

LAB REPORT

Reg.No : **HCL-1**
 Patient Name : **Ms. ARMAN**
 Relation : **:SELF.**
 Ref. By :

Transaction Id : **2**
 Collection Date : **11/06/2022 08:28**
 Reporting Date : **11/06/2022 12:59**
 Age/Sex : **23Y/Female**
 Cont. No : **:8439531433**



Investigation Desired: WIDAL, U_RE, CBC, LFT

Test Done	Result	UNIT	Normal Value
HAEMATOLOGY			
CBC (COMPLETE BLOOD COUNT)			
TOTAL W.B.C. COUNT	7700	Cells/cumm	4,000 - 11,000
RBC COUNT (Red Blood Cells)	5.12	Millions/Cumm	4.0 - 6.5
PLATLETS COUNT	↓ 1.46	Lakhs Cells/Cumm	1.5 - 5.0 Lakhs cells/Cumm
Differential Count of WBC			
Polymorphs Neutrophil	↑ 75.0	%	45 - 65
Lymphocytes	↓ 19.0	%	25 - 35
Eosinophils	5.00	%	2 - 6
Monocytes	1.00	%	3 - 5
Basophil	0.00	%	0 - 1
Band Cell	0.00	%	
Myeloblast and Monocytoid Cells	0.00	%	
Blastoid Cells	0.00		
Haemoglobin	16.0 / 109.59%	g/dl	Men : 13 - 18 g/dl Women : 12 - 16 g/dl
A decreases in hemoglobin below normal range is an indications of anemia. An increases in hemoglobin concentration occurs in hemoconcentration due to loss of body fluid in severe diarrhea and vomiting. High values are also observed in congenital heart disease(Due to reduce oxygen supply) in emphysema and also in polycythemia . Hemoglobin concentration drops during pregnancy due to hemodilution.			
PCV (Haematocrit)	45.3	%	42 - 52
MCV	88.5	fL	82-98
MCH	31.3	pq	27-32
MCHC	35.3	gm%	32-36
Red Cell Distribution Width (RDW)-CV	12.5	fL	11.0-16.0
Red Cell Distribution Width (RDW)-SD	41.2	fL	35 - 56
MPV	8.8	FL	6.5 - 12
PDW	↑ 17.5		9 - 17

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Verified By
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AN ISO 9001:2015 Accredited Lab

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Test Done	Result	UNIT	Normal Value
PCT	0.13	%	0.108 - 0.282

C B C done with Fully Automatic 6- Part Blood Cell Counter (NIHON KOHDEN MEK-6420P)

:- Rechecked & confirmed by parallel runs of standard & Control sera & Microscopic.

:- **Please Correlate Clinically**

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Test Done	Result	UNIT	Normal Value
SEROLOGY			
WIDAL TEST(Slide Method)			
WIDAL TEST	POSITIVE		
S. TYPHI 'O'	Agglutination up to 1:160 dilution		
S. TYPHI 'H'	Agglutination up to 1:160 dilution		
S. PARATYPHI 'AH'	No Agglutination		
S. PARATYPHI 'BH'	No Agglutination		

**A single widal test(Positive or Negative) has get little significance. A rising titre of 4 fold or more at an interval of 7 - 10 days, is highly suggestive of salmonellosis.

The Widal test is a presumptive serological test for enteric fever or undulant fever whereby bacteria causing typhoid fever are mixed with serum containing specific antibodies obtained from an infected individual. In case of Salmonella infections, it is a demonstration of the presence of O-soma false-positive result. Test results need to be interpreted carefully in the light of past history of enteric fever, typhoid vaccination, and the general level of antibodies in the populations in endemic areas of the world. Typhidot is the other test used to ascertain the diagnosis of typhoid fever. As with all serological tests, the rise in antibody levels needed to perform the diagnosis takes 7-14 days, which limits its applicability in early diagnosis. Other means of diagnosing Salmonella typhi (and paratyphi) include cultures of blood, urine and faeces. These organisms produce H₂S from thiosulfate and can be easily identified on differential media such as Bismuth sulfite agar.

