Charak dhar
DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.:** 8688360360
E-mail : charak1984@gmail.com

CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Mr.NIHAL	Visit No	: CHA250036820
Age/Gender	: 13 Y/M	Registration ON	: 01/Mar/2025 10:51AM
Lab No	**: 10134116**	Sample Collected ON	: 01/Mar/2025 10:53AM
Referred By	: Dr.AP MISHRA	Sample Received ON	: 01/Mar/2025 11:15AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 01/Mar/2025 01:14PM
Doctor Advice	: CHEST PA,DENGUE PROFILE,MP BY CARD,URINE COM. EXMAMINATION,WIDAL,LFT,CBC (WHOLE BLOOD)		

Test Name	Result	Unit	Bio. Ref. Range	Method
MP BY CARD				
Plasmodium vivax	Negative			
Plasmodium falciparum antigen	Negative		Negative	
WIDAL				
Sample Type : SERUM				
SALMONELLA TYPHI O	1/40			
SALMONELLA TYPHI H	1/40			
NOTE:	Negative			
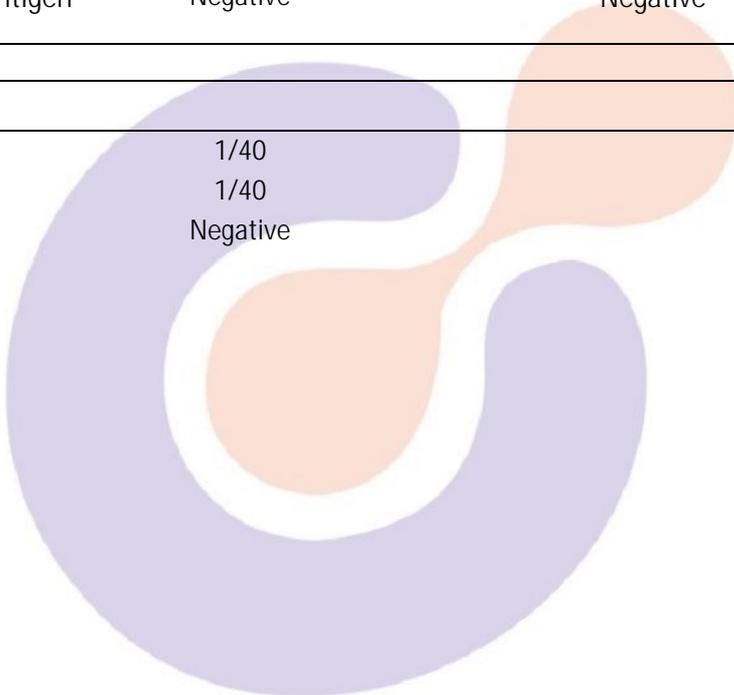
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Print.Date/Time: 01-03-2025   15:06:11
Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA   DR. SHADAB   Dr. SYED SAIF AHMAD
PATHOLOGIST   PATHOLOGIST   MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
DENGUE PROFILE				
Dengue (NS1) Antigen	NON REACTIVE		Non Reactive	(Rapid Card Test)
DENGUE IgG	NON REACTIVE		Non Reactive	(Rapid Card Test)
DENGUE IgM	NON REACTIVE		Non Reactive	(Rapid Card Test)

COMMENTS:

-Primary dengue virus infection is characterized by elevation of specific IgM levels 3 to 5 days after the onset of symptoms and persists for 30 to 60 days. IgG levels become elevated 10 to 14 days and remain detectable for many years.
-During secondary infection, IgM levels generally rise more slowly than in primary infection while IgG levels rise rapidly from 1 to 2 days after the onset of symptoms.
-The test detects all four subtypes, DEN1, DEN2, DEN3 & DEN4 of dengue virus.

LIMITATIONS:

-This is only a screening test and will only indicate the presence or absence of dengue antibodies in the specimen. All reactive samples should be confirmed by confirmatory tests.
-The patient clinical history, symptomatology as well as serological data should be considered.
-False positive results can be obtained due to cross-reaction with EBV, RA, Leptospira, malaria, Hepatitis A, Influenza A & B, Salmonella typhi etc.
-Immuno-depressive treatments presumably after the immune response to infection, inducing negative results in dengue patients.

