Client

Gurugram

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Processed By

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Name	: **Mr. PL154**		Billing Date	:	07/07/2023 12:27:04
Age	: 35 Yrs		Sample Collected on	:	10/07/2023 10:01:31
Sex	: Male		Sample Received on	:	10/07/2023 11:02:13
P. ID No.	: P1000100012840		Report Released on	:	20/07/2023 17:59:39
Accession No	: **10002304896**		Barcode No.	:	10002304896-02
Referring Doctor	: Self				
Referred By	:		Ref no.	:	

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
HAEMATOLOGY			
Fever Panel			
Complete Blood Count (CBC)			
Haemoglobin (Hb) *Sample: Whole Blood EDTA* *Method: Photometric measurement*	15.0	13.0 - 17.0	gm/dL
Total WBC Count / TLC *Sample: Whole Blood EDTA* *Method: Impedance*	5.0	4.0 - 10.0	thou/µL
RBC Count *Sample: Whole Blood EDTA* *Method: Impedance*	5.2	4.5 - 5.5	million/µL
PCV / Hematocrit *Sample: Whole Blood EDTA* *Method: Impedance*	45.9	40.0 - 50.0	%
MCV *Sample: Whole Blood EDTA* *Method: Calculated*	85.4	83.0 - 101.0	fL
MCH *Sample: Whole Blood EDTA* *Method: Calculated*	30.4	27.0 - 32.0	pg
MCHC *Sample: Whole Blood EDTA* *Method: Calculated*	32.6	31.5 - 34.5	g/dL
RDW (Red Cell Distribution Width) *Sample: Whole Blood EDTA* *Method: Calculated*	15.1	11.8 - 15.6	%
DLC (Differential Leucocyte Count) *Method: Flowcytometry/Microscopy*			
Neutrophils *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	60	40 - 80	%

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
Lymphocytes *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	30	20 - 40	%
Eosinophils *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	05	01 - 06	%
Monocytes *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	05	02 - 10	%
Basophils *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	00	00 - 02	%
Absolute Neutrophil Count *Sample: Whole Blood EDTA*	3000	2000 - 7000	/µL
Absolute Lymphocyte Count *Sample: Whole Blood EDTA*	1500	1000 - 3000	/µL
Absolute Eosinophil Count *Sample: Whole Blood EDTA*	250	20 - 500	/µL
Absolute Monocyte Count *Sample: Whole Blood EDTA*	250	200 - 1000	/µL
Absolute Basophil Count *Sample: Whole Blood EDTA*	**00** L	20 - 100	/µL
Platelet Count *Sample: Whole Blood EDTA* *Method: Impedance*	210	150 - 410	thou/µL
MPV (Mean Platelet Volume) *Sample: Whole Blood EDTA* *Method: Calculated*	8.9	6.8 - 10.9	fL
Sample: Whole Blood EDTA **Erythrocyte Sedimentation Rate (ESR)** *Sample: Whole Blood EDTA* *Method: Modified Westergren Method*	08	<10	mm 1st Hour

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
Malaria Antigen Detection (Rapid)			
Method: Immunochromatography (HRP II and pLDH antigen)			
Plasmodium Vivax (PV)	Not Detected	Not Detected	
Sample: Whole Blood EDTA			
Plasmodium Falciparum (PF)	Not Detected	Not Detected	
Sample: Whole Blood EDTA			
SGPT / ALT	38	0 - 41	U/L
Sample: Serum			
Method: Spectrophotometry-IFCC Without Pyridoxal PO4			
WIDAL			
Sample: Serum			
Method: aggluttination method			
Salmonella Typhi 'O'	< 1:80	< 1:80	
Salmonella Typhi 'H'	< 1:80	< 1:80	
Salmonella Paratyphi 'AH'	< 1:80	< 1:80	
Salmonella Paratyphi 'BH'	< 1:80	< 1:80	
Result :	Negative		

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit

CLINICAL PATHOLOGY

Urine Routine & Microscopic Examination

Method: Reflectance Photometry

Physical Examination

Colour *Sample: Urine* *Method: Physical Examination*	Pale Yellow	Pale Yellow	
Appearance *Sample: Urine* *Method: Physical Examination*	Clear	Clear	
Specific Gravity *Sample: Urine* *Method: pKa change of pretreated polyelectrolytes*	1.010	1.003 - 1.035	
pH *Sample: Urine* *Method: Double indicator principle*	6.0	4.7 - 7.5	

