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

A PIONEER DIAGNOSTIC CENTRE

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

NAME	: Mr. BHUPINDER SINGH					
AGE/ GENDER	: 44 YRS/MALE		PATIENT ID	: 12912	03	
COLLECTED BY	: : : 12505449 : P.K.R JAIN HEALTHCARE INSTITUTE		REG. NO./LAB NO. REGISTRATION DATE COLLECTION DATE TE REPORTING DATE		: 122411050009 : 05/Nov/2024 09:22 AM : 05/Nov/2024 09:26AM : 05/Nov/2024 11:04AM	
REFERRED BY						
BARCODE NO.						
CLIENT CODE.						
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBAL	A CITY - H	CITY - HARYANA			
Test Name		Value	Unit		Biological Reference interval	
		HAEN	IATOLOGY			
	СОМР	LETE B	LOOD COUNT (CBC	;)		
RED BLOOD CELLS	S (RBCS) COUNT AND INDICES					
HAEMOGLOBIN (H)	B)	10.8 ^L	gm/c	lL	12.0 - 17.0	
RED BLOOD CELL (RBC) COUNT	5.09 ^H	Millio	ons/cmm	3.50 - 5.00	
PACKED CELL VOLU		34.1 ^L	%		40.0 - 54.0	
MEAN CORPUSCUL		66.8 ^L	KR fl		80.0 - 100.0	
	AR HAEMOGLOBIN (MCH) UTOMATED HEMATOLOGY ANALYZER	21.1 ^L	pg		27.0 - 34.0	
	AR HEMOGLOBIN CONC. (MCHC) UTOMATED HEMATOLOGY ANALYZER	31.7 ^L	g/dL		32.0 - 36.0	
	UTION WIDTH (RDW-CV) UTOMATED HEMATOLOGY ANALYZER	19.2 ^H	%		11.00 - 16.00	
RED CELL DISTRIB	UTION WIDTH (RDW-SD) utomated hematology analyzer	48.6	fL		35.0 - 56.0	
MENTZERS INDEX by CALCULATED		13.12	RATI	0	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA:	
					>13.0	
GREEN & KING INE by CALCULATED	DEX	25.06	RATI	0	BETA THALASSEMIA TRAIT:< 65.0 IRON DEFICIENCY ANEMIA: > 65.0	
WHITE BLOOD CE	LLS (WBCS)				00.0	
TOTAL LEUCOCYTE		6260	/cmr	n	4000 - 11000	
DIFFERENTIAL LE	<u>UCOCYTE COUNT (DLC)</u>					
NEUTROPHILS by FLOW CYTOMETRY	Y BY SF CUBE & MICROSCOPY	61	%		50 - 70	
LYMPHOCYTES		32	%		20 - 40	
			^			

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY) MBBS , MD (PATHOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST

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					
EOSINOPHILS	1	%	1 - 6		
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY					
MONOCYTES	6	%	2 - 12		
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	0	%	0 - 1		
BASOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	0	%	0 - 1		
ABSOLUTE LEUKOCYTES (WBC) COUNT					
ABSOLUTE NEUTROPHIL COUNT by flow cytometry by sf cube & microscopy	3819	/cmm	2000 - 7500		
ABSOLUTE LYMPHOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	2003	/cmm	800 - 4900		
ABSOLUTE EOSINOPHIL COUNT by flow cytometry by SF cube & microscopy	63	/cmm	40 - 440		
ABSOLUTE MONOCYTE COUNT by flow cytometry by SF cube & microscopy	376	/cmm	80 - 880		
ABSOLUTE BASOPHIL COUNT by flow cytometry by SF cube & microscopy	0	/cmm	0 - 110		
PLATELETS AND OTHER PLATELET PREDICTIVE	MARKERS.				
PLATELET COUNT (PLT) by hydro dynamic focusing, electrical impedence	189000	/cmm	150000 - 450000		
PLATELETCRIT (PCT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	0.2	%	0.10 - 0.36		
MEAN PLATELET VOLUME (MPV) by hydro dynamic focusing, electrical impedence	10	fL	6.50 - 12.0		
PLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	67000	/cmm	30000 - 90000		
PLATELET LARGE CELL RATIO (P-LCR) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	35.5	%	11.0 - 45.0		
PLATELET DISTRIBUTION WIDTH (PDW) by hydro dynamic focusing, electrical impedence NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD	15.7	%	15.0 - 17.0		
NOTE. TEST CONDUCTED ON EDTA WHOLE BLOOD					



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TITRE

1:160

A PIONEER DIAGNOSTIC CENTRE

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Test Name		Value	Unit	Biological Reference interval	
		IMMUNOPATH	OLOGY/SEROLOGY	Y	
		WIDAL SLIDE AG	GLUTINATION TEST		
SALMONELLA TYPHI O by SLIDE AGGLUTINATION 1:160		TITRE	1:80		
SALMONELLA TYPHI H by SLIDE AGGLUTINATION		1:80	TITRE	1:160	
SALMONELLA PARATYPHI AH by SLIDE AGGLUTINATION		1 : 20	TITRE	1:160	

by SLIDE AGGLUTINATION **INTERPRETATION:**

SALMONELLA PARATYPHI BH

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.

1:20

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:

TEST PERFORMED AT KOS DIAGNOSTIC LAB. AMBALA CANTI

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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