

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Ti
Ref Doctor	Reporting Date/Ti

Hematology
Max Fever Panel (Fever more than 1 Week)

Complete Haemogram, Peripheral Smear and ESR, EDTA*

Date	03/Jul/2023 08:45PM	Unit	Bio Ref Interval
Haemoglobin	10.6	g/dl	12.0 - 15.0
Modified cyanmethemoglobin			
Packed Cell, Volume	33.6	%	40-50
Calculated			
Total Leucocyte Count (TLC)	15.3	10~9/L	4.0-10.0
Electrical Impedance			
RBC Count	3.81	10~12/L	3.8-4.8
Electrical Impedance			
MCV	88.3	fL	83-101
Electrical Impedance			
MCH	27.9	pg	27-32
Calculated			
MCHC	31.6	g/dl	31.5-34.5
Calculated			
Platelet Count	216	10~9/L	150-410
Electrical Impedance			
MPV	10.9	fl	7.8-11.2
Calculated			
RDW	15.5	%	11.5-14.5
Calculated			

Differential Cell Count

VCS / Light Microscopy

Neutrophils	73.5	%	40-80
Lymphocytes	17.8	%	20-40
Monocytes	6.0	%	2-10
Eosinophils	2.4	%	1-6
Basophils	0.3	%	0-2

Absolute Leukocyte Count

Calculated from TLC & DLC

Absolute Neutrophil Count	11.25	10~9/L	2.0-7.0
Absolute Lymphocyte Count	2.7	10~9/L	1.0-3.0
Absolute Monocyte Count	0.92	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.37	10~9/L	0.02-0.5
Absolute Basophil Count	0.05	10~9/L	0.02-0.1
ESR (Westergren)	85	mm/hr	<=35

Peripheral Smear
Examination
RBC: - Anisocytosis (+) , Predominantly Normocytic Normochromic

WBC: - There is mild Leukocytosis with Neutrophilia

Test Performed at :1314 - Bhagat Hospitals Pvt. Ltd-Dwarka, Rzf 1/1 Mahavir Enclave New Delhi

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 Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
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Hematology**Max Fever Panel (Fever more than 1 Week)****Platelet: - Adequate**

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Hematology

Max Fever Panel (Fever more than 1 Week)

Test Name	Result	Unit	Bio Ref Interval
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Malaria Antigen – P Vivax & P Falciparum*, EDTA

Malaria Antigen Immuno-chromatography - pLDH & HRP2	Negative		Negative
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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 ***



Dr. Niharika Sethi
MBBS, MD (Pathology)

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Clinical Biochemistry
Max Fever Panel (Fever more than 1 Week)

**SGOT - Aspartate Amino Transferase, Serum***

Date	03/Jul/2023 08:45PM	Unit	Bio Ref Interval
SGOT- Aspartate Transaminase (AST) UV without P5P	38	IU/L	13 - 39

Interpretation

Increased in acute hepatitis especially viral hepatitis, liver cell necrosis or injury of any cause, including cholestatic or obstructive jaundice, chronic hepatitis and drug induced injury to liver.

SGPT - Alanine Amino Transferase, Serum*

Date	03/Jul/2023 08:45PM	Unit	Bio Ref Interval
SGPT- Alanine Transaminase (ALT) UV without P5P	35	IU/L	7 - 52

Interpretation

Increased in Acute Liver Cell necrosis of any cause, severe shock right heart failure, acute anoxia (e.g. status asthmaticus), extensive trauma and left heart failure.

Kindly correlate with clinical findings

*** End Of Report ***



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MBBS, MD (Pathology)

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Clinical Pathology
Max Fever Panel (Fever more than 1 Week)

Urine Routine And Microscopy*

Date	03/Jul/2023	Unit	Bio Ref Interval
	08:45PM		

Macroscopy

Colour Visual Observation/ Automated	Yellow		Pale Yellow
PH Double Indicator	6.5	..	5-6
Specific Gravity pKa change	1.015		1.015 - 1.025
Protein Protein-error of indicators	Nil		Nil
Glucose. Enzyme Reaction	Nil		Nil
Ketones Acetoacetic Reaction	Nil		Nil
Blood Benzidine Reaction	Nil		Nil
Bilirubin Diazo Reaction	Nil		Nil
Urobilinogen Ehrlichs Reaction	Normal		Normal
Nitrite Conversion of Nitrate	Negative		

Microscopy

Red Blood Cells (RBC) Light Microscopy/Image capture microscopy	Nil	/HPF	Nil
White Blood Cells Light Microscopy/Image capture microscopy	1-2	/HPF	0.0-5.0
Squamous Epithelial Cells Light Microscopy/Image capture microscopy	1-2	/HPF	
Cast Light Microscopy/Image capture microscopy	Nil	/LPF	Nil
Crystals Light Microscopy/Image capture microscopy	Nil	..	Nil
Bacteria Light Microscopy/Image capture microscopy	Nil	/HPF	Nil

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Clinical Pathology**Max Fever Panel (Fever more than 1 Week)**

SIN No: B2B3629847

Kindly correlate with clinical findings

***** End Of Report *******Dr. Niharika Sethi**
MBBS, MD (Pathology)

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Serology

Max Fever Panel (Fever more than 1 Week)

Test Name	Result	Unit	Bio Ref Interval
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Widal Test (Slide)*, Serum
Slide Agglutination

Salmonella typhi, (O) Slide Agglutination	<1:80	Titre	<1:80
Salmonella typhi, (H) Slide Agglutination	<1:80	Titre	<1:160
Salmonella paratyphi (AH) Slide Agglutination	<1:80	Titre	<1:160
Salmonella paratyphi (BH) Slide Agglutination	<1:80	Titre	<1:160

Interpretation

1. This is slide agglutination test. Widal test by tube method is more specific and recommended test.
2. This is only screening test and definite diagnosis should not be based upon this single test.
3. 'H' titre > 1:160 and 'O' titre > 1:80 are positive however the treatment should be started based upon the clinical symptoms and other supplemental tests like blood culture and Widal tube method.

Advice:

1. First week of fever: Blood Culture.
2. Second week of fever: Widal tube test.

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Niharika Sethi
MBBS, MD (Pathology)

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Microbiology**Max Fever Panel (Fever more than 1 Week)**

SIN No: B2B3629847

Blood - Culture & Sensitivity

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

Preliminary

Sterile after 2 days of aerobic incubation at 37 degree C.
Final report will follow on 09/07/2023

Final Report

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

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Microbiology
Max Fever Panel (Fever more than 1 Week)


SIN No: B2B3629847

Urine Culture & Sensitivity
Method : Semi quantitative-Culture/ID & Sensitivity by Vitek 2

Result No growth.
Interpretation. Sterile after Overnight/24 hours of aerobic incubation at 37 degree C.

Comment


Urine pus cells /HPF	Colony count	Interpretation
<5	10 ³	Insignificant growth, more likely to be a colonizer. To be treated only if the patient is symptomatic
<5	10 ⁴	Moderately significant growth. Should be correlated clinically and to be treated only if the patient is symptomatic
<5	10 ⁵	Significant growth. Should be treated if the patient is clinically symptomatic
>5	10 ³ / 10 ⁴ / 10 ⁵	Significant growth. Should be treated if the patient is clinically symptomatic
5 - 10	No growth	Kindly rule out the cause of sterile pyuria i.e Is the patient on antibiotics Or anyother systemic illness (e.g TB /STD)
>5	Mixed growth	Mixed growth of more than two types of organisms indicating specimen colonization. Kindly send mid-stream urine sample after proper collection.

Kindly correlate with clinical findings

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

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MC-2714