A PIONEER DIAGNOSTIC CENTRE

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

NAME	: Mr. RAVI KUMAR			
AGE/ GENDER	: 30 YRS/MALE		PATIENT ID	: 1683540
COLLECTED BY	:		REG. NO./LAB NO.	: 122411270007
REFERRED BY	:		REGISTRATION DATE	: 27/Nov/2024 10:04 AM
BARCODE NO.	: 12505864		COLLECTION DATE	: 27/Nov/2024 10:13AM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTITU	ГЕ	REPORTING DATE	: 27/Nov/2024 12:47PM
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBAL	A CITY - H	ARYANA	
Test Name		Value	Unit	Biological Reference interval
		HAEM	IATOLOGY	
	COMP	LETE BI	LOOD COUNT (CBC)	
RED BLOOD CELLS	(RBCS) COUNT AND INDICES			
HAEMOGLOBIN (H)	B)	14.7	gm/dL	12.0 - 17.0
RED BLOOD CELL (RBC) COUNT OCUSING, ELECTRICAL IMPEDENCE	4.66	Millions/	cmm 3.50 - 5.00
PACKED CELL VOLU	JME (PCV) utomated hematology analyzer	42.3	%	40.0 - 54.0
MEAN CORPUSCUL		90.8	KR fl	80.0 - 100.0
MEAN CORPUSCUL	AR HAEMOGLOBIN (MCH) UTOMATED HEMATOLOGY ANALYZER	31.6	pg	27.0 - 34.0
	AR HEMOGLOBIN CONC. (MCHC) UTOMATED HEMATOLOGY ANALYZER	34.8	g/dL	32.0 - 36.0
	UTION WIDTH (RDW-CV) UTOMATED HEMATOLOGY ANALYZER	12.2	%	11.00 - 16.00
	UTION WIDTH (RDW-SD) UTOMATED HEMATOLOGY ANALYZER	42.6	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED		19.48	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING IND by CALCULATED	DEX	23.81	RATIO	BETA THALASSEMIA TRAIT:< 65.0 IRON DEFICIENCY ANEMIA: > 65.0
WHITE BLOOD CE	LLS (WBCS)			
,	BY SF CUBE & MICROSCOPY	4460	/cmm	4000 - 11000
	<u>UCOCYTE COUNT (DLC)</u>	. .		
NEUTROPHILS by FLOW CYTOMETRY	Y BY SF CUBE & MICROSCOPY	54	%	50 - 70
LYMPHOCYTES		38	%	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



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Test Name		Value	Unit	Biological Reference interval	
	Y BY SF CUBE & MICROSCOPY				
EOSINOPHILS	Y BY SF CUBE & MICROSCOPY	0 ^L	%	1 - 6	
MONOCYTES	Y BY SF CUBE & MICROSCOPY	8	%	2 - 12	
BASOPHILS		0	%	0 - 1	
•	Y BY SF CUBE & MICROSCOPY DCYTES (WBC) COUNT				
ABSOLUTE NEUTR		2408	lamm	2000 - 7500	
	Y BY SF CUBE & MICROSCOPY	2408	/cmm	2000 - 7500	
ABSOLUTE LYMPH	OCYTE COUNT y by sf cube & microscopy	1695 ^L	/cmm	800 - 4900	
ABSOLUTE EOSINO	DPHIL COUNT Y by sf cube & microscopy	0 ^L	/cmm	40 - 440	
ABSOLUTE MONOC		357	/cmm	80 - 880	
ABSOLUTE BASOP		0	/cmm	0 - 110	
	OTHER PLATELET PREDICTIVE	MARKERS.			
PLATELET COUNT	(PLT) FOCUSING, ELECTRICAL IMPEDENCE	142000 ^L	/cmm	150000 - 450000	
PLATELETCRIT (PO		0.18	%	0.10 - 0.36	
MEAN PLATELET V		12 ^H	fL	6.50 - 12.0	
PLATELET LARGE	CELL COUNT (P-LCC) FOCUSING, ELECTRICAL IMPEDENCE	62000	/cmm	30000 - 90000	
	CELL RATIO (P-LCR) FOCUSING, ELECTRICAL IMPEDENCE	43.6	%	11.0 - 45.0	
PLATELET DISTRI	BUTION WIDTH (PDW)	16.4	%	15.0 - 17.0	
NOTE: TEST CONDU	JCTED ON EDTA WHOLE BLOOD				



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L	Test Name	Value	Unit	Biological Reference interval
	CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY -	HARYANA	
	CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTITUTE	REPORTING DATE	: 27/Nov/2024 12:47PM
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	NAME	: Mr. RAVI KUMAR		

