AMPATH
Central Reference Laboratory,
Door No. 1-100/1/CCH Nallagandla
Serilingampally
Hyderabad – 500019
040 6719 9977,www.ampath.com

MC-2751

AMPATH
ACCURATE DIAGNOSTICS, AMERICAN STANDARDS.
In collaboration with
UPMC LIFE CHANGING MEDICINE

LABORATORY REPORT

NAME	: [redacted]	REFERRED BY	[redacted]	VISIT NO	: [redacted]
AGE	[redacted]		[redacted]	COLLECTED ON	[redacted]
GENDER	: [redacted]	**LAB MR#**	: [redacted]	RECEIVED ON	: [redacted]
OP / IP / DG #	:			APPROVED ON	: [redacted]
				REPORT STATUS	: Partial Report

Test Name	Result	Biological Ref. Interval	Unit
Dengue Package 2 Mum			
HAEMATOLOGY			
Malaria - Smear Examination (Microscopy-Thick & Thin Smears) *(WB-EDTA)*			
Malaria - Thick & Thin Smear *Staining and Microscopy*	Negative	Negative	
Interpretation: Suggest Immunochromatography for confirmation as the sensitivity is higher for low parasite index.			
Complete Blood Counts *(Whole Blood - EDTA)*			
(Automated Hematology Analyzer & Microscopy)			
Hemoglobin *photometric method*	**10.0 L**	11.0 - 14.0	g/dL
RBC Count *coulter principle*	4.1	4.0 - 5.2	10^6/µL
Hematocrit	**31.3 L**	34 - 40	%
MCV(Mean Corpuscular Volume) *Derived from RBC Histogram*	76.5	75 - 87	fL
MCH(Mean Corpuscular Hemoglobin) *Calculated*	24.4	24 - 30	pg
MCHC(Mean Corpuscular Hemoglobin Concentration) *Calculated*	31.9	31 - 37	g/dL
RDW *Derived from RBC Histogram*	**14.5 H**	11.6 - 14	%
Total Leukocyte Count *coulter principle*	**37.6 H**	5.0 - 15.0	10^3/µl
Differential count % (VCSn Technology & light microscopy)			
Neutrophils	**80.0 H**	30-60	%
Lymphocytes	**12.0 L**	29-65	%
Monocytes	8.0	2-10	%
Eosinophils	**0.0 L**	1-4	%
Basophils	0.0	0-1	%
Differential Counts, Absolute(calculated)			
Absolute Neutrophil Count *VCSn/Calculated*	**30.08 H**	1.5-8.0	10^3/µl
Absolute Lymphocyte Count *VCSn/Calculated*	4.51	3.0-9.0	10^3/µl
Absolute Monocyte Count	**3.01 H**	0.2 - 1.0	10^3/µl

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Dengue Package 2 Mum			
Absolute Basophil Count	0.10	0.02 - 0.1	$10^3/\mu l$
Platelet Count *coulter principle*	311	200 - 490	$10^3/\mu l$
MPV	8.5	7.5 - 11.5	fL

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Dengue Package 2 Mum			
SEROLOGY AND IMMUNOLOGY			
WIDAL Slide Agglutination tests *(Serum)*			
Salmonella Typhi, O Antigen	1:40	<1:80	Titer
Salmonella Typhi, H Antigen	1:40	<1:160	Titer
Salmonella Paratyphi AH Antigen	1:20	<1:80	Titer
Salmonella Para Typhi BH Antigen	1:20	<1:80	Titer

Interpretation:

This is a test for measurement of somatic O and flagellar H antibodies against typhoid and paratyphoid bacilli. Agglutinins against Typhi & Paratyphi usually appear by the end of first week, i.e. a test carried out earlier may give a negative result, the recommended test in the first week is a blood culture. Thereafter, the titer of agglutinins increases steadily till the third or fourth week after which it declines gradually. A titer of 1:80 or more for O antigen & 1:160 or more for H antigen is considered significant. Demonstration of rising titer by testing two or more serum samples at different intervals is more significant than a single test. Cases with prior disease, inapparent infection or immunization may develop anamnestic response. This may be differentiated by repeat testing after 7-10 days. The anamnestic response shows only a transient rise in agglutinin titer while in enteric fever the rise is sustained. Early treatment of cases of enteric fever with antibiotics may inhibit the antibody formation.

