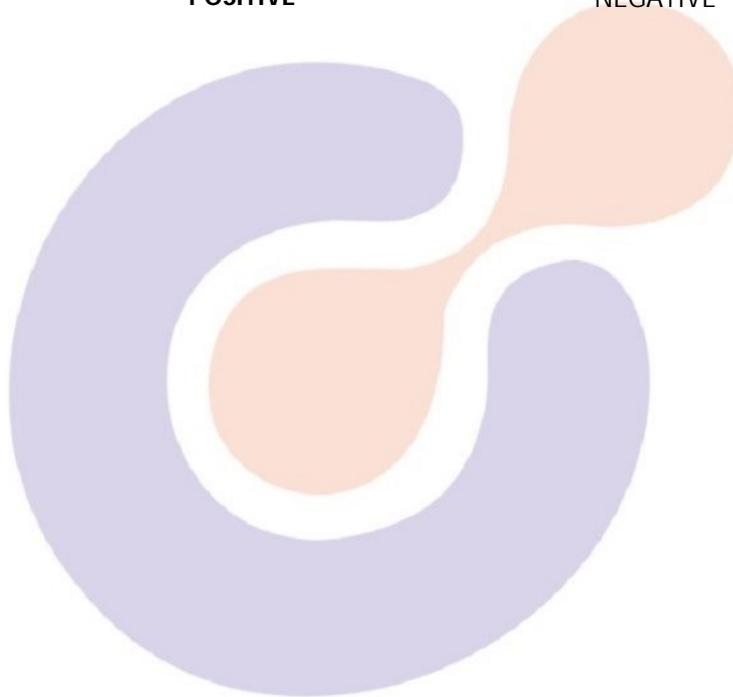


Patient Name : Ms.AJITA SINGH	Visit No : CHA250039303
Age/Gender : 14 Y/F	Registration ON : 04/Mar/2025 07:52PM
Lab No : 10136598	Sample Collected ON : 04/Mar/2025 07:55PM
Referred By : Dr. UMESH SINGH	Sample Received ON : 04/Mar/2025 07:59PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 05/Mar/2025 09:27AM
Doctor Advice : SCRUB TYPHUS ,URINE COM. EXMAMINATION,TYPHOID IGG& IGM,CBC (WHOLE BLOOD),DIGITAL 1	



Test Name	Result	Unit	Bio. Ref. Range	Method
TYPHOID IGG& IGM				
TYPHOID IgG	POSITIVE		NEGATIVE	
TYPHOID IGM	POSITIVE		NEGATIVE	



CHARAK

[Checked By]

Print.Date/Time: 05-03-2025 11:00:39

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

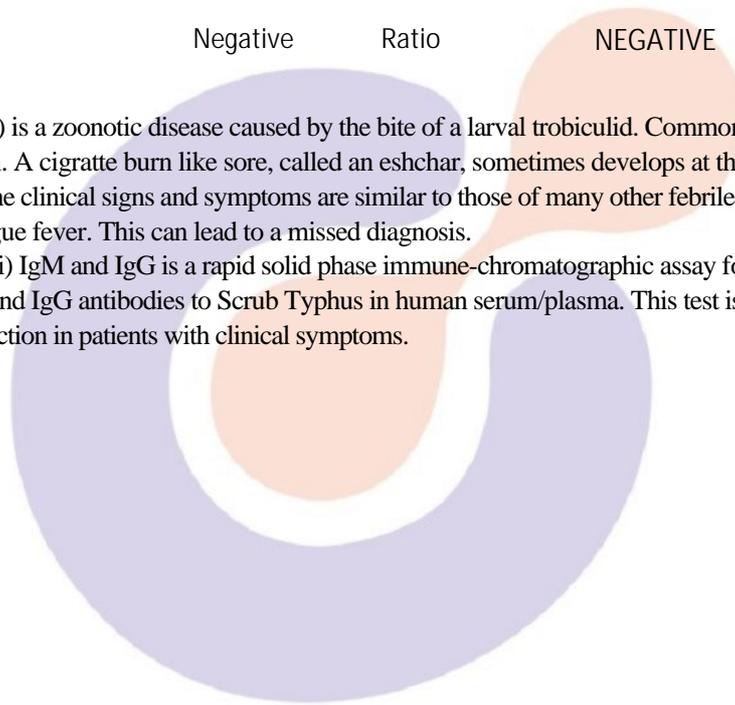
Patient Name : Ms.AJITA SINGH	Visit No : CHA250039303
Age/Gender : 14 Y/F	Registration ON : 04/Mar/2025 07:52PM
Lab No : 10136598	Sample Collected ON : 04/Mar/2025 07:55PM
Referred By : Dr.UMESH SINGH	Sample Received ON : 04/Mar/2025 07:59PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 05/Mar/2025 09:27AM
Doctor Advice : SCRUB TYPHUS ,URINE COM. EXMAMINATION,TYPHOID IGG& IGM,CBC (WHOLE BLOOD),DIGITAL 1	



