

Sagepath Labs Pvt. Ltd.

Registered Office:- # Plot No. 564, 1st floor, Buddhanagar, Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana.

ICMR Reg .No. SAPALAPVLHT (Covid -19)

Ph:- 040-40125441, Email:- info@sagepathlabs.com

REPORT Website:- www.sagepathlabs.com

Name : Mr. RAMESH Sample ID : 24863859
Age/Gender : 19 Years/Male Reg. No : 0312310070047
Referred by : Dr. VIJAY KUMAR SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 07-Oct-2023 07:29 PM
Primary Sample : Whole Blood Received On : 07-Oct-2023 10:16 PM

Sample Tested In : Whole Blood EDTA Reported On : 08-Oct-2023 12:52 AM

Client Address : Kimtee colony , Gokul Nagar, Tarnaka Report Status : Final Report

HAEMATOLOGY					
Test Name	Results	Units	Ref. Range	Method	
Complete Blood Picture(CBP)					
Haemoglobin (Hb)	10.9	g/dL	13-17	Cynmeth Method	
Haematocrit (HCT)	33.5	%	40-50	Calculated	
RBC Count	5.40	10^12/L	4.5-5.5	Cell Impedence	
MCV	62	fl	81-101	Calculated	
MCH	20.1	pg	27-32	Calculated	
MCHC	32.5	g/dL	32.5-34.5	Calculated	
RDW-CV	17.8	%	11.6-14.0	Calculated	
Platelet Count (PLT)	240	10^9/L	150-410	Cell Impedance	
Total WBC Count	4.4	10^9/L	4.0-10.0	Impedance	
Differential Leucocyte Count (DC)					
Neutrophils	48	%	40-70	Cell Impedence	
Lymphocytes	40	%	20-40	Cell Impedence	
Monocytes	08	%	2-10	Microscopy	
Eosinophils	04	%	1-6	Microscopy	
Basophils	0	%	1-2	Microscopy	
Absolute Neutrophils Count	2.11	10^9/L	2.0-7.0	Impedence	
Absolute Lymphocyte Count	1.76	10^9/L	1.0-3.0	Impedence	
Absolute Monocyte Count	0.35	10^9/L	0.2-1.0	Calculated	
Absolute Eosinophils Count	0.18	10^9/L	0.02-0.5	Calculated	
Absolute Basophil ICount	0.00	10^9/L	0.0-0.3	Calculated	
Morphology	Anisocytos	is with Normoc	yytic hypochromic	PAPs Staining	

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited









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Registered Office:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana.

: 24863862

ICMR Reg .No. SAPALAPVLHT (Covid -19)

Ph:- 040-40125441, Email:- info@sagepathlabs.com

REPORT Website:- www.sagepathlabs.com

Sample ID

Name : Mr. RAMESH

Age/Gender : 19 Years/Male Reg. No : 0312310070047

Referred by : Dr. VIJAY KUMAR SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 07-Oct-2023 07:29 PM Primary Sample : Whole Blood Received On : 07-Oct-2023 10:16 PM

Sample Tested In : Serum Reported On : 07-Oct-2023 11:37 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

IMMUNOLOGY & SEROLOGY

Test Name	Results	Units	Ref. Range	Method
Widal Test (Slide Test)				
Salmonella typhi O Antigen	<1:20		1:80 & Above Signif	icant
Salmonella typhi H Antigen	<1:20		1:80 & Above Signif	icant
Salmonella paratyphi AH Antigen	<1:20		1:80 & Above Signif	icant
Salmonella paratyphi BH Antigen	<1:20		1:80 & Above Signif	icant

Interpretation

Antigens Tested	RESULT	REMARKS	
TO, TH,AH,BH	Titre 1:20 and Titre 1:40	Indicates absence of IgM & IgG antibodies against Salmonella species.	
TO, TH,AH,BH	Titre 1:80	Indicates Presence of IgM & IgG antibodies against Salmonella species.	
TO, TH,AH,BH	Titre 1:160	Indicates Presence of IgM & IgG antibodies agains Salmonella species.	
TO, TH,AH,BH	Titre 1:320	Indicates Presence of IgM & IgG antibodies against Salmonella species.	

- This test measures Somatic O and Flagellar H antibodies against Typhoid and Paratyphoid bacilli.
- The agglutinins usually appear at the end of the first week of infection and increase steadily till third / fourth week after which the decline starts. A Positive Widal test may occur because of Typhoid vaccination or previous typhoid infection and in certain autoimmune diseases.
- False positive results/anamnestic response may be seen in patients with past enteric infection during unrelated fevers like Malaria, Influenzae etc in the form of transient rise in H antibody in Widal test.
- False negative results may be due to processing of sample collected early in the course of disease (1st week) and immunosuppression.

Correlate Clinically.

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*** End Of Report ***









DR. RUTURAJ MANIKLAL KOLHAPURE MD, MICROBIOLOGIST