

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

PKR JAIN HEALTHCARE INSTITUTE NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE 【 0171-2532620, 8222896961 🛛 🖾 pkrjainhealthcare@gmail.com

NAME	: Mr. KEWAL SINGH				
AGE/ GENDER	: 66 YRS/MALE		PATIENT ID	: 1642	399
COLLECTED BY	:		REG. NO./LAB NO.	: 1224	110140004
REFERRED BY	:		REGISTRATION DA	TE : 14/0	ct/2024 09:00 AM
BARCODE NO.	: 12505157		COLLECTION DATE	:14/0	ct/2024 09:12AM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTIT	UTE	REPORTING DATE	:14/0	ct/2024 10:51AM
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBA	LA CITY - HA	RYANA		
Test Name		Value	Unit		Biological Reference interval
		HAFM	ATOLOGY		
			COUNT (P/C)		
					150000 450000
PLATELET COUNT (P	L I) FOCUSING, ELECTRICAL IMPEDENCE &	136000 ^L	/cmi	m	150000 - 450000
MICROSCOPY	TED ON EDTA WHOLE BLOOD				
NOTE: TEST CONDUC	TED ON EDTA WHOLE BLOOD				





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DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST





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NAME	: Mr. KEWAL SINGH		
AGE/ GENDER	: 66 YRS/MALE	PATIENT ID	: 1642399
COLLECTED BY	:	REG. NO./LAB NO.	: 122410140004
REFERRED BY	:	REGISTRATION DATE	: 14/Oct/2024 09:00 AM
BARCODE NO.	: 12505157	COLLECTION DATE	: 14/Oct/2024 09:12AM
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Test Name	Value	Unit	Biological Reference interval

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
	CLIN	ICAL CHEMIST	RY/BIOCHEMISTR	Y
		GLUCOSE F	ASTING (F)	
GLUCOSE FASTING (F): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)		146.67 ^H	mg/dL	NORMAL: < 100.0 PREDIABETIC: 100.0 - 125.0 DIABETIC: > 0R = 126.0
INTERPRETATION				
	H AMERICAN DIABETES ASSOCIA lucose level below 100 mg/dl is			
			as glucose intolerant or	prediabetic. A fasting and post-prandial blo

A fasting plasma glucose level between 100 - 125 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.
A fasting plasma glucose level of above 125 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients. A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.





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NOT VALID FOR MEDICO LEGAL PURPOSE





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Test Name		Value	Unit	Biological Reference interval
		IMMUNOPATHOLO	GY/SEROLOGY	
		WIDAL SLIDE AGGLU	TINATION TEST	
SALMONELLA TYPHI O		1 : 80	TITOE	1 : 80
by SLIDE AGGLUTINA	0	1.00	TITRE	1.00
,	TION			
SALMONELLA TYPHI by SLIDE AGGLUTINA	rion H	1:40	TITRE	1 : 160
SALMONELLA TYPHI by slide agglutina SALMONELLA PARA	tion H tion TYPHI AH			
SALMONELLA TYPHI	TION H TION TYPHI AH TION	1 : 40	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:

TEST PERFORMED AT KOS DIAGNOSTIC LAB. AMBALA CANTI

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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