

Laboratory Investigation Report

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 (Comprehensive)

Test Name	Result	Unit	Bio Ref Interval
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Typhidot*, Serum

Immunochromatography

Typhidot(IgG)	Negative
Typhidot(IgM)	Negative

Interpretation

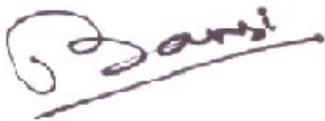
- This is rapid card test, based on lateral flow chromatographic immunoassay.
- This is a screening test and definite clinical diagnosis should not be based on this single test result.
- The result is to be confirmed by other supplemental tests like blood culture and widal test.
- Positive result (IgM 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

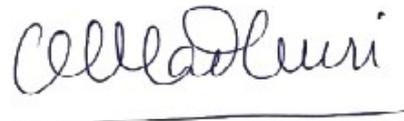
*** End Of Report ***


Dr. 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: B2B1008628, Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

Booking Centre :1159 - VCARE DIAGNOSTIC, ANJULI NURSING HOME, L BLOCK , GREATER FARIDABAD, 9999300746

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Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050

(CIN No.: U85100DL2021PLC381826)

 Helpline No. 7982 100 200 www.maxlab.co.in feedback@maxlab.co.in

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Serology Special			
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Dengue NS 1 Antigen Test (Elisa)

Dengue NS 1 Antigen ELISA	0.01	Ratio	
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Ref. Range

Negative	Ratio < 0.50
Equivocal	0.50 ≤ Ratio - < 1.00
Positive	Ratio ≥ 1.00

Kindly correlate with clinical findings

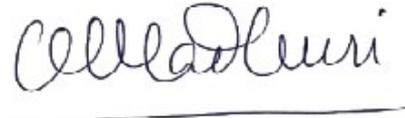
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**Clinical Biochemistry
Max Fever Panel (Comprehensive)**

SGOT - Aspartate Amino Transferase, Serum

Date	29/Sep/2021 01:02PM	Unit	Bio Ref Interval
SGOT- Aspartate Transaminase (AST) UV without P5P	23	IU/L	< 35

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	29/Sep/2021 01:02PM	Unit	Bio Ref Interval
SGPT- Alanine Transaminase (ALT) UV without P5P	12	IU/L	< 35

Interpretation

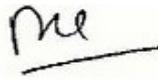
Increased in Acute Liver Cell necrosis of any cause, severe shock right heart failure, acute anoxia (e.g. status asthmaticus), extensive trauma and left heart failure.

Kindly correlate with clinical findings

*** End Of Report ***



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**Clinical Pathology
Max Fever Panel (Comprehensive)**
Urine Routine And Microscopy

Date	29/Sep/2021 01:02PM	Unit	Bio Ref Interval
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Macroscopy

Reflectance photometry

Colour	Yellow		Pale Yellow
PH	8.0	..	5-6
Specific Gravity	1.020		1.015 - 1.025
Protein	Trace		Nil
Glucose.	Nil		Nil
Ketones	Nil		Nil
Blood	Nil		Nil
Bilirubin	Nil		Nil
Urobilinogen	Normal		Normal
Nitrite	Negative		

Microscopy

Light Microscopy/Image capture microscopy

Red Blood Cells (RBC)	Nil	/HPF	Nil
White Blood Cells	3 - 5	/HPF	0.0-5.0
Squamous Epithelial Cells	3 - 5	/HPF	
Cast	Nil	/LPF	Nil
Crystals	Nil	..	Nil
Bacteria	Nil	/HPF	Nil

Kindly correlate with clinical findings

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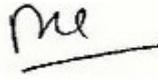
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Clinical Pathology
Max Fever Panel (Comprehensive)



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Principal Director-
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Hematology Max Fever Panel (Comprehensive)

Test Name	Result	Unit	Bio Ref Interval
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Malaria Antigen, EDTA, 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”



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Hematology Max Fever Panel (Comprehensive)

Complete Haemogram, Peripheral Smear and ESR, EDTA

Date	29/Sep/2021 01:02PM	Unit	Bio Ref Interval
Haemoglobin	12.5	g/dl	12.0 - 15.0
Packed Cell, Volume Calculated	38.4	%	36-46
Total Leucocyte Count (TLC) Electrical Impedance	6.1	10~9/L	4.0-10.0
RBC Count Electrical Impedance	4.21	10~12/L	3.8-4.8
MCV Electrical Impedance	91.1	fL	83-101
MCH Calculated	29.7	pg	27-32
MCHC Calculated	32.6	g/dl	31.5-34.5
Platelet Count Electrical Impedance	160	10~9/L	150-410
Comment: The platelet count has also been rechecked microscopically.			
MPV Calculated	13.4	fl	7.8-11.2
RDW Calculated	13.5	%	11.5-14.5

Differential Cell Count

VCS / Light Microscopy

Neutrophils	69.4	%	40-80
Lymphocytes	15.1	%	20-40
Monocytes	15.1	%	2-10
Eosinophils	0.1	%	1-6
Basophils	0.3	%	0-2

Absolute Leukocyte Count

Calculated from TLC & DLC

Absolute Neutrophil Count	4.23	10~9/L	2.0-7.0
Absolute Lymphocyte	0.9	10~9/L	1.0-3.0



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**Hematology
Max Fever Panel (Comprehensive)**

Count			
Absolute Monocyte Count	0.92	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.01	10~9/L	0.02-0.5
Absolute Basophil Count	0.02	10~9/L	0.02-0.1
ESR (Westergren)	23	mm/hr	<=12

Peripheral Smear Examination

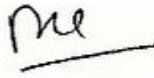
RBC: - Normocytic Normochromic
WBC: - Counts within normal limits
Platelet: - Adequate

Kindly correlate with clinical findings

*** End Of Report ***



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Microbiology
Max Fever Panel (Comprehensive)

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

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Microbiology Max Fever Panel (Comprehensive)

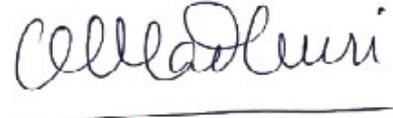


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