



# P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

**A PIONEER DIAGNOSTIC CENTRE**

☎ 0171-2532620, 8222896961 ✉ [pkrajainhealthcare@gmail.com](mailto:pkrajainhealthcare@gmail.com)

<b>NAME</b>	: Mr. MANJOT MASTANA	<b>PATIENT ID</b>	: 1625964
<b>AGE/ GENDER</b>	: 4 YRS/MALE	<b>REG. NO./LAB NO.</b>	: 122409260012
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 26/Sep/2024 01:03 PM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 26/Sep/2024 01:06 PM
<b>BARCODE NO.</b>	: 12504942	<b>REPORTING DATE</b>	: 26/Sep/2024 01:36 PM
<b>CLIENT CODE.</b>	: P.K.R JAIN HEALTHCARE INSTITUTE		
<b>CLIENT ADDRESS</b>	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA		

Test Name	Value	Unit	Biological Reference interval
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## HAEMATOLOGY COMPLETE BLOOD COUNT (CBC)

### RED BLOOD CELLS (RBCS) COUNT AND INDICES

<b>HAEMOGLOBIN (HB)</b> by CALORIMETRIC	11.3 <sup>L</sup>	gm/dL	12.0 - 16.0
<b>RED BLOOD CELL (RBC) COUNT</b> by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	3.9	Millions/cmm	3.50 - 5.50
<b>PACKED CELL VOLUME (PCV)</b> by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	31.5 <sup>L</sup>	%	35.0 - 49.0
<b>MEAN CORPUSCULAR VOLUME (MCV)</b> by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	80.9	fL	80.0 - 100.0
<b>MEAN CORPUSCULAR HAEMOGLOBIN (MCH)</b> by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	29	pg	27.0 - 34.0
<b>MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC)</b> by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	35.8	g/dL	32.0 - 36.0
<b>RED CELL DISTRIBUTION WIDTH (RDW-CV)</b> by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	14.8	%	11.00 - 16.00
<b>RED CELL DISTRIBUTION WIDTH (RDW-SD)</b> by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	46.8	fL	35.0 - 56.0
<b>MENTZERS INDEX</b> by CALCULATED	20.74	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
<b>GREEN &amp; KING INDEX</b> by CALCULATED	30.73	RATIO	BETA THALASSEMIA TRAIT: <= 65.0 IRON DEFICIENCY ANEMIA: > 65.0

### WHITE BLOOD CELLS (WBCS)

<b>TOTAL LEUCOCYTE COUNT (TLC)</b> by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	12550	/cmm	5000 - 15000
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### DIFFERENTIAL LEUCOCYTE COUNT (DLC)

<b>NEUTROPHILS</b> by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	66	%	50 - 70
<b>LYMPHOCYTES</b> by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	27	%	20 - 45
<b>EOSINOPHILS</b> by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	0 <sup>L</sup>	%	1 - 6



  
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MONOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	7	%	3 - 12
BASOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	0	%	0 - 1
<b>ABSOLUTE LEUKOCYTES (WBC) COUNT</b>			
<b>ABSOLUTE NEUTROPHIL COUNT</b> by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	8283 <sup>H</sup>	/cmm	2000 - 7500
<b>ABSOLUTE LYMPHOCYTE COUNT</b> by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	3388	/cmm	800 - 4900
<b>ABSOLUTE EOSINOPHIL COUNT</b> by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	0 <sup>L</sup>	/cmm	40 - 440
<b>ABSOLUTE MONOCYTE COUNT</b> by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	878	/cmm	80 - 880
<b>ABSOLUTE BASOPHIL COUNT</b> by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	0	/cmm	0 - 110
<b>PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.</b>			
<b>PLATELET COUNT (PLT)</b> by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	437000	/cmm	150000 - 450000
<b>PLATELETCRIT (PCT)</b> by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	0.31	%	0.10 - 0.36
<b>MEAN PLATELET VOLUME (MPV)</b> by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	7	fL	6.50 - 12.0
<b>PLATELET LARGE CELL COUNT (P-LCC)</b> by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	40000	/cmm	30000 - 90000
<b>PLATELET LARGE CELL RATIO (P-LCR)</b> by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	9.1 <sup>L</sup>	%	11.0 - 45.0
<b>PLATELET DISTRIBUTION WIDTH (PDW)</b> by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	15.4	%	15.0 - 17.0
NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD			



  
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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

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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	1 : 20	TITRE	1 : 160
SALMONELLA PARATYPHI BH by SLIDE AGGLUTINATION	1 : 20	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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