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HAEMATOLOGY			
Erythrocyte Sedimentation Rate (ESR) *(WB/Plasma-Citrate(3.2%/3.8%))*			
Erythrocyte Sedimentation Rate *Modified Westergren`s Method*	**73 H**	0 - 10	mm/h

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SEROLOGY AND IMMUNOLOGY			
TYPHI DOT (Salmonella typhi IgM) *(Serum)*			
Salmonella typhi IgM *Immunochromatography*	Negative	Negative	

Interpretation:

This is a screening test, to be confirmed with Widal test.

The positive test for IgM antibodies is suggetive of acute or middle phase of typhoid fever, all test results must always be correlated with clinical findings. The conventional Widal test detects antibodies to S .typhi in patient serum from the second week of onset of symptoms whereas early rising antibodies predominantly IgM in nature detected by Typhi dot serve as a marker for recent infection.

Dengue Detection Panel (IgG, IgM & NS1) - Rapid Qualitative *(Serum)*			
Dengue NS 1 Antigen *Immunochromatography*	Negative	Negative	
Dengue Antibody Detection (IgG) *Immunochromatography*	Negative	Negative	
Dengue Antibody Detection (IgM) *Immunochromatography*	Negative	Negative	

Interpretation:

This is a screening test, to be confirmed with Elisa.

This test detects the presence of Dengue NS1, IgG & IgM antibodies to dengue virus in the specimen and should not be used as the sole criteria for the diagnosis of Dengue virus infection. In early infections and some secondary infections, detectable levels of IgM antibodies may be low. Some patients may not produce detectable levels of antibody within the first seven to ten days after infection. Where symptoms persist, patients should be re-tested 3-5 days after the first testing date. This is only a screening test. IgM antibodies are not detectable until 5-10 days in case o primary dengue infection and until 4-5 days in secondary infection after the onset of illness. IgG appear 14 days and persist for life in case of primary infection and rise within 1-2 days after the onset of symptoms in secondary infection.

Result/s to Follow : URINE EXAMINATION - ROUTINE & MICROSCOPY (CUE)

[redacted]
Consultant Microbiologist

[redacted]
Consultant Pathologist
MBBS, MD (Pathology)

[redacted]

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Dengue Package 2 Mum

Disclaimer:
1. All results released pertain to the specimen as received by the lab for testing and under the assumption that the patient indicated or identified on the bill/test requisition form is the owner of the specimen.
2. Clinical details and consent forms, especially in Genetic testing, histopathology, as well as wherever applicable, are mandatory to be accompanied with the test requisition form. The non-availability of such information may lead to delay in reporting as well as misinterpretation of test results. The lab will not be responsible for any such delays or misinterpretations thereof.
3. Test results are dependent on the quality of the sample received by the lab. In case the samples are preprocessed elsewhere (e.g., paraffin blocks), results may be compromised.
4. Tests are performed as per the schedule given in the test listing and in any unforeseen circumstances, report delivery may be affected.
5. Test results may show inter-laboratory as well as intra-laboratory variations as per the acceptable norms.
6. Genetic reports as well as reports of other tests should be correlated with clinical details and other available test reports by a qualified medical practitioner. Genetic counselling is advised in genetic test reports by a qualified genetic counsellor, medical practitioner or both.
7. Samples will be discarded post processing after a specified period as per the laboratory's retention policy. Kindly get in touch with the lab for more information.
8. If accidental damage, loss, or destruction of the specimen is not attributable to any direct or negligent act or omission on the part of Ampath Labs or its employees, Ampath shall in no event be liable. Ampath lab's liability for a lack of services, or other mistakes and omissions, shall be restricted to the amount of the patient's payment for the pertinent laboratory services.

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