Often 2-mercaptoethanol is added to the Widal test. This agent more easily denatures the IgM class of antibodies, so if a decrease in the titer is seen after using this agent, it means that the contribution of IgM has been removed leaving the IgG component. This differentiation of antibody classes is important; as it allows for the distinction of a recent (IgM) from an old infection (IgG).

The Widal test is positive if TO antigen titer is more than 1:160 in an active infection, or if TH antigen titer is more than 1:160 in past infection or in immunized persons. A single Widal test is of little clinical relevance due to the number of cross reacting infections, including malaria. If no other tests (either bacteriologic culture or more specific serology) are available, a fourfold increase in the titer (e.g., from 1:40 to 1:160) in the course of the infection, or a conversion from an IgM reaction to an IgG reaction of at least the same titer, would be consistent with a typhoid infection.

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Test Done	Result	UNIT	Normal Value
BIOCHEMISTRY			
LFT (LIVER FUNCTION TEST)			
Billirubin (Total & Direct & Indirect)			
Total Billirubin	5.2	mg/dl	Adult: 0.1 - 1.2 mg/dl Infants: 1.2 - 12 mg/dl
Direct Billirubin	3.41	mg/dl	0 - 0.3 mg/dl
Indirect Billirubin	1.79	mg/dl	0.2 - 0.7 mg/dl
Serum SGPT(ALT)	↑ 2140.2	IU/L	5 - 40 IU/L
SGPT is present in high concentration in the liver and to a lesser extend in kidney, Heart,skeletal muscle, pancreas, spleen & lungs. Increased levels are generally a result of primary liver diseases such as cirrhosis, carcinoma, viral or toxic hepatitis and obstructive jaundice. Decreased levels may be observed in renal dialysis patients and those with vitamin B6 deficiency.			
Serum SGOT(AST)	↑ 814.3	IU/L	5 - 40 IU/L
SGOT is an enzyme found mainly in heart Muscle , liver cells, skeletal muscle and kidneys. Injury to these tissues results in the release of the enzyme in blood . Elevated levels are found in myocardial infarction , cardiac operation, Hepatitis, cirrhosis, acute pancreatitis, acute renal disease, primary muscle disease. decreased levels may be found in pregnancy, beri beri and diabetic ketoacidosis.			
Alkaline Phosphatase	↑ 398.8	IU/L	Female : 64-306 IU/L Male : 80-306 IU/L Children : 180-1200 IU/L
Alkaline phosphatase is an enzyme present in almost all weaves of the organism, being particularly high in bone , liver , placenta, intestine & kidney. Both increases and decreases of plasma ALP are of inportance clinically. Cause of increased plasma ALP.. pagets disease of bone , odstructive liver disease, Hepatitis, Hepatotoxicity caused by drugs or osteomalacia. Cause of dcreased plasma ALP .. cretinism and Vitamin C deficiency. Clinical diagnosis should not be made on a single test results. It should integrate clinical and other laboratory data.			
Total Protein (A:G)			
Serum Protein	6.45	gm/dl	6.3 - 8.4 gm/dl
Albumin	3.87	gm/dl	3.5 - 5.0 gm/dl
Globulin	2.58	gm/dl	2.5 - 3.5 gm/dl
A:G Ratio	1.50:1	Ratio	1.5 - 3.1

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Test Done	Result	UNIT	Normal Value
CLINICAL PATHOLOGY			
URINE ROUTINE EXAMINATION			
Physical Examination			
Volume	20 ml	ml	
Colour	PALE YELLOW		
Appearance	CLEAR		
Sediments	ABSENT		
Specific Gravity	1.030		
Chemical Examination			
PH	5.5		
Reaction	ACIDIC		
Sugar	NIL		
Albumin	ABSENT		
Ketone Bodies	NIL		
Nitrite	NEGATIVE		
Urobilinogen	Not in excess		
Leucocytes (WBC)	ABSENT=00	Leuco/ μ L	
Erythrocytes (RBC)	NEGATIVE	Ery/ μ L	
Microscopic Examination			
Erythrocytes	NIL		
Pus cells	1-2/HPF		
Epithelial cells	A FEW/HPF	/HPF	
Cast	ABSENT		
Crystals	ABSENT		
Other	NIL		



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