

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. PL213B	Billing Date	: 07/07/2023 12:27:24
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.	: P1000100012846	Report Released on	: 21/07/2023 10:04:25
Accession No	: 10002304902	Barcode No.	: 10002304902-01
Referring Doctor	: Self		
Referred By	:	Ref no.	:

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
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HAEMATOLOGY

Fungal Detect Panel- 2

Complete Blood Count (CBC)

Haemoglobin (Hb) <i>Sample: Whole Blood EDTA</i> <i>Method: Photometric measurement</i>	14.0	13.0 - 17.0	gm/dL
Total WBC Count / TLC <i>Sample: Whole Blood EDTA</i> <i>Method: Impedance</i>	5.0	4.0 - 10.0	thou/ μ L
RBC Count <i>Sample: Whole Blood EDTA</i> <i>Method: Impedance</i>	4.9	4.5 - 5.5	million/ μ L
PCV / Hematocrit <i>Sample: Whole Blood EDTA</i> <i>Method: Impedance</i>	42.6	40.0 - 50.0	%
MCV <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i>	85.9	83.0 - 101.0	fL
MCH <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i>	31.7	27.0 - 32.0	pg
MCHC <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i>	32.6	31.5 - 34.5	g/dL
RDW (Red Cell Distribution Width) <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i>	12.8	11.8 - 15.6	%

DLC (Differential Leucocyte Count)

Method: Flowcytometry/Microscopy

Neutrophils <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology & Microscopy</i>	60	40 - 80	%
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Lymphocytes <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology & Microscopy</i>	30	20 - 40	%
Eosinophils <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology & Microscopy</i>	05	01 - 06	%
Monocytes <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology & Microscopy</i>	05	02 - 10	%
Basophils <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology & Microscopy</i>	00	00 - 02	%
Absolute Neutrophil Count <i>Sample: Whole Blood EDTA</i>	3000	2000 - 7000	/μL
Absolute Lymphocyte Count <i>Sample: Whole Blood EDTA</i>	1500	1000 - 3000	/μL
Absolute Eosinophil Count <i>Sample: Whole Blood EDTA</i>	250	20 - 500	/μL
Absolute Monocyte Count <i>Sample: Whole Blood EDTA</i>	250	200 - 1000	/μL
Absolute Basophil Count <i>Sample: Whole Blood EDTA</i>	00 L	20 - 100	/μL
Platelet Count <i>Sample: Whole Blood EDTA</i> <i>Method: Impedance</i>	188	150 - 410	thou/μL
MPV (Mean Platelet Volume) <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i> <i>Sample: Whole Blood EDTA</i>	9.7	6.8 - 10.9	fL

BIOCHEMISTRY

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Glucose Random <i>Sample: Fluoride Plasma - R</i> <i>Method: Hexokinase</i>	98	70 - 140	mg/dL
HbA1C (Glycosylated Hemoglobin)			
HbA1c <i>Sample: Whole Blood EDTA</i> <i>Method: High Performance Liquid Chromatography (HPLC)</i>	6.9 H	Non Diabetic : < 5.7 % Prediabetic Range : 5.7 - 6.4 % Diabetic Range : >= 6.5 % Goal of Therapy : <7.0 % Action suggested : >8.0 %	%
Mean Plasma Glucose <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i>	151.3 H	<116.0	mg/dL
Ferritin <i>Sample: Serum</i> <i>Method: ECLIA</i>	560.00 H	30.00 - 400.00	ng/mL
SEROLOGY			
Galactomannan <i>Sample: Serum</i> <i>Method: ELISA</i>	1.20 H	<0.50	Index Value



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MICROBIOLOGY **FUNGAL CULTURE**

Fungal Culture

Specimen

Sputum

Result :-

15-18 Pus cells/LPF
8-10 Epithelial cells/LPF
plenty of gram positive cocci in chains seen.
few budding yeast cells seen.

Fungal Stain :-

Few budding yeast cells seen.

Fungal Culture Preliminary Report (72 hrs)

Preliminary Report :-

Budding yeast cells grown after 72 hours of aerobic incubation.

