

**Laboratory Investigation Report**

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

**Hematology**
**Monsoon Fever Profile-Basic**

**CBC (Complete Blood Count), Whole Blood EDTA**

Date	02/Mar/2024 12:45PM	Unit	Bio Ref Interval
Haemoglobin	15.3	g/dl	13.0 - 17.0
<small>SLS-Haemoglobin Method</small>			
Packed Cell, Volume	45.4	%	40-50
<small>Pulse Height Detection Method</small>			
Total Leucocyte Count (TLC)	5.6	10~9/L	4.0-10.0
<small>Flowcytometry method using semiconductor laser</small>			
RBC Count	4.53	10~12/L	4.5-5.5
<small>Hydrodynamic focusing (DC detection)</small>			
MCV	100.2	fL	83-101
<small>Calculated</small>			
MCH	33.8	pg	27-32
<small>Calculated</small>			
MCHC	33.7	g/dl	31.5-34.5
<small>Calculated</small>			
Platelet Count	281	10~9/L	150-410
<small>Hydrodynamic focusing (DC detection)</small>			
MPV	10.5	fL	7.8-11.2
<small>Calculated</small>			
RDW	12.8	%	11.5-14.5
<small>Calculated</small>			

**Differential Cell Count**

Flowcytometry Method Using Semiconductor Laser

Neutrophils	59	%	40-80
Lymphocytes	30	%	20-40
Monocytes	07	%	2-10
Eosinophils	03	%	1-6
Myelocyte Cell	01	%	

**Absolute Leukocyte Count**

Calculated from TLC & DLC

Absolute Neutrophil Count	3.3	10~9/L	2.0-7.0
Absolute Lymphocyte Count	1.7	10~9/L	1.0-3.0
Absolute Monocyte Count	0.39	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.17	10~9/L	0.02-0.5

Test Performed at : 794 - Max Hospital - Vaishali, W-3, Sector-1, Vaishali, Ghaziabad-201012, U.P

Booking Centre : 4759 - Curis Healthtech Pvt. Ltd, Unit No 442, JMD Megapolis Sector 48, 9929999766

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Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050

(CIN No.: U85100DL2021PLC381826)

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MC-2004

**Laboratory Investigation Report**

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

**Hematology**


SIN No: B2B4088474

**Monsoon Fever Profile-Basic**

Test Name	Result	Unit	Bio Ref Interval
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**Malaria Antigen – P Vivax & P Falciparum, EDTA**

Malaria Antigen	Negative		Negative
Immunochromatography - pLDH & HRP2			

**Interpretation** Rapid card test for malaria is a combo kit designed to test Plasmodium falciparum and Plasmodium vivax species of malaria. This is a combo kit coated with specific monoclonal antibodies against pLDH of the P. Vivax and HRP2 of the P. Falciparum. This kit can also detect the combined infection by these two species.

The result of this test needs to be corroborated with clinical features and other laboratory findings. Positive result with faint test line or false negative may be seen in low parasite density. Negative result can also be seen in prozone effect – i.e. very high antigen concentration compared to antibody concentration.

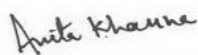
False positive result may be seen in acute Schistosomiasis.

Test may remain positive even after successful anti-malarial therapy and therefore should not be used for monitoring response to anti-malarial treatment.

**Advice:** “Peripheral smear for Malarial Parasite”

Kindly correlate with clinical findings

\*\*\* End Of Report \*\*\*



**Dr. Anita Khanna MD (Path.)**  
Associate Director & Head (Lab Medicine)

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**Clinical Biochemistry**  
**Monsoon Fever Profile-Basic**

**Liver Function Test (LFT), Serum**

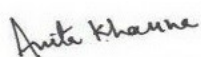
Date	02/Mar/2024 12:45PM	Unit	Bio Ref Interval
Total Protein	7.20	g/dL	6.6-8.7
Biuret			
Albumin	3.9	g/dl	3.5-5.2
BCG			
Globulin	3.3	g/dl	1.8-3.6
Calculated			
A.G. ratio	1.2		1.2 - 1.5
Calculated			
Bilirubin (Total)	0.6	mg/dl	0.2-1.2
Diazo			
Bilirubin (Direct)	0.3	mg/dl	0-0.3
Diazo			
Bilirubin (Indirect)	0.3	mg/dl	0.1 - 1.0
Calculated			
SGOT- Aspartate Transaminase (AST)	26.7	U/L	0-40
IFCC without pyridoxal phosphate			
SGPT- Alanine Transaminase (ALT)	39.3	U/L	0-40
IFCC without pyridoxal phosphate			
AST/ALT Ratio	0.68	Ratio	
Calculated			
Alkaline Phosphatase	59.8	U/L	40 - 129
GGTP (Gamma GT), Serum	40.4	U/L	8-61
ENZYMATIC COLORIMETRIC ASSAY			

