MAX Lab

Laboratory Investigation Report

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

SIN No:B2B4088474

Hematology

Monsoon Fever Profile-Basic

CBC (Complete Blood Count), Whole Blood EDTA

Date	02/Mar/2024 12:45PM	Unit	Bio Ref Interval
Haemoglobin SLS-Haemoglobin Method	15.3	g/dl	13.0 - 17.0
Packed Cell, Volume Pulse Height Detection Method	45.4	%	40-50
Total Leucocyte Count (TLC) Flowcytometry method using semiconductor laser	5.6	10~9/L	4.0-10.0
RBC Count Hydrodynamic focusing (DC detection)	4.53	10~12/L	4.5-5.5
MCV Calculated	100.2	fL	83-101
MCH Calculated	**33.8**	pg	27-32
MCHC Calculated	33.7	g/dl	31.5-34.5
Platelet Count Hydrodynamic focusing (DC detection)	281	10~9/L	150-410
MPV Calculated	10.5	fl	7.8-11.2
RDW Calculated	12.8	%	11.5-14.5

Differential Cell Count
Flowcytometry Method Using Semiconductor Laser

Neutrophils	59	%	40-80
Lymphocytes	30	%	20-40
Monocytes	07	%	2-10
Eosinophils	03	%	1-6
Myelocyte Cell	01	%	

Absolute Leukocyte Count
Calculated from TLC & DLC

Absolute Neutrophil Count	3.3	10~9/L	2.0-7.0
Absolute Lymphocyte Count	1.7	10~9/L	1.0-3.0
Absolute Monocyte Count	0.39	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.17	10~9/L	0.02-0.5

Test Performed at :794 - Max Hospital - Vaishali, W-3, Sector-1, Vaishali, Ghaziabad-201012, U.P
Booking Centre :4759 - Curis Healthtech Pvt. Ltd, Unit No 442, JMD Megapolis Sector 48, 9929999766
The authenticity of the report can be verified by scanning the Q R Code on top of the page

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(CIN No.: U85100DL2021PLC381826)
Helpline No. 7982 100 200 www.maxlab.co.in feedback@maxlab.co.in

MC-2004

MAX Lab

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SIN No:B2B4088474

Hematology

Monsoon Fever Profile-Basic

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

Dr. Anita Khanna MD (Path.)
Associate Director & Head (Lab Medicine)

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Clinical Biochemistry

Monsoon Fever Profile-Basic

Liver Function Test (LFT), Serum

	Date 02/Mar/2024 12:45PM	Unit	Bio Ref Interval
Total Protein Biuret	7.20	g/dL	6.6-8.7
Albumin BCG	3.9	g/dl	3.5-5.2
Globulin Calculated	3.3	g/dl	1.8-3.6
A.G. ratio Calculated	1.2		1.2 - 1.5
Bilirubin (Total) Diazo	0.6	mg/dl	0.2-1.2
Bilirubin (Direct) Diazo	0.3	mg/dl	0-0.3
Bilirubin (Indirect) Calculated	0.3	mg/dl	0.1 - 1.0
SGOT- Aspartate Transaminase (AST) IFCC without pyridoxal phosphate	26.7	U/L	0-40
SGPT- Alanine Transaminase (ALT) IFCC without pyridoxal phosphate	39.3	U/L	0-40
AST/ALT Ratio Calculated	0.68	Ratio	
Alkaline Phosphatase	59.8	U/L	40 - 129
GGTP (Gamma GT), Serum ENZYMATIC COLORIMETRIC ASSAY	40.4	U/L	8-61

Interpretation **AST/ALT Ratio : -**

In Case of deranged AST and/or ALT, the AST/ALT ratio is > 2.0 in alcoholic liver damage and < 2.0 in non – alcoholic liver damage

Kindly correlate with clinical findings

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

Dr. Anita Khanna MD (Path.)
Associate Director & Head (Lab Medicine)

Dr. Mohini Bhargava, MD
Associate Director (Biochemistry)

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SEROLOGY SPECIAL.

Monsoon Fever Profile-Basic

Test Name	Result	Unit	Bio Ref Interval
Dengue NS 1 Antigen Test			
Dengue NS 1 Antigen CLIA	0.67	Index	

Ref. Range
Negative ≤ 0.9
Equivocal 0.9 - 1.1
Positive > 1.1

Comment :

- The detection of NS1 antigen has been described as an alternative method for early diagnosis of dengue virus infection.
- NS1 antigen was found circulating from the first day and up to 9 days after the onset of fever, with comparable levels observed in primary and secondary infections.
- A negative results does not preclude the possibility of early dengue virus infection.

