

Apollo Medical Centre

(Promoters : Kurnool Hospital Enterprises Ltd.)

43-67/A,N.R. Peta, Kurnool - 518 004, Phone : (08518) 225888, 225889

| | | |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Name : NASEEMA BEGUM | Bill Date : 22-Dec-2025 12:39 pm |  |
| Age : 45 Years | Sample No : 42 | |
| Gender : Female | Smpl.Time : 22-Dec-2025 12:42 PM | |
| Bill No : QR10108 | Report Date : 22-Dec-2025 1:53 pm | |
| Ref.Dr. : Dr.SIVA KRISHNA K, MD(CHEST), SHR | QR10108  | |

DEPARTMENT OF HAEMATOLOGY

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|----------------------|--------|------|-----------------|--------|
| URINE ROUTINE | | | | |
| REACTION | ACIDIC | | - | |
| Sp GRAVITY | 1.015 | | - | |
| ALBUMIN | TRACES | | - | |
| SUGAR | NIL | | - | |
| DEPOSITS | | | - | |
| PUS CELLS | 6-8 | /HPF | - | |
| EPITHELIAL CELLS | 8-10 | /HPF | - | |
| RBC | 2-4 | | - | |
| CASTS | NIL | | - | |
| CRYSTALS | NIL | | - | |
| OTHERS | NIL | | - | |

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|-----------------------------------------------------|---------------------------------------------------------------------------|--------------|-----------------|-------------|
| COMPLETE BLOOD COUNT (CBC), WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 10.6 | gm/dl | 11 - 16 | ELIS |
| RBC COUNT | 3.91 | milion/cmm. | 4.2 - 6.5 | ELIS |
| HCT | 32.8 | % | 39 - 54 | ELIS |
| MCV | 84.0 | Flt | 82 - 98 | ELIS |
| MCH | 27.1 | Pg | 27 - 31 | ELIS |
| MCHC | 32.3 | % | 32 - 36 | ELIS |
| WBCs | 4800 | / cu mm. | 4000 - 10000 | ELIS |
| DIFFERENTIAL COUNT | | | | |
| Polymorphs | 75 | % | 40 - 75 | ELIS |
| Lymphocytes | 17 | % | 20 - 45 | ELIS |
| Eosiniphils | 02 | % | 1 - 6 | ELIS |
| Monocytes | 06 | % | 1 - 10 | ELIS |
| PLATELETS | 3.7 | Lakhs / cumm | 1.5 - 4.5 | ELIS |
| PERIPHERAL SMEAR | | | - | Microscopic |
| RBCs | Microcytic with mild Hypochromasia . | | - | Microscopic |
| WBCs | Within Normal Limits. | | - | Microscopic |
| PLATELETS | Adequate | | - | Microscopic |
| PARASITES | Malarial Parasites not detected in the smear. No abnormal cells noted. | | - | Microscopic |
| OPINION | MILD DEGREE OF MICROCYTIC AND HYPOCHROMIC ANAEMIA . | | - | Microscopic |
| | | | - | |
| E.S.R | 60 | mm / hr | 0 - 30 | Westergren |

*** END OF REPORT ***

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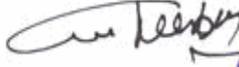
Checked By : SAI

QR10108



KINDLY CORRELATE RESULTS WITH CLINICAL FINDINGS & DISCUSS IF NECESSARY.

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Dr.C.C.MOHAN REDDY,
M.D (PATHOLOGY)
PATHOLOGIST



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DEPARTMENT OF BIOCHEMISTRY

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------|--------|-------|-----------------|--------|
| SERUM BILIRUBIN | | | | |
| TOTAL BILIRUBIN | 0.4 | mg/dl | 0.0 - 1.0 | DCA |
| DIRECT BILIRUBIN | 0.1 | mg/dl | 0.0 - 0.25 | DCA |

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Sreelatha

Dr.SREELATHA. D
M.B.B.S, M.D

Consultant Biochemist



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DEPARTMENT OF SEROLOGY

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|----------------------------------|----------------------------------------------|------|-----------------|----------------------------|
| WIDAL TEST (SLIDE METHOD) | | | | |
| POSITIVE | | | - | |
| SALMONELLA TYPHI `O` , SERUM | POSITIVE 1 in 160 DILUTIONS | | - | SLIDE AGGLUTINA TION |
| SALMONELLA TYPHI `H` , SERUM | POSITIVE 1 in 160 DILUTIONS | | - | SLIDE AGGLUTINA TION |
| S.PARATYPHI A `H` , SERUM | NEGATIVE 1 in 20 DILUTIONS | | - | SLIDE AGGLUTINA TION |
| S.PARATYPHI B `H` , SERUM | NEGATIVE 1 in 20 DILUTIONS | | - | SLIDE AGGLUTINA TION |

Comment:

1. Titres 1:80 and above of "O" antigen & 1:160 and above of "H" antigen are significant
2. Rising titers are significant

Comments: This test measures somatic O and flagellar H antibodies against Typhoid and Paratyphoid bacilli. The agglutinins usually appear at the end of the first week of infection and increase steadily till third / fourth week after which they start declining. A positive Widal test may occur because of typhoid vaccination or previous typhoid infection and in certain autoimmune diseases.

Non-specific febrile disease may cause this titer to increase. The test may be falsely negative in cases of Enteric fever treated with antibiotics in the early stages. The recommended test especially in the first week after infection is Blood Culture.

NOTE:

1. This report is issued after performing Slide agglutination method.
2. If positive titres, the result is to be confirmed by Tube agglutination method.

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