**Interpretation AST/ALT Ratio :-**

In Case of deranged AST and/or ALT, the AST/ALT ratio is > 2.0 in alcoholic liver damage and < 2.0 in non – alcoholic liver damage

Kindly correlate with clinical findings

\*\*\* End Of Report \*\*\*



**Dr. Anita Khanna MD (Path.)**  
Associate Director & Head (Lab Medicine)



**Dr. Mohini Bhargava, MD**  
Associate Director (Biochemistry)

Test Performed at : 794 - Max Hospital - Vaishali, W-3, Sector-1, Vaishali, Ghaziabad-201012, U.P

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MC-2004

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**SEROLOGY SPECIAL.**
**Monsoon Fever Profile-Basic**


SIN No: B2B4088474

Test Name	Result	Unit	Bio Ref Interval
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**Dengue NS 1 Antigen Test**

Dengue NS 1 Antigen CLIA	0.67	Index	
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**Ref. Range**

Negative  $\leq 0.9$   
 Equivocal 0.9 - 1.1  
 Positive  $> 1.1$

**Comment :**

- The detection of NS1 antigen has been described as an alternative method for early diagnosis of dengue virus infection.
- NS1 antigen was found circulating from the first day and up to 9 days after the onset of fever, with comparable levels observed in primary and secondary infections.
- A negative results does not preclude the possibility of early dengue virus infection.

**Note:** Recommended test is NS1 Antigen by ELISA in the first 5 days of fever. After 7-10 days of fever, the recommended test is Dengue fever antibodies IgG & IgM by ELISA

Kindly correlate with clinical findings

\*\*\* End Of Report \*\*\*



**Dr. Poonam S. Das, M.D.**  
Principal Director-  
Max Lab & Blood Bank Services



**Dr. Bansidhar Tarai, M.D**  
Associate Director  
Microbiology & Molecular Diagnostics



**Dr. Sonu Kumari Aggrawal, MD**  
Consultant Microbiology



**Dr Nidhi Malik, MD**  
Consultant Microbiology

Test Performed at : 910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017  
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MC-2714

### Laboratory Investigation Report

Patient Name	Centre
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Ref Doctor	Reporting Date/Time

#### Molecular Diagnostics

#### Monsoon Fever Profile-Basic



SIN No: B2B4088474

#### H1N1/ Swine Flu, Real Time PCR-Routine

Multiplex Real Time PCR

Sample Type : Throat & Nasal swab

Test	Result
Influenza A	Negative
H1N1 (Swine Flu)	Negative

#### Note:

In Case of Positive H1N1, Kindly consult referring Physician/Autorized Govt. Hospital for appropriate treatment and follow up.

#### Comments:

- The Kit constitutes ready-to-use systems for the detection of influenza A and B viral RNA and novel influenza A (H1N1) viral RNA (2009 H1N1 virus) using reverse transcription-polymerase chain reaction (RT-PCR).
- Acceptable specimens are respiratory samples such as bronchoalveolar lavage, tracheal aspirate, sputum, nasopharyngeal or oropharyngeal aspirate or washes and nasopharyngeal or oropharyngeal swab.
- It is possible that some samples may fail to give positive reactions due to low cell numbers in original clinical sample.
- The test result should be used in conjunction with clinical presentation and other laboratory markers.

Kindly correlate with clinical findings

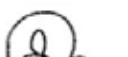
\*\*\* End Of Report \*\*\*



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Principal Director  
Max Lab & Blood Bank Services



**Dr. Bansidhar Tarai, M.D**  
Associate Director  
Microbiology & Molecular Diagnostics



**Dr. Sonu Kumari Aggrawal, MD**  
Consultant Microbiology

Test Performed at : 910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

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MC-2714

**Laboratory Investigation Report**

Patient Name	Centre
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Ref Doctor	Reporting Date/Time

**Serology**

**Monsoon Fever Profile-Basic**

Test Name	Result	Unit	Bio Ref Interval
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**Typhi Dot Test (IgM & IgG), Serum**

Immunochromatography

Typhidot(IgG)

Immunochromatography

Negative

Typhidot(IgM)

Immunochromatography

Negative

**Interpretation**

- This is rapid card test, based on lateral flow chromatographic immunoassay.
- This is a screening test and definite clinical diagnosis should not be based on this single test result.
- The result is to be confirmed by other supplemental tests like blood culture and widal test.
- Positive result ( IgM response) can vary according to time elapsed from the onset of fever and immunocompetence status.
- A negative result does not rule out recent or current infection. If S.typhi infection is still suspected, a repeat sample is advised after 5-7 days.
- False positive result can be seen in patients having high titer of rheumatoid factor.