Test Name	Result	Unit	Bio. Ref. Range	Method
SCRUB TYPHUS				
SCRUB TYPHUS IgG	Negative		NEGATIVE	IMMUNO-CHROMATO
SCRUB TYPHUS IGM	Negative	Ratio	NEGATIVE	IMMUNO-CHROMATO

Scrub Typhus (tsutsugamushi) is a zoonotic disease caused by the bite of a larval trombiculid. Common symptoms are fever, bodyache and sometimes rash. A cigarette burn like sore, called an eschar, sometimes develops at the site of the bite. Swollen lymph glands are common. The clinical signs and symptoms are similar to those of many other febrile illnesses, such as murine typhus, leptospirosis and dengue fever. This can lead to a missed diagnosis.

Scrub Typhus (Tsutsugamushi) IgM and IgG is a rapid solid phase immune-chromatographic assay for the qualitative and differential detection of IgM and IgG antibodies to Scrub Typhus in human serum/plasma. This test is intended as an aid to early diagnosis of Scrub typhus infection in patients with clinical symptoms.



CHARAK

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Sharma

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

Patient Name : Ms.AJITA SINGH	Visit No : CHA250039303
Age/Gender : 14 Y/F	Registration ON : 04/Mar/2025 07:52PM
Lab No : 10136598	Sample Collected ON : 04/Mar/2025 07:55PM
Referred By : Dr. UMESH SINGH	Sample Received ON : 04/Mar/2025 07:55PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 05/Mar/2025 10:24AM
Doctor Advice : SCRUB TYPHUS ,URINE COM. EXMAMINATION,TYPHOID IGG& IGM,CBC (WHOLE BLOOD),DIGITAL 1	



Test Name	Result	Unit	Bio. Ref. Range	Method
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URINE EXAMINATION REPORT

Colour-U	DARK YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.010		1.005 - 1.025	
pH-Urine	Neutral (7.0)		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	Occasional	/hpf	< 5/hpf	
Epithelial Cells	1-2	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

CHARAK

[Checked By]

Print.Date/Time: 05-03-2025 11:00:45

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Sharma

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

Patient Name : Ms.AJITA SINGH	Visit No : CHA250039303
Age/Gender : 14 Y/F	Registration ON : 04/Mar/2025 07:52PM
Lab No : 10136598	Sample Collected ON : 04/Mar/2025 07:55PM
Referred By : Dr.UMESH SINGH	Sample Received ON : 04/Mar/2025 07:59PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 04/Mar/2025 08:42PM
Doctor Advice : SCRUB TYPHUS ,URINE COM. EXMAMINATION,TYPHOID IGG& IGM,CBC (WHOLE BLOOD),DIGITAL 1	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	11.8	g/dl	11 - 15	Non Cyanide
R.B.C. COUNT	3.90	mil/cmm	4 - 5.1	Electrical Impedence
PCV	34.4	%	31 - 43	Pulse hieght detection
MCV	87.3	fL	76 - 87	calculated
MCH	29.9	pg	26 - 28	Calculated
MCHC	34.3	g/dL	33 - 35	Calculated
RDW	11.7	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	3720	/cmm	4500 - 13500	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	61	%	40 - 70	Flowcytometry
LYMPHOCYTES	37	%	30 - 50	Flowcytometry
EOSINOPHIL	0	%	1 - 6	Flowcytometry
MONOCYTE	2	%	0 - 8	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	167,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	167000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	2,269	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,376	/cmm	1000-3000	Calculated
Absolute Monocytes Count	74	/cmm	200-1000	Calculated
Mentzer Index	22			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. WBCs show mild leucopenia. Platelets are adequate. No parasite seen.

*** End Of Report ***



[Checked By]



Shadab Khan

Patient Name	: Ms.AJITA SINGH	Visit No	: CHA250039303
Age/Gender	: 14 Y/F	Registration ON	: 04/Mar/2025 07:52PM
Lab No	: 10136598	Sample Collected ON	: 04/Mar/2025 07:52PM
Referred By	: Dr.UMESH SINGH	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 05/Mar/2025 09:03AM

SKIAGRAM CHEST PA VIEW

- Broncho-vascular markings are prominent.
- Bilateral hilar shadows are normal.
- 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. R. K. SINGH, MD]

transcribed by: anup

*** End Of Report ***