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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BARCODE NO.	: 12505864		COLLECTION DATE	: 27/Nov/2024 10:13AM
CLIENT CODE.	: P.K.R JAIN HEALT	HCARE INSTITUTE	REPORTING DATE	: 27/Nov/2024 03:55PM
CLIENT ADDRESS	: NASIRPUR, HISSA	R ROAD, AMBALA CITY - HA	ARYANA	
Test Name		Value	Unit	Biological Reference interva
		IMMUNOPATH	IOLOGY/SEROLOGY	
	DENG	UE FEVER COMBO SCREE	NING - (NS1 ANTIGEN, Ig	G AND IgM)
DENGUE NS1 ANTIGEN - SCREENING by ICT (IMMUNOCHROMATOGRAPHY)		NEGATIVE (-ve)		NEGATIVE (-ve)
DENGUE ANTIBODY IgG - SCREENING		NEGATIVE (-ve)		NEGATIVE (-ve)
DENGUE ANTIBODY IgM - SCREENING NEGATI by ICT (IMMUNOCHROMATOGRAPHY)		NEGATIVE (-ve)		NEGATIVE (-ve)
INTERPRETATION				

INTERPRETATION:-

1. This is a solid phase immunochromatographic ELISA test for the qualitative detection of the specific IgG and IgM antibodies against the Dengue virus.

2. The IgM antibodies take a minimum of 5-10 days in primary infection and 4-5 days in secondary infections to test positive and hence are suitable for the diagnosis of dengue fever only when the fever is approximately one week old.

3. The IgG antibodies develop at least two weeks after exposure to primary infection and subsequently remain positive for the rest of the life. A positive result is incapable of differentiating a current infection from a past infection.

4. The Dengue NS-1 antigen test is most suited for early diagnosis (within the first week of exposure).



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

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS , MD (PATHOLOGY)





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CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA				
Test Name		Value	Unit	Biological Reference interval	
		WIDAL SLIDE AGGL	UTINATION TEST		
SALMONELLA TYPHI O 1:80 by SLIDE AGGLUTINATION		1 : 80	TITRE	1:80	
SALMONELLA TYPHI H 1:40 by SLIDE AGGLUTINATION		1:40	TITRE	1:160	
SALMONELLA PARATYPHI AH 1:20		1:20	TITRE	1:160	

by SLIDE AGGLUTINATION SALMONELLA PARATYPHI BH by SLIDE AGGLUTINATION

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.

TITRE

1:160

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:

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.



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Test Name		Value	Unit	Biological Reference interva
		CLINICAL P	ATHOLOGY	
	URINE ROI	UTINE & MICR	OSCOPIC EXAMINA	ATION
PHYSICAL EXAMIN	NATION			
QUANTITY RECIEV	ED TANCE SPECTROPHOTOMETRY	30	ml	
COLOUR	TANCE SPECTROPHOTOMETRY	PALE YELLO	W	PALE YELLOW
TRANSPARANCY by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY		CLEAR		CLEAR
SPECIFIC GRAVITY by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY		1.01		1.002 - 1.030
CHEMICAL EXAMI	NATION			
REACTION by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	ACIDIC		
PROTEIN by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	NEGATIVE ((-ve)	NEGATIVE (-ve)
SUGAR	TANCE SPECTROPHOTOMETRY	NEGATIVE ((-ve)	NEGATIVE (-ve)
pH	TANCE SPECTROPHOTOMETRY	6.5		5.0 - 7.5
BILIRUBIN	TANCE SPECTROPHOTOMETRY	NEGATIVE ((-ve)	NEGATIVE (-ve)
NITRITE	TANCE SPECTROPHOTOMETRY.	NEGATIVE ((-ve)	NEGATIVE (-ve)
UROBILINOGEN	TANCE SPECTROPHOTOMETRY	NOT DETEC	TED EU/dL	0.2 - 1.0
KETONE BODIES	TANCE SPECTROPHOTOMETRY	NEGATIVE ((-ve)	NEGATIVE (-ve)
BLOOD	TANCE SPECTROPHOTOMETRY	NEGATIVE ((-ve)	NEGATIVE (-ve)
ASCORBIC ACID	TANCE SPECTROPHOTOMETRY	NEGATIVE ((-ve)	NEGATIVE (-ve)
MICHODOUTIC LAP	(RBCs)	NEGATIVE ((-ve) /HPF	0 - 3



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NOT VALID FOR MEDICO LEGAL PURPOSE



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Test Name	Value	Unit	Biological Reference interval
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
PUS CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	3-4	/HPF	0 - 5
EPITHELIAL CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	2-3	/HPF	ABSENT
CRYSTALS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
CASTS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
BACTERIA by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
OTHERS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
TRICHOMONAS VAGINALIS (PROTOZOA) by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	ABSENT		ABSENT

*** End Of Report



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