

PKR JAIN HEALTHCARE INSTITUTE NASIRPUR, Hissar Road, AMBALA CITY- (Haryana) A PIONEER DIAGNOSTIC CENTRE

【 0171-2532620, 8222896961 🛛 🖾 pkrjainhealthcare@gmail.com

NAME	: Mrs. JASWINI	DER SINGH		
AGE/ GEN	DER : 42 YRS/FEMAI	E P	PATIENT ID	: 1614462
COLLECTE	ED BY :	R	REG. NO./LAB NO.	: 122409160019
REFERRE	DBY :	R	REGISTRATION DATE	: 16/Sep/2024 12:35 PM
BARCODE	NO. : 12504740	C	COLLECTION DATE	: 16/Sep/2024 12:36PM
CLIENT CO	DDE. : P.K.R JAIN HEA	LTHCARE INSTITUTE	REPORTING DATE	: 16/Sep/2024 01:09PM
CLIENT A	DDRESS : NASIRPUR, HIS	SSAR ROAD, AMBALA CITY - HAR	YANA	
Test Name	е	Value	Unit	Biological Reference interval

HAEMATOLOGY

PERIPHERAL BLOOD SMEAR FOR MALARIA

PERIPHERAL BLOOD SMEAR FOR MALARIAL PARASITE (MP) by MICROSCOPY

NO MALARIA PARASITE (MP) SEEN IN SMEAR EXAMINED



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Test Name		Value	Unit	Biological Reference interval	
	CLINIC	CAL CHEMIS	STRY/BIOCHEMISTRY	Y	
	LIV	ER FUNCTIO	N TEST (COMPLETE)		
BILIRUBIN TOTAL: SE		0.58	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20	
BILIRUBIN DIRECT (C	ONJUGATED): SERUM PECTROPHOTOMETRY	0.16	mg/dL	0.00 - 0.40	
BILIRUBIN INDIRECT	(UNCONJUGATED): SERUM	0.42	mg/dL	0.10 - 1.00	
SGOT/AST: SERUM by IFCC, WITHOUT PYI	RIDOXAL PHOSPHATE	59.41 ^H	KR U/L	7.00 - 45.00	
SGPT/ALT: SERUM		83.08 ^H	U/L	0.00 - 49.00	
by IFCC, WITHOUT PYI AST/ALT RATIO: SERL by CALCULATED, SPEC	JM	0.72	RATIO	0.00 - 46.00	
ALKALINE PHOSPHAT		199.94 ^H	U/L	40.0 - 130.0	
	TRANSFERASE (GGT): SERUM	113.38 ^H	U/L	0.00 - 55.0	
TOTAL PROTEINS: SEI	RUM	7.19	gm/dL	6.20 - 8.00	
ALBUMIN: SERUM by BROMOCRESOL GF	REEN	4.29	gm/dL	3.50 - 5.50	
GLOBULIN: SERUM	CTROPHOTOMETRY	2.9	gm/dL	2.30 - 3.50	
A : G RATIO: SERUM by calculated, spectrophotometry		1.48	RATIO	1.00 - 2.00	

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





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Test Name	Value	Unit	Biological Reference interval
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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Test Name		Value	Unit	Biological Reference interval
		IMMUNOPATHOL	OGY/SEROLOGY	
		WIDAL SLIDE AGGL	UTINATION TEST	
SALMONELLA TYPHI O NI		NIL	TITRE	1 : 80
by SLIDE AGGLUTINATION SALMONELLA TYPHI H by SLIDE AGGLUTINATION		NIL	TITRE	1 : 160
SALMONELLA PARATYPHI AH		NIL	TITRE	1 : 160
by SLIDE AGGLUTINATION			TITES	
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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