



Laboratory Investigation Report

Patient Name	: Mr. Varun Madhok	Centre	: 1590 - Max@Home
Age/Gender	: 43 Y 0 M 19 D /M	OP/IP No/UHID	: OP//MAXHOME/
MaxID/Lab ID	: SKDD.353341/1322072400088	Collection Date/Time	: 01/Jul/2024 08:44AM
Ref Doctor	: Dr.Namrita Singh	Reporting Date/Time	: 01/Jul/2024 12:47PM

Hematology

Monsoon Fever Profile-Advanced



CBC (Complete Blood Count), Whole Blood EDTA

Date	01/Jul/2024 08:44AM	Unit	Bio Ref Interval
Haemoglobin	11.6	g/dl	13.0 - 17.0
Packed Cell, Volume Calculated	36.4	%	40-50
Total Leucocyte Count (TLC) Electrical Impedance	10.1	10 ⁹ -9/L	4.0-10.0
RBC Count Electrical Impedance	5.84	10 ¹² -12/L	4.5-5.5
MCV Electrical Impedance	62.3	fL	83-101
MCH Calculated	19.8	pg	27-32
MCHC Calculated	31.9	g/dl	31.5-34.5
Platelet Count Electrical Impedance	177	10 ⁹ -9/L	150-410
MPV Calculated	10.7	fl	7.8-11.2
RDW Calculated	15.1	%	11.5-14.5

Differential Cell Count

VCS / Light Microscopy

Neutrophils	83.1	%	40-80
Lymphocytes	8.3	%	20-40
Monocytes	7.2	%	2-10
Eosinophils	0.9	%	1-6
Basophils	0.5	%	0-2

Absolute Leukocyte Count

Calculated from TLC & DLC

Absolute Neutrophil Count	8.39	10 ⁹ -9/L	2.0-7.0
Absolute Lymphocyte Count	0.8	10 ⁹ -9/L	1.0-3.0
Absolute Monocyte Count	0.73	10 ⁹ -9/L	0.2-1.0
Absolute Eosinophil Count	0.09	10 ⁹ -9/L	0.02-0.5
Absolute Basophil Count	0.050	10 ⁹ -9/L	0.02-0.1

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

Booking Centre :1590 - MAX@Home, 21, 0000000000

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Phone : +91-124-6623 000 | (CIN No.: U85100DL2021PLC381826)

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MC-2714



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Ref Doctor	: Dr.Namrita Singh	Reporting Date/Time	: 01/Jul/2024 12:47PM

Hematology



Monsoon Fever Profile-Advanced

Test Name	Result	Unit	Bio Ref Interval
Malaria Antigen – P Vivax & P Falciparum, EDTA			
Malaria Antigen Immuno chromatography - 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.

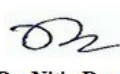
Advice: “Peripheral smear for Malarial Parasite”

Kindly correlate with clinical findings

*** End Of Report ***


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


Dr. Dilip Kumar M.D.
 Associate Director &
 Manager Quality


Dr. Nitin Dayal, M.D.
 Principal Consultant & Head,
 Haematopathology

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Clinical Biochemistry

Monsoon Fever Profile-Advanced



Liver Function Test (LFT), Serum


Date	01/Jul/2024	29/May/23	Unit	Bio Ref Interval
	08:44AM	10:24AM		
Total Protein Biuret, reagent blank, end point	6.40	6.50	g/dL	6.6 - 8.3
Albumin Bromocresol Green (BCG)	3.7	4.1	g/dL	3.5 - 5.2
Globulin Calculated	2.7	2.4	g/dl	2.3 - 3.5
A.G. ratio Calculated	1.4	1.7		1.2 - 1.5
Bilirubin (Total) DPD	0.90	1.2	mg/dL	0.3 - 1.2
Bilirubin (Direct) Diazotization	0.21	0.23	mg/dL	0 - 0.2
Bilirubin (Indirect) Calculated	0.69	0.97	mg/dL	0.1 - 1.0
SGOT- Aspartate Transaminase (AST) UV without P5P	22	23	U/L	0 - 50
SGPT- Alanine Transaminase (ALT) UV without P5P	23	17	U/L	0 - 50
AST/ALT Ratio Calculated	0.96	1.35	Ratio	
Alkaline Phosphatase PNPP, AMP Buffer	48	63	U/L	30 - 120
GGTP (Gamma GT), Serum G-glutamyl Carboxy nitroanilide	20.0	16.0	U/L	< 55

