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:SB1563016

Hematology

Monsoon Fever Panel

CBC (Complete Blood Count), Whole Blood EDTA

Date	10/Dec/2022 02:15PM	Unit	Bio Ref Interval
Haemoglobin Modified cyanmethemoglobin	13.7	g/dl	13.0 - 17.0
Packed Cell, Volume Calculated	41.8	%	40-50
Total Leucocyte Count (TLC) Electrical Impedance	4.8	10~9/L	4.0-10.0
RBC Count Electrical Impedance	4.86	10~12/L	4.5-5.5
MCV Electrical Impedance	86.0	fL	83-101
MCH Calculated	28.2	pg	27-32
MCHC Calculated	32.8	g/dl	31.5-34.5
Platelet Count Electrical Impedance	150	10~9/L	150-410
MPV Calculated	9.3	fl	7.8-11.2
RDW Calculated	14.2	%	11.5-14.5
Differential Cell Count VCS / Light Microscopy			
Neutrophils	40	%	40-80
Lymphocytes	**55**	%	20-40
Monocytes	04	%	2-10
Eosinophils	01	%	1-6
Absolute Leukocyte Count Calculated from TLC & DLC			
Absolute Neutrophil Count	**1.92**	10~9/L	2.0-7.0
Absolute Lymphocyte Count	2.6	10~9/L	1.0-3.0
Absolute Monocyte Count	**0.19**	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.05	10~9/L	0.02-0.5

Test Performed at :1060 - Max Hospital Shalimar Bagh, Max Lab

Booking Centre :2466 - Sristhi Collection Center, GALI NO 1A SHRI SAI BABA DHARAMKATA MAIN PALAM VIHAR, 9728300659

The authenticity of the report can be verified by scanning the Q R Code on top of the page

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:SB1563016

Hematology

Monsoon Fever Panel

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 *****

Dr. Pooja Bhasin M.D.
Associate Director
Lab Service Pathology

Dr. Vijay Laxmi Sharma, MD
Principal consultant - Lab Medicine

Test Performed at :1060 - Max Hospital Shalimar Bagh, Max Lab
Booking Centre :2466 - Sristhi Collection Center, GALI NO 1A SHRI SAI BABA DHARAMKATA MAIN PALAM VIHAR, 9728300659
The authenticity of the report can be verified by scanning the Q R Code on top of the page

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:SB1563016

Clinical Biochemistry

Monsoon Fever Panel

Liver Function Test (LFT), Serum

Date	10/Dec/2022 02:15PM	Unit	Bio Ref Interval
Total Protein Biuret	7.13	g/dl	6.5 - 8.1
Albumin BCP	4.1	g/dl	3.5 - 5.0
Globulin Calculated	3.0	g/dl	2.3 - 3.5
A.G. ratio Calculated	1.4		1.2 - 1.5
Bilirubin (Total) Diazo	**1.29**	mg/dl	0.3 - 1.2
Bilirubin (Direct) Diazo	**0.60**	mg/dl	0.1 - 0.5
Bilirubin (Indirect) Calculated	0.69	mg/dL	0.1 - 1.0
SGOT- Aspartate Transaminase (AST) UV without P5P	**137**	U/L	< 50
SGPT- Alanine Transaminase (ALT) Kinetic Rate using LDH	**209**	U/L	17 - 63
AST/ALT Ratio Calculated	0.66	Ratio	
Alkaline Phosphatase PNP AMP Buffer	**160**	U/L	32 - 91
GGTP (Gamma GT), Serum Enzymatic Rate	**270.0**	U/L	7 - 50

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. Pooja Bhasin M.D.
Associate Director
Lab Service Pathology

Dr. Vijay Laxmi Sharma, MD
Principal consultant - Lab Medicine

Test Performed at :1060 - Max Hospital Shalimar Bagh, Max Lab
Booking Centre :2466 - Sristhi Collection Center, GALI NO 1A SHRI SAI BABA DHARAMKATA MAIN PALAM VIHAR, 9728300659
The authenticity of the report can be verified by scanning the Q R Code on top of the page

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:SB1563016

SEROLOGY SPECIAL.

Monsoon Fever Panel

Test Name	Result	Unit	Bio Ref Interval
Dengue NS 1 Antigen Test (Elisa)			
Dengue NS 1 Antigen ELISA	0.16	Ratio	

Ref. Range

Negative Ratio < 0.50

Equivocal 0.50 ≤ Ratio - < 1.00

Positive Ratio ≥ 1.00

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 Agrawal, MD
Associate Consultant
Microbiology

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

Booking Centre :2466 - Sristhi Collection Center, GALI NO 1A SHRI SAI BABA DHARAMKATA MAIN PALAM VIHAR, 9728300659

The authenticity of the report can be verified by scanning the Q R Code on top of the page

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:SB1563016

Serology

Monsoon Fever Panel

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

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:SB1563016

Serology

Monsoon Fever Panel

Test Name	Result	Unit	Bio Ref Interval
Widal Test (Slide)*, Serum			
Slide Agglutination			
Salmonella typhi, (O)	<1:80	Titre	<1:80
Slide Agglutination			
Salmonella typhi, (H)	<1:80	Titre	<1:160
Slide Agglutination			
Salmonella paratyphi (AH)	<1:80	Titre	<1:160
Slide Agglutination			
Salmonella paratyphi (BH)	<1:80	Titre	<1:160
Slide Agglutination			

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 *****

Shakti Jain

Dr. Shakti Jain (M.D)
Principal Consultant - Microbiology

Test Performed at :1060 - Max Hospital Shalimar Bagh, Max Lab
Booking Centre :2466 - Sristhi Collection Center, GALI NO 1A SHRI SAI BABA DHARAMKATA MAIN PALAM VIHAR, 9728300659
The authenticity of the report can be verified by scanning the Q R Code on top of the page

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:SB1563016

SEROLOGY SPECIAL.

Monsoon Fever Panel

Test Name	Result	Unit	Bio Ref Interval
Elisa Dengue IgG Antibody, Serum*			
Dengue IgG	1.44	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

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:SB1563016

SEROLOGY SPECIAL.

Monsoon Fever Panel

Test Name	Result	Unit	Bio Ref Interval
Elisa Dengue IgM Antibody, Serum*			
Dengue IgM	2.37	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 *****

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 Agrawal, MD
Associate Consultant
Microbiology

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
Booking Centre :2466 - Sristhi Collection Center, GALI NO 1A SHRI SAI BABA DHARAMKATA MAIN PALAM VIHAR, 9728300659
The authenticity of the report can be verified by scanning the Q R Code on top of the page