Fungal Culture Final Report

Method: Conventional aerobic culture

S.No	ORGANISM ISOLATED	COLONY COUNT
1	<i>Candida albicans</i>	
ANTIBIOTICS	MIC (ug/ml)	INTERPRETATION

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Test Name	Result	Biological Ref. Interval	Unit
Voriconazole	0.032	Sensitive	
Itraconazole	0.047	Sensitive	
Anidulafungin	0.002	Sensitive	
Fluconazole	0.25	Sensitive	
Amphotericin B	2	Resistant	
Terbinafine	0.094	Sensitive	

Haemoglobin (Hb)

Hemoglobin is the iron containing protein molecule in red blood cells that carries oxygen from the lungs to the body's tissues and returns carbon dioxide from the tissues back to the lungs. Decrease in Hemoglobin levels results in anaemia and very high Hemoglobin levels results in hemochromatosis.

PCV / Hematocrit

Clinical Significance :

Hemoglobin is the iron containing protein molecule in red blood cells that carries oxygen from the lungs to the body's tissues and returns carbon dioxide from the tissues back to the lungs. Decrease in Hemoglobin levels results in anaemia and very high Hemoglobin levels results in hemochromatosis. Hematocrit or Packed cell volume (PCV) is the proportion of blood volume occupied by red blood cells and is typically about three times the hemoglobin concentration.

Platelet Count

Clinical Significance :

Platelets or thrombocytes are a cellular component of blood whose function is to stop bleeding by clumping or clotting blood vessel injuries. Low platelet count, also known as Thrombocytopenia, can be either due to less production or increased destruction of platelets. High platelet count or Thrombocytosis can be due to unregulated production, secondary to congenital, reactive or neoplastic conditions.

Complete Blood Count (CBC)

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Clinical Significance :

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.

HbA1C (Glycosylated Hemoglobin)

Clinical Significance :

Hemoglobin A1c (HbA1c) level reflects the mean glucose concentration over the previous period (approximately 8-12 weeks) and provides a much better indication of long-term glycemic control than blood and urinary glucose determinations. American Diabetes Association (ADA) include the use of HbA1c to diagnose diabetes, using a cutpoint of 6.5%. The ADA recommends measurement of HbA1c 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to assess whether a patient's metabolic control has remained continuously within the target range. Falsely low HbA1c results may be seen in conditions that shorten erythrocyte life span. and may not reflect glycemic control in these cases accurately.

Ferritin

Clinical Significance :

Decreased levels of serum Ferritin is associated with increased risk for developing iron deficiency which in turn can lead to anaemia. Increased levels of serum ferritin is associated with iron overload conditions(like hereditary hemochromatosis), common liver disorders, neoplasms, acute or chronic inflammation and hereditary hyperferritinemia-cataract syndrome.

Galactomannan

Invasive aspergillosis(IA) is a severe infection that occurs in patients with prolonged neutropenia, following transplantation or in conjunction with aggressive immunosuppressive regimens.



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Galactomannan is a polysaccharide component of the cell wall of *Aspergillus* spp that is released into the circulation in varying amounts during invasive aspergillosis.

Aspergillus Antigen Galactomannan Assay is an Enzyme immunoassay to detect galactomannan antigen in serum, indicative of invasive *Aspergillus* infection, useful in the diagnosis of invasive aspergillosis and assessing response to therapy.

False positive results can be seen with other fungi such as *Penicillium*, *Paecilomyces*, *Alternaria*, *Geotrichum*, *Histoplasma* and in patients receiving semisynthetic antibiotics such as Piperacillin-Tazobactam, Amoxicillin and Amoxy-clav.

Positive results should be considered in conjunction with other diagnostic procedures such as microbiological culture and radiographic evidence to diagnose Invasive Aspergillosis.

Fungal Culture

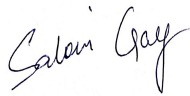
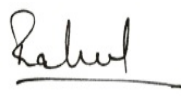
Method : Conventional Fungal Culture/ Identification & Sensitivity for Yeast by **Pheonix M50** and molds identification by conventional methods.

Interpretation:

Culture negative indicates absence of growth of fungi after completion of 4 weeks of incubation.

Note: Culture results should ALWAYS be correlated with clinical findings and prior **antifungal** therapy.

** End of Report **

**Dr. Aarti Khanna Nagpal**DNB (Pathology)
Senior Consultant**Dr. Saloni Garg**MD
Consultant Microbiology**Dr. Rahul Behl**MD
Consultant Microbiology