Note: Recommended test is NS1 Antigen by ELISA in the first 5 days of fever. After 7-10 days of fever, the recommended test is Dengue fever antibodies IgG & IgM by ELISA

Kindly correlate with clinical findings

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

Dr.Poonam.S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services

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

Dr. Sonu Kumari Aggrawal, MD
Consultant Microbiology

Dr Nidhi Malik, MD
Consultant Microbiology

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MC-2714

MAX Lab

Laboratory Investigation Report

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SIN No:B2B4088474

Molecular Diagnostics

Monsoon Fever Profile-Basic

H1N1/ Swine Flu, Real Time PCR-Routine

Multiplex Real Time PCR

Sample Type : Throat & Nasal swab

Test	Result
Influenza A	Negative
H1N1 (Swine Flu)	Negative

Note:
In Case of Positive H1N1, Kindly consult referring Physician/Autorized Govt. Hospital for appropriate treatment and follow up.

Comments:

- The Kit constitutes ready-to-use systems for the detection of influenza A and B viral RNA and novel influenza A (H1N1) viral RNA (2009 H1N1 virus) using reverse transcription–polymerase chain reaction (RT-PCR).
- Acceptable specimens are respiratory samples such as broncheoalveolar lavage, tracheal aspirate, sputum, nasopharyngeal or oropharyngeal aspirate or washes and nasopharyngeal or oropharyngeal swab.
- It is possible that some samples may fail to give positive reactions due to low cell numbers in original clinical sample.
- The test result should be used in conjunction with clinical presentation and other laboratory markers.

Kindly correlate with clinical findings

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

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Serology

Monsoon Fever Profile-Basic

Test Name	Result	Unit	Bio Ref Interval
Typhi Dot Test (IgM & IgG), Serum			
Immunochromatography			
Typhidot(IgG)	Negative		
Immunochromatography			
Typhidot(IgM)	Negative		
Immunochromatography			

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

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MC-2004

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SIN No:B2B4088474

Serology

Monsoon Fever Profile-Basic

Test Name	Result	Unit	Bio Ref Interval
Widal Test (Tube Method), Serum			
Tube Agglutination			
Salmonella Typhi, (O)	<1:80	Titre	<1:80
Salmonella Typhi, (H)	<1:80	Titre	<1:160
Salmonella Paratyphi (A,H)	<1:80	Titre	< 1:160
Salmonella Paratyphi (B, H)	<1:80	Titre	<1:160

Interpretation

1. This test measures somatic O and flagellar H antibodies against Typhoid and Paratyphoid bacilli.
2. The antibodies usually appear at the end of the first week of infection and increase steadily till third / fourth week after which the decline starts.
3. A positive Widal test may occur because of typhoid vaccination or previous typhoid infection and in certain autoimmune diseases.
4. Non specific febrile disease may cause this titre to increase (anamnestic reaction).
5. The test may be falsely negative in cases of Enteric fever treated with antibiotics in the early stages.
6. The recommended test in the first week of infection is Blood Culture.
7. Titres 1:80 and above of "O" antigen & 1:160 and above of "H" antigen are significant. Rising titres are significant
8. A definitive clinical diagnosis should not be made by result of a single test only, but should be made by taking clinical history and other laboratory findings in to account.

Kindly correlate with clinical findings

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

Saloni

Dr. Saloni Sehgal (MBBS, MD)
Principal Consultant &
Head Microbiology & Infection Control

Neera

Dr. Neera Kaushik (M Phil)
Senior Consultant Microbiology

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SEROLOGY SPECIAL.

Monsoon Fever Profile-Basic

Test Name	Result	Unit	Bio Ref Interval
Elisa Dengue IgG Antibody, Serum			
Dengue IgG	0.08	Index	

Ref. Range
Negative < 9.0
Equivocal 9.0 - 11.0
Positive >11

Comment :

- Primary dengue virus infection is characterized by elevations in specific IgM antibody in 3 to 5 days after the onset of symptoms.
- IgG levels also become elevated after 10 to 14 days after the onset of symptoms. During secondary infection, IgM levels generally rise more slowly and reach lower levels than in primary infection, while IgG levels rise rapidly from 1 to 2 days after the onset of symptoms.
- Serological cross-reactivity across the flavi virus group (dengue virus, St. Louis encephalitis, Japanese encephalitis, West Nile virus and yellow fever virus) is common.

Note: Recommended test is NS1 Antigen by ELISA in the first 5 days of fever. After 7-10 days of fever, the recommended test is Dengue fever antibodies IgG & IgM by ELISA

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SEROLOGY SPECIAL.

Monsoon Fever Profile-Basic

Test Name	Result	Unit	Bio Ref Interval
Elisa Dengue IgM Antibody, Serum			
Dengue IgM	2.57	Index	

Ref. Range
Negative < 9.0
Equivocal 9.0 - 11.0
Positive >11

Comment :

- Primary dengue virus infection is characterized by elevations in specific IgM antibody in 3 to 5 days after the onset of symptoms.
- IgG levels also become elevated after 10 to 14 days after the onset of symptoms. During secondary infection, IgM levels generally rise more slowly and reach lower levels than in primary infection, while IgG levels rise rapidly from 1 to 2 days after the onset of symptoms.
- 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.

Note: Recommended test is NS1 Antigen by ELISA in the first 5 days of fever. After 7-10 days of fever, the recommended test is Dengue fever antibodies IgG & IgM by ELISA

Kindly correlate with clinical findings

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

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MC-2714