

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 NABLReg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Baby.AQSHA

Age/Gender : 5 Y/F

Lab No : 10140976 Referred By : Dr.AMBER ISHTIAQ

Refer Lab/Hosp : CHARAK NA

. DENGUE PROFILE, WIDAL, CBC (WHOLE BLOOD) Doctor Advice

Visit No : CHA250043681

Registration ON : 11/Mar/2025 10:58AM

Sample Collected ON : 11/Mar/2025 10:59AM

: 11/Mar/2025 11:10AM Sample Received ON

Report Generated ON : 11/Mar/2025 01:32PM



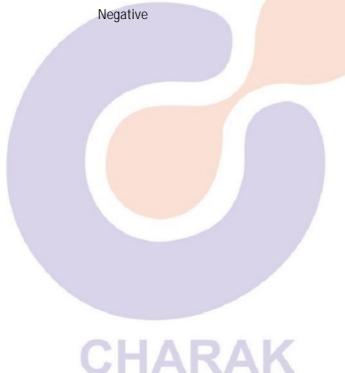
Test Name	Result	Unit	Bio. Ref. Range	Method
WIDAL				
Sample Type : SERUM				
SALMONELLA TYPHI O	1/40			

1/40

SALMONELLA TYPHI H

NOTE:

P.R.





[Checked By]

DR. NISHANT SHARMA DR. SHADAB **PATHOLOGIST PATHOLOGIST**



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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:

PR.

- -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.

CHARAK



DR N

DR. NISHANT SHARMA DR. SHADAB
PATHOLOGIST PATHOLOGIST

Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)

Page 2 of 3



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Doctor Advice : DENGUE PROFILE, WIDAL, CBC (WHOLE BLOOD)

Visit No : CHA250043681

Registration ON : 11/Mar/2025 10:58AM : 11/Mar/2025 10:59AM

Sample Collected ON : 11/Mar/2025 11:08AM Sample Received ON

Report Generated ON : 11/Mar/2025 12:57PM

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	10.9	g/dl	11 - 15	Non Cyanide
R.B.C. COUNT	4.60	mil/cmm	3.8 - 5.2	Electrical
				Impedence
PCV	33.9	%	31 - 43	Pulse hieght
				detection
MCV	74.2	fL	78 - 81	calculated
MCH	23.9	pg	26 - 28	Calculated
MCHC	32.2	g/dL	33 - 35	Calculated
RDW	15.6	%	11 - 15	RBC histogram
				derivation
RETIC	1.5 %	%	0.3 - 1	Microscopy
TOTAL LEUCOCYTES COUNT	8520	/cmm	5000 - 15000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	65	%	25 - 55	Flowcytrometry
LYMPHOCYTES	31	%	35 - 65	Flowcytrometry
EOSINOPHIL	0	%	1 - 6	Flowcytrometry
MONOCYTE	4	%	0 - 8	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	334,000	/cmm	150000 - 500000	Elect Imped
PLATELET COUNT (MANUAL)	334000	/cmm	150000 - 500000	Microscopy.
Absolute Neutrophils Count	5,538	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,641	/cmm	1000-3000	Calculated
Absolute Monocytes Count	341	/cmm	200-1000	Calculated
Mentzer Index	16			
Peripheral Blood Picture	:			

Red blood cells are microcytic hypochromic with anisocytosis+. Platelets are adequate. No immature cells or parasite seen.

*** End Of Report ***







14:12:41