MAX Lab

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No
Max ID/Mobile	Collection Date/Time
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Passport No.	

Serology Special

Test Name	Result	Unit	Bio Ref Interval
Elisa Dengue IgM Antibody, Serum*			
Dengue IgM	**0.18**	Index	

Ref. Range

Negative <0.90
Equivocal 0.90-1.1
Positive >1.1

Comment :

This test detects the presence of antibodies to dengue virus in the specimen and shouldnot be used as the sole criterion for the diagnosis of dengue virus infection.
In early infections and some secondary infections, detectable levels of IgM antibodies may be low.
Some patients may not produce detectable levels of antibody within the first seven to ten days after infection. If the test result is negative and clinical symptoms persist, patients should be retested 3-4 days after the first specimen.
Serological cross-reactivity across the flavi virus group (dengue virus, St. Louis encephalitis, Japanese encephalitis, West Nile virus and yellow fever virus) is common.
A negative results does not preclude the possibility of early dengue virus infection.

Advise : "Dengue ELISA and Dengue PCR".

Kindly correlate with clinical findings

***** End Of Report *****

Dr. Bansidhar Tarai, M.D.
Associate Director
Microbiology & Molecular Diagnostics

Dr. Poornima Sen, M.D.
Consultant - Microbiology

Dr. Madhuri Somani, M.D. , DNB
Consultant - Microbiology

SIN No:VSH1450782, Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

Booking Centre :794 - Max Hospital - Vaishali, W-3, Sector-1, Vaishali, Ghaziabad-201012, U.P, 0120418800

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Hematology

Complete Haemogram, Peripheral Smear and ESR,EDTA*

Date	15/Oct/2021 01:56PM	Unit	Bio Ref Interval
Haemoglobin	**10.9**	g/dl	11.0 - 14.0
Packed Cell, Volume Calculated	36.2	%	34-40
Total Leucocyte Count (TLC) Electrical Impedance	6.51	10~9/L	5.0-15.0
RBC Count Electrical Impedance	**5.41**	10~12/L	4.0-5.2
MCV Electrical Impedance	**66.9**	fL	75-87
MCH Calculated	**20.1**	pg	24-30
MCHC Calculated	**30.1**	g/dl	31.0-37.0
Platelet Count Electrical Impedance	324	10~9/L	200-490
MPV Calculated	10.6	fl	7.8-11.2
RDW Calculated	**16.6**	%	11.5-14.5
Differential Cell Count VCS / Light Microscopy			
Neutrophils	42.3	%	20-45
Lymphocytes	46.9	%	40-75
Monocytes	10.0	%	2-10
Eosinophils	**0.5**	%	1-6
Basophils	0.3	%	0-2
Absolute Leukocyte Count Calculated from TLC & DLC			
Absolute Neutrophil Count	2.75	10~9/L	1.5-8.0
Absolute Lymphocyte Count	**3.0**	10~9/L	6.0-9.0
Absolute Monocyte Count	0.65	10~9/L	0.2-1.0

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Hematology

Absolute Eosinophil Count	**0.03**	10~9/L	0.1-1.0
Absolute Basophil Count	0.02	10~9/L	0.02-0.1
ESR (Westergren)	06	mm/hr	<= 10

Peripheral Smear Examination

RBC: Moderate anisocytopoikilocytosis, microcytic hypochromic red cells admixed with tear drop cells & few target cells seen.Erythrocytosis.

WBC : Within normal limits.

PLATELETS: Adequate.

IMP:Microcytic hypochromic anaemia

ADV: 1. Serum Iron studies 2. Hb-HPLC 3.Clinical correlation.

Kindly correlate with clinical findings

***** End Of Report *****

Anita Khanna

Dr. Anita Khanna MD (Path.)
Principal Consultant & Head (Lab Medicine)

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Serology

Test Name	Result	Unit	Bio Ref Interval

Typhidot*, Serum

Immunochromatography

Typhidot(IgG)	Negative
Typhidot(IgM)	Negative

Interpretation

- This is rapid card test, based on lateral flow chromatographic immunoassay.
- This is a screening test and definite clinical diagnosis should not be based on this single test result.
- The result is to be confirmed by other supplemental tests like blood culture and widal test.
- Positive result (IgM response) can vary according to time elapsed from the onset of fever and immunocompetence status.
- A negative result does not rule out recent or current infection. If S.typhi infection is still suspected, a repeat sample is advised after 5-7 days.
- False positive result can be seen in patients having high titer of rheumatoid factor.

Advise:

- First week of fever: Blood culture
- Second week of fever: Widal Tube test

Kindly correlate with clinical findings

***** End Of Report *****

Dr. Sachin Kishore M.D.
Senior Consultant Microbiologist

Dr. Neera Kaushik
Senior Microbiologist

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Clinical Biochemistry

Liver Function Test Profile,Serum

Date	15/Oct/2021 01:56PM	Unit	Bio Ref Interval
Total Protein Biuret	7.40	g/dL	6.6-8.7
Albumin BCG	4.9	g/dl	3.5-5.2
Globulin Calculated	2.5	g/dl	2.3 - 3.5
A.G. ratio Calculated	**2.0**		1.2 - 1.5
Bilirubin (Total) Diazo	**0.2**	mg/dl	0.3 - 1.2
Bilirubin (Direct) Diazo	0.1	mg/dl	0-0.3
Bilirubin (Indirect) Calculated	0.10	mg/dL	0.1 - 1.0
SGOT- Aspartate Transaminase (AST) IFCC without pyridoxal phosphate	36	U/L	0-40
SGPT- Alanine Transaminase (ALT) IFCC without pyridoxal phosphate	15	U/L	0-40
Alkaline Phosphatase pNPP	**352**	U/L	40-129
GGTP (Gamma GT), Serum ENZYMATIC COLORIMETRIC ASSAY	9.0	U/L	8-61

Kindly correlate with clinical findings

***** End Of Report *****

Anita Khanna

Dr. Anita Khanna MD (Path.)
Principal Consultant & Head (Lab Medicine)

Mohini

Dr. Mohini Bhargava, MD
Principal consultant (Biochemistry)

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Hematology

Test Name	Result	Unit	Bio Ref Interval
Malaria Antigen,EDTA, EDTA			
Malaria Antigen Immumochromatography - pLDH & HRP2	Negative		Negative

Interpretation Rapid card test for malaria is a combo kit designed to test Plasmodium falciparum and Plasmodium vivax species of malaria. This is a combo kit coated with specific monoclonal antibodies against pLDH of the P. Vivax and HRP2 of the P. Falciparum. This kit can also detect the combined infection by these two species.
The result of this test needs to be corroborated with clinical features and other laboratory findings. Positive result with faint test line or false negative may be seen in low parasite density. Negative result can also be seen in prozone effect – i.e. very high antigen concentration compared to antibody concentration.
False positive result may be seen in acute Schistosomiasis.
Test may remain positive even after successful anti-malarial therapy and therefore should not be used for monitoring response to anti-malarial treatment.
Advice: "Peripheral smear for Malarial Parasite"

Kindly correlate with clinical findings

***** End Of Report *****

Anita Khanna

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MC-2004

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Microbiology

Blood - Culture & Sensitivity

Method : BacT Alert Culture/ID & Sensitivity by Vitek 2

Source 1 : Peripheral line

Preliminary

Peripheral Line	Sterile after 2 days of aerobic incubation at 37 degree C.

Final Report

Peripheral Line	Sterile after 5 days of aerobic incubation at 37 degree C.

Kindly correlate with clinical findings

*** End Of Report ***

Dr. Neera Kaushik
Senior Microbiologist

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