Chemical Examination

Glucose *Sample: Urine* *Method: Glucose oxidase/peroxidase*	Not Detected	Not Detected	
Protein *Sample: Urine* *Method: Protein-error-of-indicators principle*	Not Detected	Not Detected	
Ketones *Sample: Urine* *Method: Sodium nitroprusside reaction*	Not Detected	Not Detected	
Blood *Sample: Urine* *Method: Peroxidase*	Not Detected	Not Detected	
Bilirubin *Sample: Urine* *Method: Diazo reaction*	Not Detected	Not Detected	

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
Urobilinogen *Sample: Urine* *Method: Ehrlich's reaction*	Normal	Normal	
Nitrite *Sample: Urine* *Method: Nitrite Test*	Not Detected	Not Detected	
Microscopic Examination *Method: Microscopy*			
Pus Cells *Sample: Urine*	0 - 5	0 - 5	/hpf
RBC *Sample: Urine*	Not Detected	Not Detected	/hpf
Epithelial Cells *Sample: Urine*	2 - 3	0 - 5	/hpf
Casts *Sample: Urine*	Not Detected	Not Detected	/hpf
Crystals *Sample: Urine*	Not Detected	Not Detected	/hpf
Bacteria *Sample: Urine*	Not Detected	Not Detected	/hpf
Remarks *Sample: Urine*			

Remarks : Microscopic Examination is performed on urine sediment

Complete Blood Count (CBC)

Clinical Significance :

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Test Name	Result	Biological Ref. Interval	Unit

CBC comprises of estimation of the cellular componenets of blood including RBCs, WBCs and Platelets. Mean corpuscular volume (MCV) is a measure of the size of the average RBC, MCH is a measure of the hemoglobin cointent of the average RBC and MCHC is the hemoglobin concentration per RBC. The red cell distribution width (RDW) is a measure of the degree of variation in RBC size (anisocytosis) and is helpful in distinguishing between some anemias. CBC examination is used as a screening tool to confirm a hematologic disorder, to establish or rule out a diagnosis, to detect an unsuspected hematologic disorder, or to monitor effects of radiation or chemotherapy. Abnormal results may be due to a primary disorder of the cell-producing organs or an underlying disease. Results should be interpreted in conjunction with the patient's clinical picture and appropriate additional testing performed.

WIDAL

While the definitive diagnosis oftyphoid fever depends on the isolation of S typhi from blood, stools, urine orother body fluids, the role of the Widal test had been to increase the index of suspicion for the presence of typhoid fever by demonstrating a positive agglutination during the acu convalescent period of infection with evidence of a four-fold rise of antibody titre.

Please note that the test suffers from serious cross-reactivity with other infectious agents, it may produce false-positive results, leading to an over-diagnosis of typhoid fever.

The IgM somatic O antibody appearsfirst and represents the initial serologic response in acute typhoid fever, while the IgG flagella H antibody usually develops more slowly but persists for longer.

In an individual with no prior exposureto S typhi infection (either lack of active infection or absence of passive immunisation),a higher than 1:80 or 1:160 titre on an initial single test, usually indicates towards exposure to typhoid fever. However, even these single high value titres in an endemic area like India where repeated exposures to S typhi may have occurred, do not have any clinical relevance in the absence of a positive isolate of the causat organism OR demonstartion of rising titers of antibodies by testing 2 or more serum samples 1-2 weeks apart.

Researchers from different parts of India have reported that in normally health blood donors, the baseline titre for antibodies to "O" and "H" antigens of Salmonella enterica serotype typhi was 1:40 and hence, based on the above results, it could be recommended to use a cutoff level of >1:80 for a single antibody test titre. Similarly, baseline titre for antibody to H antigen of Salmonella enterica serotype paratyphi A and paratyphi B was 1:80 and the cutoff level was >= 1:160 for a single antibody test titre.

Urine Routine & Microscopic Examination

Clinical Significance :

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit

Urine routine examination and microscopy comprises of a set of screening tests that can detect some common diseases like urinary tract infections, kidney disorders, liver problems, diabetes or other metabolic conditions. Physical characteristics (colour and appearance), chemical composition (glucose, protein, ketone, blood, bilirubin and urobilinogen) and microscopic content (pus cells, epithelial cells, RBCs, casts and crystals) are analyzed and reported.

** End of Report**

Dr. Aarti Khanna Nagpal
DNB (Pathology)
Senior Consultant

Dr. Saloni Garg
MD
Consultant Microbiology

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