

Client  
Gurugram  
Pathkind Diagnostics Pvt. Ltd.  
Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Processed By  
Pathkind Diagnostics Pvt. Ltd.  
Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Name	: Mr. PL155	Billing Date	: 07/07/2023 12:27:11
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.	: P1000100012842	Report Released on	: 20/07/2023 18:27:46
Accession No	: 10002304898	Barcode No.	: 10002304898-02
Referring Doctor	: Self	Ref no.	:
Referred By	:		

### Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
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### HAEMATOLOGY

#### Fever Panel Basic

#### Complete Blood Count (CBC)

<b>Haemoglobin (Hb)</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Photometric measurement</i>	14.0	13.0 - 17.0	gm/dL
<b>Total WBC Count / TLC</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Impedance</i>	6.4	4.0 - 10.0	thou/ $\mu$ L
<b>RBC Count</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Impedance</i>	5.1	4.5 - 5.5	million/ $\mu$ L
<b>PCV / Hematocrit</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Impedance</i>	45.1	40.0 - 50.0	%
<b>MCV</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i>	90.4	83.0 - 101.0	fL
<b>MCH</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i>	30.7	27.0 - 32.0	pg
<b>MCHC</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i>	34.1	31.5 - 34.5	g/dL
<b>RDW (Red Cell Distribution Width)</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i>	14.0	11.8 - 15.6	%
<b>DLC (Differential Leucocyte Count)</b> <i>Method: Flowcytometry/Microscopy</i>			
<b>Neutrophils</b> <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology &amp; Microscopy</i>	60	40 - 80	%

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<b>Lymphocytes</b> <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology &amp; Microscopy</i>	30	20 - 40	%
<b>Eosinophils</b> <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology &amp; Microscopy</i>	05	01 - 06	%
<b>Monocytes</b> <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology &amp; Microscopy</i>	05	02 - 10	%
<b>Basophils</b> <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology &amp; Microscopy</i>	00	00 - 02	%
<b>Absolute Neutrophil Count</b> <i>Sample: Whole Blood EDTA</i>	3840	2000 - 7000	/ $\mu$ L
<b>Absolute Lymphocyte Count</b> <i>Sample: Whole Blood EDTA</i>	1920	1000 - 3000	/ $\mu$ L
<b>Absolute Eosinophil Count</b> <i>Sample: Whole Blood EDTA</i>	320	20 - 500	/ $\mu$ L
<b>Absolute Monocyte Count</b> <i>Sample: Whole Blood EDTA</i>	320	200 - 1000	/ $\mu$ L
<b>Absolute Basophil Count</b> <i>Sample: Whole Blood EDTA</i>	00 L	20 - 100	/ $\mu$ L
<b>Platelet Count</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Impedance</i>	350	150 - 410	thou/ $\mu$ L
<b>MPV (Mean Platelet Volume)</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i>	8.9	6.8 - 10.9	fL
<b>Erythrocyte Sedimentation Rate (ESR)</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Modified Westergren Method</i>	08	<10	mm 1st Hour

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Test Name	Result	Biological Ref. Interval	Unit
<b><u>Malarial Parasite (MP) Smear</u></b> <i>Method: Microscopy</i>			
<b>Thin Smear</b> <i>Sample: Whole Blood EDTA</i>	Not Detected	Not Detected	
<b>Thick Smear</b> <i>Sample: Whole Blood EDTA</i>	Not Detected	Not Detected	
<b>WIDAL</b> <i>Sample: Serum</i> <i>Method: agglutination method</i>			
Salmonella Typhi 'O'	1:160	< 1:80	
Salmonella Typhi 'H'	1:80	< 1:80	
Salmonella Paratyphi 'AH'	< 1:80	< 1:80	
Salmonella Paratyphi 'BH'	< 1:80	< 1:80	
<b>Result :</b>	<b>Positive</b>		



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**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

7.0

4.7 - 7.5

**Chemical Examination**

**Glucose**

Sample: Urine

Method: Glucose oxidase/oxidase

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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<b>Urobilinogen</b> <i>Sample: Urine</i> <i>Method: Ehrlich's reaction</i>	Normal	Normal	
<b>Nitrite</b> <i>Sample: Urine</i> <i>Method: Nitrite Test</i>	Not Detected	Not Detected	
<b>Microscopic Examination</b> <i>Method: Microscopy</i>			
<b>Pus Cells</b> <i>Sample: Urine</i>	0 - 5	0 - 5	/hpf
<b>RBC</b> <i>Sample: Urine</i>	Not Detected	Not Detected	/hpf
<b>Epithelial Cells</b> <i>Sample: Urine</i>	0 - 5	0 - 5	/hpf
<b>Casts</b> <i>Sample: Urine</i>	Not Detected	Not Detected	/hpf
<b>Crystals</b> <i>Sample: Urine</i>	Not Detected	Not Detected	/hpf
<b>Bacteria</b> <i>Sample: Urine</i>	Not Detected	Not Detected	/hpf
<b>Remarks</b> <i>Sample: Urine</i>			

**Remarks** : Microscopic Examination is performed on urine sediment  
**Complete Blood Count (CBC)**

Clinical Significance :



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CBC comprises of estimation of the cellular components 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 content 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 of typhoid fever depends on the isolation of *S typhi* from blood, stools, urine or other 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 acute 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 appears first 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 exposure to *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 causal organism OR demonstration 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 healthy 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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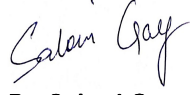
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Urine routine examination and microscopy comprises of a set of screening tests that can detect some common diseases like urinary tract infections, kidney disorders, liver problems, diabetes or other metabolic conditions. Physical characteristics (colour 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