**Advise:**

- First week of fever: Blood culture
- Second week of fever: Widal Tube test

Test Performed at :794 - Max Hospital - Vaishali, W-3, Sector-1, Vaishali, Ghaziabad-201012, U.P

Booking Centre :4759 - Curis Healthtech Pvt. Ltd, Unit No 442, JMD Megapolis Sector 48, 9929999766

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MC-2004

**Laboratory Investigation Report**

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MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

**Serology**

**Monsoon Fever Profile-Basic**

Test Name	Result	Unit	Bio Ref Interval
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**Widal Test (Tube Method), Serum**
**Tube Agglutination**

Salmonella Typhi, (O)	<1:80	Titre	<1:80
Salmonella Typhi, (H)	<1:80	Titre	<1:160
Salmonella Paratyphi (A,H)	<1:80	Titre	< 1:160
Salmonella Paratyphi (B, H)	<1:80	Titre	<1:160

**Interpretation**

1. This test measures somatic O and flagellar H antibodies against Typhoid and Paratyphoid bacilli.
2. The antibodies usually appear at the end of the first week of infection and increase steadily till third / fourth week after which the decline starts.
3. A positive Widal test may occur because of typhoid vaccination or previous typhoid infection and in certain autoimmune diseases.
4. Non specific febrile disease may cause this titre to increase (anamnesic reaction).
5. The test may be falsely negative in cases of Enteric fever treated with antibiotics in the early stages.
6. The recommended test in the first week of infection is Blood Culture.
7. Titres 1:80 and above of "O" antigen & 1:160 and above of "H" antigen are significant. Rising titres are significant
8. A definitive clinical diagnosis should not be made by result of a single test only, but should be made by taking clinical history and other laboratory findings in to account.

Kindly correlate with clinical findings

\*\*\* End Of Report \*\*\*

*Saloni*  
**Dr. Saloni Sehgal (MBBS, MD)**  
 Principal Consultant &  
 Head Microbiology & Infection Control

*Neera*  
**Dr. Neera Kaushik (M Phil)**  
 Senior Consultant Microbiology

Test Performed at :794 - Max Hospital - Vaishali, W-3, Sector-1, Vaishali, Ghaziabad-201012, U.P

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**Laboratory Investigation Report**

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**SEROLOGY SPECIAL.**
**Monsoon Fever Profile-Basic**


SIN No: B2B4088474

Test Name	Result	Unit	Bio Ref Interval
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**Elisa Dengue IgG Antibody, Serum**

Dengue IgG	0.08	Index	
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**Ref. Range**

Negative < 9.0  
 Equivocal 9.0 - 11.0  
 Positive > 11

**Comment :**

- Primary dengue virus infection is characterized by elevations in specific IgM antibody in 3 to 5 days after the onset of symptoms.
- IgG levels also become elevated after 10 to 14 days after the onset of symptoms. During secondary infection, IgM levels generally rise more slowly and reach lower levels than in primary infection, while IgG levels rise rapidly from 1 to 2 days after the onset of symptoms.
- Serological cross-reactivity across the flavi virus group (dengue virus, St. Louis encephalitis, Japanese encephalitis, West Nile virus and yellow fever virus) is common.

**Note:** Recommended test is NS1 Antigen by ELISA in the first 5 days of fever. After 7-10 days of fever, the recommended test is Dengue fever antibodies IgG & IgM by ELISA

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MC-2714



**Laboratory Investigation Report**

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MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

**SEROLOGY SPECIAL.**
**Monsoon Fever Profile-Basic**


SIN No: B2B4088474

Test Name	Result	Unit	Bio Ref Interval
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**Elisa Dengue IgM Antibody, Serum**

Dengue IgM	2.57	Index	
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**Ref. Range**

Negative < 9.0  
 Equivocal 9.0 - 11.0  
 Positive > 11

**Comment :**

- Primary dengue virus infection is characterized by elevations in specific IgM antibody in 3 to 5 days after the onset of symptoms.
- IgG levels also become elevated after 10 to 14 days after the onset of symptoms. During secondary infection, IgM levels generally rise more slowly and reach lower levels than in primary infection, while IgG levels rise rapidly from 1 to 2 days after the onset of symptoms.
- Serological cross-reactivity across the flavi virus group (dengue virus, St. Louis encephalitis, Japanese encephalitis, West Nile virus and yellow fever virus) is common.
- A negative results does not preclude the possibility of early dengue virus infection.

**Note:** Recommended test is NS1 Antigen by ELISA in the first 5 days of fever. After 7-10 days of fever, the recommended test is Dengue fever antibodies IgG & IgM by ELISA

Kindly correlate with clinical findings

\*\*\* End Of Report \*\*\*



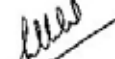
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**Conditions of Reporting:** 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as identified in the bill/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and mala fide act or omission of Max Healthcare or its employees. Liability of Max Healthcare for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.



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