

Patient Name	Centre
Age/Gender	OP/IP No
Max ID/Mobile	Collection Date/Time
Lab ID	Receiving Date
Ref Doctor	Reporting Date
Passport No.	

	Serology		
	Max Fever Panel (Basic)		
Test Name	Result	Unit	Bio Ref Interval

Widal Test (Tube Method)*, Serum Tube Agglutination

rabo riggiadination			
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 ***



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SIN No:B2B1019039, Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

Booking Centre: 876 - Dr. Devender Taneja, 1511 DLF Phase 4, 9910070322

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Patient Name Centre
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Serology

Max Fever Panel (Basic)

Test Name Result Unit Bio Ref Interval

Dr. Bansidhar Tarai, M.D.

Passport No.

Associate Director Microbiology & Molecular Diagnostics Dr. Poornima Sen, M.D. Consultant - Microbiology Dr. Madhuri Somani, M.D., DNB Consultant - Microbiology

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Clinical Biochemistry
Max Fever Panel (Basic)

SGOT - Aspartate Amino Transferase, Serum

Date 04/Oct/2021 Unit Bio Ref Interval

02:16PM

SGOT- Aspartate 43 U/L < 35

Transaminase (AST)

UV without P5P

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 04/Oct/2021 Unit Bio Ref Interval 02:16PM

SGPT- Alanine 28 U/L < 35

Transaminase (ALT)

UV without P5P

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 ***

Dr. Akash Banwari, M.D.(Path)

Pathologist



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SIN No:B2B1019039, Test Performed at :585 - Max Hospital - Gurugram, Opposite HUDA City Centre Metro Station, B - Block Booking Centre :876 - Dr.Devender Taneja, 1511 DLF Phase 4, 9910070322

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Clinical Pathology

Max Fever Panel (Basic)

Urine Routine And Microscopy

Date 04/Oct/2021 Unit Bio Ref Interval

02:16PM

Macroscopy

Reflectance photometry

Colour Straw Pale Yellow

PH 5.0 .. 5-6 Specific Gravity **1.009** .. 1.015 - 1.025

Blood Nil
Bilirubin Nil
Urobilinogen Normal Nil
Nil

Nitrite Negative

Microscopy

Light Microscopy/Image capture microscopy

Red Blood Cells (RBC) Nil /HPF Nil White Blood Cells 0 - 1 /HPF 0.0-5.0

Squamous Epithelial Cells 5 - 7 /HPF

 Cast
 Nil
 /LPF
 Nil

 Crystals
 Nil
 ..
 Nil

 Bacteria
 Nil
 /HPF
 Nil

Kindly correlate with clinical findings

*** End Of Report ***



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> **Clinical Pathology** Max Fever Panel (Basic)

Dr. Akash Banwari, M.D.(Path) **Pathologist**



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Hematology

Max Fever Panel (Basic)

Test Name Result Unit Bio Ref Interval

Peripheral Smear for Malarial Parasite, EDTA, EDTA

Peripheral Smear for Malarial Parasite

Not seen

Light Microscopy



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Hematology

Max Fever Panel (Basic)

Complete Haemogram, Peripheral Smear and ESR,EDTA

Date	04/Oct/2021 02:16PM	Unit	Bio Ref Interval
Haemoglobin Modified cyanmethemoglobin	12.9	g/dl	12.0 - 15.0
Packed Cell, Volume Calculated	38.7	%	40-50
Total Leucocyte Count (TLC) Electrical Impedance	5.7	10~9/L	4.0-10.0
RBC Count Electrical Impedance	4.49	10~12/L	3.8-4.8
MCV Electrical Impedance	86.3	fL	83-101
MCH Calculated	28.8	pg	27-32
MCHC Calculated	33.3	g/dl	31.5-34.5
Platelet Count Electrical Impedance	317	10~9/L	150-410
MPV Calculated	8.0	fl	7.8-11.2
RDW Calculated	12.9	%	11.5-14.5
Differential Cell Count VCS / Light Microscopy			
Neutrophils	80.3	%	40-80
Lymphocytes	9.0	%	20-40
Monocytes	9.6	%	2-10
Eosinophils	0.6	%	1-6
Basophils	0.5	%	0-2
Absolute Leukocyte Cou Calculated from TLC & DLC	<u>ınt</u>		
Absolute Neutrophil Count	4.58	10~9/L	2.0-7.0
Absolute Lymphocyte Count	0.5	10~9/L	1.0-3.0

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Hematology

Max Fever Panel (Basic)

Absolute Monocyte Count 0.55 10~9/L 0.2-1.0 0.02-0.5 Absolute Eosinophil Count 0.03 10~9/L Absolute Basophil Count 0.03 10~9/L 0.02-0.1 ESR (Westergren) mm/hr <=12

Peripheral Smear Examination

RBC: - Normocytic Normochromic

WBC: - Counts within normal limits with mild neutrophilia

Platelet: - Adequate

Kindly correlate with clinical findings

*** End Of Report ***

Dr. Akash Banwari, M.D.(Path)

Pathologist

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