H·O·D
HOUSE of DIAGNOSTICS

Patient Name :	Demo Patient Name	**Lab No :**	Demo Visit No
Age / Sex :	17 Y / F	**Registration On :**	21-Jan-25 20:43
Referred By :	DEMO HOSPITAL	**Patient ID :**	UHID.DEMO.001
Centre :	HOD Head Office		

Widal

Serum Sample

Accession No: DEMO_BARCODE **Collected On:** 21-Jan-25 20:43 **Received On:** 21-Jan-25 21:26 **Approved On:** 21-Jan-25 21:46

Observation	Result	Unit	Biological Ref. Interval	Method
Salmonella Typhi O	1:40			Slide semi-Quantitative
Salmonella Typhi H	1:40			Slide semi-Quantitative
S.Paratyphi A H	1:20			Slide semi-Quantitative
S.Paratyphi B H	1:20			Slide semi-Quantitative

Clinical Significance:
The Widal test is used to make a presumptive diagnosis of enteric fever or typhoid fever. This method relies on a reaction in a test-tube or on a slide between antibodies present in the infected persons blood sample and specific antigens of Salmonella typhi (H and O), which produces visible clumping or agglutination.
- Antibody titres of 1:80 or more are considered dianostically significant. However, the significant titre may vary from between populations and needs ti be established for each area .
- H agglutination is more reliable than O agglutinin.
- Agglutinin starts appearing in serum by the end of 1st week with sharp rise in 2nd and 3rd week and the titre remains steady till 4th week after which it declines.

Limitations:
- The Widal test may be falsely positive in patients who have had previous vaccination or infection with S. Typhi.
- Besides cross-reactivity with other Salmonella species, the test cannot distinguish between a current infection and a previous infection or vaccination against typhoid.
- False positive Widal test results are also known to occur in typhus, acute falciparum malaria (particularly in children), chronic liver disease associated with raised globulin levels and disorders such as rheumatoid arthritis, myelomatosis and nephrotic syndrome.
- False negative results may be associated with early treatment, with hidden organisms in bone and joints, and with relapses of typhoid fever. Occasionally, false negative results may also be due to the infecting strains being poorly immunogenic, antibody responses being blocked by early antimicrobial treatment or following a typhoid relapse.

Please correlate results with clinical condition.

This is a Demo Signature
and the doctor's signature should appear here

In case of any unexpected or alarming results, please contact us immediately for re-confirmation, clarifications, and rectifications, if needed.

Scan to Validate