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Referred By	: Dr.AP MISHRA	Sample Received ON	: 01/Mar/2025 10:53AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 01/Mar/2025 02:29PM
Doctor Advice	: CHEST PA,DENGUE PROFILE,MP BY CARD,URINE COM. EXMAMINATION,WIDAL,LFT,CBC (WHOLE BLOOD)		

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE EXAMINATION REPORT				
Colour-U	DARK YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.020		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	10 mg/dl	mg/dl	ABSENT	Dipstick
Glucose	Absent			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	1-2	/hpf	< 5/hpf	
Epithelial Cells	1-2	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

CHARAK

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Referred By	: Dr.AP MISHRA		Sample Received ON	: 01/Mar/2025 11:08AM
Refer Lab/Hosp	: CHARAK NA		Report Generated ON	: 01/Mar/2025 12:52PM
Doctor Advice	: CHEST PA,DENGUE PROFILE,MP BY CARD,URINE COM. EXMAMINATION,WIDAL,LFT,CBC (WHOLE BLOOD)			

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	11.4	g/dl	11 - 15	Non Cyanide
R.B.C. COUNT	4.00	mil/cmm	4 - 5.1	Electrical Impedence
PCV	34.1	%	31 - 43	Pulse hieght detection
MCV	85.3	fL	76 - 87	calculated
MCH	**28.5**	pg	26 - 28	Calculated
MCHC	33.4	g/dL	33 - 35	Calculated
RDW	13.8	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	**2190**	/cmm	4500 - 13500	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	44	%	40 - 70	Flowcytrometry
LYMPHOCYTES	50	%	30 - 50	Flowcytrometry
EOSINOPHIL	**0**	%	1 - 6	Flowcytrometry
MONOCYTE	6	%	0 - 8	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	165,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	165000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	**964**	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,095	/cmm	1000-3000	Calculated
Absolute Monocytes Count	131	/cmm	200-1000	Calculated
Mentzer Index	21			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. WBCs are reduced. Platelets are adequate. No immature cells or parasite seen.

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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 01/Mar/2025 12:46PM
Doctor Advice	: CHEST PA,DENGUE PROFILE,MP BY CARD,URINE COM. EXMAMINATION,WIDAL,LFT,CBC (WHOLE BLOOD)		

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.44	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.08	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.36	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	291.40	U/L	82 - 331	PNPP, AMP Buffer
SGPT	**84.0**	U/L	5 - 40	UV without P5P
SGOT	**165.0**	U/L	5 - 40	UV without P5P

*** End Of Report ***

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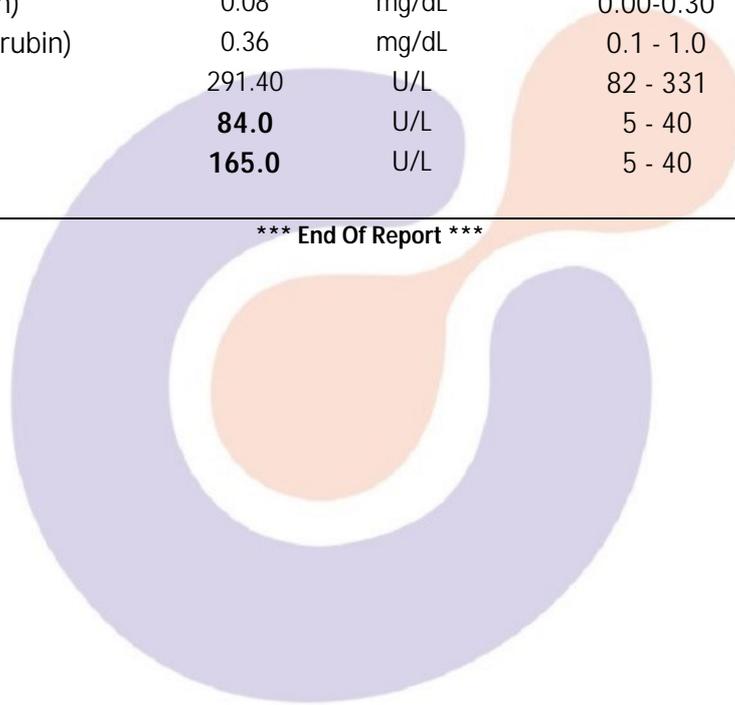
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SKIAGRAM CHEST PA VIEW

- Both lung fields are clear.

- Bilateral hilar shadows are prominent.

- Cardiac shadow is within normal limits.

- Both CP angles are clear.

- Soft tissue and bony cage are seen normally.

- Both domes of diaphragm are sharply defined.

IMPRESSION:

- **NO ACTIVE LUNG PARENCHYMAL LESION IS DISCERNIBLE.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya

*** End Of Report ***