500
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
ABSOLUTE LYMPHOCYTE COUNT	2366	/cmm	800 - 4900
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
ABSOLUTE EOSINOPHIL COUNT	338	/cmm	40 - 440
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
ABSOLUTE MONOCYTE COUNT	338	/cmm	80 - 880
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
ABSOLUTE BASOPHIL COUNT	0	/cmm	0 - 110
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.			
PLATELET COUNT (PLT)	250000	/cmm	150000 - 450000
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			
PLATELETCRIT (PCT)	0.22	%	0.10 - 0.36
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			
MEAN PLATELET VOLUME (MPV)	9	fL	6.50 - 12.0
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			
PLATELET LARGE CELL COUNT (P-LCC)	53000	/cmm	30000 - 90000
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			
PLATELET LARGE CELL RATIO (P-LCR)	21.1	%	11.0 - 45.0
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			
PLATELET DISTRIBUTION WIDTH (PDW)	16.8	%	15.0 - 17.0
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

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Test Name	Value	Unit	Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

SGOT/SGPT PROFILE

SGOT/AST: SERUM *by IFCC, WITHOUT PYRIDOXAL PHOSPHATE*	21.14	U/L	7.00 - 45.00
SGPT/ALT: SERUM *by IFCC, WITHOUT PYRIDOXAL PHOSPHATE*	25.05	U/L	0.00 - 49.00
SGOT/SGPT RATIO *by CALCULATED, SPECTROPHOTOMETRY*	0.84		

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:-

DRUG HEPATOTOXICITY	> 2
ALCOHOLIC HEPATITIS	> 2 (Highly Suggestive)
CIRRHOSIS	1.4 - 2.0
INTRAHEPATIC CHOLESTATIS	> 1.5
HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS	> 1.3 (Slightly Increased)

DECREASED:-

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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IMMUNOPATHOLOGY/SEROLOGY

WIDAL SLIDE AGGLUTINATION TEST

SALMONELLA TYPHI O *by SLIDE AGGLUTINATION*	1 : 80	TITRE	1 : 80
SALMONELLA TYPHI H *by SLIDE AGGLUTINATION*	1 : 40	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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