



260157102621299

Name : Baby. KEERAT
Age / Gender : 1 Year(s)/ Female
Contact No. :
Address : Brahampuri
Pin code : 110053

VID No. : 260157102621299
PID No. : P20726578086139
Referred by : SELF
Registered On : 10/09/2026 11:57 AM
Collected On : 10/09/2026 11:54AM
Reported On : 10/09/2026 5:16 PM

CBC Haemogram

Investigation	Observed Value	Unit	Biological Reference Interval
<u>Erythrocytes</u>			
Haemoglobin (Hb)	12.7	gm/dL	10.5-14
Erythrocyte (RBC) Count	5.23	mill/cu.mm	3.8-5.4
PCV (Packed Cell Volume)	41.0	%	32-42
MCV (Mean Corpuscular Volume)	78.4	fL	72-88
MCH (Mean Corpuscular Hb)	24.3	pg	24-30
MCHC (Mean Corpuscular Hb Concn.)	31.0	gm/dL	32-36
RDW (Red Cell Distribution Width)	15.4	%	11.5-16.0
<u>Leucocytes</u>			
Total Leucocytes (WBC) Count	9540	cells/cu.mm	6000-14000
Absolute Neutrophils CountBlood	1526	cells/cu.mm	1200-9100
Absolute Lymphocyte CountBlood	6678	cells/cu.mm	1200-9100
Absolute Monocyte Count	572	cells/cu.mm	200-1000
Absolute Eosinophils CountBlood	763	cells/cu.mm	20-500
Absolute Basophils CountBlood	0	cells/cu.mm	20-100
Neutrophils	16	%	16-52
Lymphocytes	70	%	32-69
Monocytes	6	%	2.0-8.0
Eosinophils	8	%	0-5
Basophils	0	%	0-2
<u>Platelets</u>			
Platelet count	287	10 ³ /μL	150-450
MPV (Mean Platelet Volume)	9.6	fL	6-9.5
PCT (Platelet Haematocrit)	0.27	%	0.2-0.5
PDW (Platelet Distribution Width)	10.6	%	9-17

EDTA Whole Blood - Hemoglobin is done by the Sodium lauryl sulfate hemoglobin method (SLS); RBC and Platelet is done by hydro dynamic focusing, WBC, and differential count is done by the Flowcytometry method, PCV is done by the RBC Pulse Height Detection method. Rest all the parameters like MCV, MCH, MCHC, RDW, MPV, PDW, and absolute WBC counts are calculated.

Dr. GARIMA AGARWAL
M.D (Pathology)
Consultant Pathologist
Reg No.76648

MEDICAL LABORATORY REPORT



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Investigation	Observed Value	Unit	Biological Reference Interval
ESR (Erythrocyte Sedimentation Rate)	14	mm/hr	<= 10

(EDTA Whole Blood)

Method: Modified Westergren

Interpretation:

- It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
- It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
- It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

Malaria Parasite Detection by Smear Examination

(EDTA Whole Blood)

Malaria Parasite examination on thick Absent Absent

Smear

Malaria Parasite examination on thin Absent Absent

Smear

Method : Microscopy .

Interpretation:

- Parasites are usually seen during febrile episode.
- Peripheral smear has sensitivity of 86.79% and hence repeated smear examination can be required to rule out false negativity.
- Peripheral smear examination is a screening test and other methods like QBC (quantitative buffy coat), malaria antigen test and PCR should be used for confirmation especially in low parasitic index.
- Parasitic index reflects severity of infestation (parasites per 100 RBC).
- Parasitemia after adequate therapy is indicative of resistant strains.

Associated Test:

- "Fever Panel by Multiplex PCR" for early diagnosis of Dengue virus, Chikungunya virus, Salmonella spp., West Nile virus, Plasmodium spp., Rickettsia spp. and Leptospira spp.

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Investigation**Observed Value****Unit****Biological Reference Interval****Widal Test for Typhoid**

(Serum Slide Agglutination)

Salmonella Typhi - 'O' Antigen	No Agglutination	No Agglutination
Salmonella Typhi - 'H' Antigen	No Agglutination	No Agglutination
Salmonella Paratyphi - 'A' - 'H' Antigen	No Agglutination	No Agglutination
Salmomella Paratyphi 'B' - H Antigen	No Agglutination	No Agglutination

Interpretation :

O antigen Agglutination titre	H antigen Agglutination titre	Interpretation
No agglutination	Low titres <160	Anamnestic reaction/cross reacting antibodies.
Low titres <80	No agglutination	Anamnestic reaction/cross reacting antibodies.
Low titres <80	Low titres <160	Confirm rise in titres with repeat specimen after 2-3 weeks.
>/= 80	No agglutination	Suggestive of Enteric fever.
No agglutination	>/= 160, any one of either SH, STA or STB antigen.	Suggestive of Enteric fever
>/= 160	>/= 160, any one of either SH, STA or STB antigen.	Strongly indicate Enteric fever.
Agglutination present(any titre)	Agglutination (any titre), more than one of SH, STA or STB antigen types.	Seen generally post immunization.

- For O antigen, titres of 80 or above can be significant.
- For H antigen, titres of 160 or above are considered significant.
- Demonstration of rising titres in paired sera is confirmatory.
- SH=S.typhi, STA=S.paratyphi A, STB=S.paratyphi B.

-- End of Report --

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