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 ***


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 Max Lab & Blood Bank Services


Dr. Dilip Kumar M.D.
 Associate Director &
 Manager Quality


Dr. Rajeev Kumar, MD
 Associate Consultant
 Biochemistry

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Ref Doctor	: Dr.Namrita Singh	Reporting Date/Time	: 01/Jul/2024 03:22PM

SEROLOGY SPECIAL.



Monsoon Fever Profile-Advanced

Test Name	Result	Unit	Bio Ref Interval
Dengue NS 1 Antigen Test			
Dengue NS 1 Antigen CLIA	0.15	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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Molecular Diagnostics
Monsoon Fever Profile-Advanced



H1N1/ Swine Flu, Real Time PCR-Routine
Multiplex Real Time PCR

Sample Type : Throat & Nasal swab

Test	Result
Influenza A/B	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 bronchoalveolar 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 ***


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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Ref Doctor	: Dr.Namrita Singh	Reporting Date/Time	: 02/Jul/2024 09:53AM

Serology



Monsoon Fever Profile-Advanced

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

Immunochromatography

Typhidot(IgG)	Negative		
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Immunochromatography

Typhidot(IgM)	Negative		
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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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Serology



Monsoon Fever Profile-Advanced

Test Name	Result	Unit	Bio Ref Interval
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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 ***



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Ref Doctor	: Dr.Namrita Singh	Reporting Date/Time	: 01/Jul/2024 03:56PM

SEROLOGY SPECIAL.



Monsoon Fever Profile-Advanced

Test Name	Result	Unit	Bio Ref Interval
Elisa Dengue IgG Antibody, Serum			
Dengue IgG	0.26	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-Advanced

Test Name	Result	Unit	Bio Ref Interval
Elisa Dengue IgM Antibody, Serum			
Dengue IgM	8.17	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 flavivirus 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

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Ref Doctor	: Namrita Singh	Reporting Date/Time	: 06/Jul/2024 12:21PM

Microbiology

Monsoon Fever Profile-Advanced



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 06/07/2024

Final Report

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

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Ref Doctor	: Namrita Singh	Reporting Date/Time	: 02/Jul/2024 09:05AM

Microbiology

Monsoon Fever Profile-Advanced



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.

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MC-2714

Conditions of Reporting: 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as identified in the bill/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and mala fide act or omission of Max Healthcare or its employees. Liability of Max Healthcare for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.



Laboratory Investigation Report

Patient Name	: Mr.Varun Madhok	Centre	: 1590 - MAX@Home
Age/Gender	: 43 Y 0 M 19 D /M	OP/IP No/Max ID/Mobile	: OP//MAXHOME/
MaxID/Lab ID	: SKDD.353341//1322072400088	Collection Date/Time	: 01/Jul/2024 08:44AM
Ref Doctor	: Namrita Singh	Reporting Date/Time	: 02/Jul/2024 09:05AM

Microbiology

Monsoon Fever Profile-Advanced



SIN No:B2C195596

Throat Swab - Culture & Sensitivity

Method : Culture/ID & Sensitivity by Vitek 2

Result Neither Beta hemolytic Streptococcus nor Staphylococcus aureus isolated.

Kindly correlate with clinical findings

*** End Of Report ***

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

Dr. Sonu Kumari Aggrawal, MD
Consultant Microbiology

Dr Nidhi Malik, MD
Consultant Microbiology

BookingCentreAddress :1590 - MAX@Home, 21, 0000000000

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

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

Sample Collection by Max@Home | Helpline No. 8744 888 888 | www.maxathome.in | maxathomefeedback@maxhealthcare.com

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

Max Lab, Max Hospital Gurgaon : Opposite HUDA City Centre Metro Station, B-Block, Sushant Lok-1, Gurgaon-122001,

Phone : +91-124-6623 000 | (CIN No.: U85100DL2021PLC381826)

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