

REPORT

Name	: Master. SAI ROSHAN	Sample ID	: 24217233
Age/Gender	: 7 Years/Male	Reg. No	: 0312309250039
Referred by	: Dr. NARENDAR	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 25-Sep-2023 11:57 AM
Primary Sample	: Whole Blood	Received On	: 25-Sep-2023 01:00 PM
Sample Tested In	: Serum	Reported On	: 25-Sep-2023 09:24 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
C-Reactive protein-(CRP)	1.5	mg/L	Upto:6.0	Immunoturbidimetry

Interpretation:

C-reactive protein (CRP) is produced by the liver. The level of CRP rises when there is inflammation throughout the body. It is one of a group of proteins called acute phase reactants that go up in response to inflammation. The levels of acute phase reactants increase in response to certain inflammatory proteins called cytokines. These proteins are produced by white blood cells during inflammation.

A positive test means you have inflammation in the body. This may be due to a variety of conditions, including:

- Connective tissue disease
- Heart attack
- Infection
- Inflammatory bowel disease (IBD)
- Lupus
- Pneumonia
- Rheumatoid arthritis

Creatine PhosphoKinase (CPK)

152

U/L

38-174

IFCC

Interpretation:

- Creatine phosphokinase (CPK) is an enzyme in the body. It is found mainly in the heart, brain, and skeletal muscle.
- When the total CPK level is very high, it most often means there has been injury or stress to muscle tissue, the heart, or the brain. Muscle tissue injury is most likely. When a muscle is damaged, CPK leaks into the bloodstream. Finding which specific form of CPK is high helps determine which tissue has been damaged.
- The level is normal in neurogenic muscular diseases like myasthenia gravis, multiple sclerosis, poliomyelitis, and Parkinson's disease.



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MD BIOCHEMISTRY

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Primary Sample	: Whole Blood	Received On	: 25-Sep-2023 01:00 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 25-Sep-2023 05:39 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

VCARE FEVER PROFILE-2

Test Name	Results	Units	Ref. Range	Method
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MALARIA ANTIGEN (VIVAX & FALCIPARUM)

Plasmodium Vivax Antigen	Negative		Negative	Immuno Chromatography
Plasmodium Falciparum	Negative		Negative	Immuno Chromatography

Note :

- In the gametogony stage, P.Falciparum may not be secreted. Such carriers may show falsely negative result.
- This test is used to indicate therapeutic response. Positive test results 5 - 10 days post treatment indicate the possibility of a resistant strain of malaria.

Comments :

Malaria is protozoan parasitic infection, prevalent in the Tropical & Subtropical areas of the world. Four species of plasmodium parasites are responsible for malaria infections in human viz. P.Falciparum, p.Vivax, P.Ovale & P.malariae. Falciparum infections are associated with Cerebral malaria and drug resistance where as vivex infection is associated with high rate of infectivity and relapse. Differentiation between P.Falciparum and P.Vivax is utmost importance for better patient management and speedy recovery.



*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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DR.SWARNA BALA
MD PATHOLOGY

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HAEMATOLOGY

VCARE FEVER PROFILE-2

Test Name	Results	Units	Ref. Range	Method
COMPLETE BLOOD COUNT (CBC)				
Haemoglobin (Hb)	12.6	g/dL	11.5-15.5	Cynmeth Method
RBC Count	4.88	10 ¹² /L	4.5-5.5	Cell Impedence
Haematocrit (HCT)	36.9	%	35-45	Calculated
MCV	76	fl	77-95	Calculated
MCH	25.8	pg	25-33	Calculated
MCHC	34.0	g/dL	31-37	Calculated
RDW-CV	13.1	%	11.6-14.0	Calculated
Platelet Count (PLT)	188	10 ⁹ /L	170-450	Cell Impedence
Total WBC Count	4.7	10 ⁹ /L	5.0-13.0	Impedence
Neutrophils	56	%	41-63	Cell Impedence
Absolute Neutrophils Count	2.63	10 ⁹ /L	1.9-9.1	Impedence
Lymphocytes	39	%	25-48	Cell Impedence
Absolute Lymphocyte Count	1.83	10 ⁹ /L	1.0-6.2	Impedence
Monocytes	03	%	0-9	Microscopy
Absolute Monocyte Count	0.14	10 ⁹ /L	0.0- 1.2	Calculated
Eosinophils	02	%	0-7	Microscopy
Absolute Eosinophils Count	0.09	10 ⁹ /L	0.0-1.0	Calculated
Basophils	00	%	0-2	Microscopy
Absolute Basophil ICount	0.00	10 ⁹ /L	0.0-0.3	Calculated
Morphology				
WBC	Mild Leucopenia			
RBC	Normocytic normochromic			
Platelets	Adequate			Microscopy

Result rechecked and verified for abnormal cases

*** End Of Report ***

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HAEMATOLOGY

VCARE FEVER PROFILE-2

Test Name	Results	Units	Ref. Range	Method
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Erythrocyte Sedimentation Rate (ESR)	10		3-13	Westergren method
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Comments : ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.

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Primary Sample	: Whole Blood	Received On	: 25-Sep-2023 01:00 PM
Sample Tested In	: Serum	Reported On	: 25-Sep-2023 08:58 PM
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CLINICAL BIOCHEMISTRY

VCARE FEVER PROFILE-2

Test Name	Results	Units	Ref. Range	Method
Liver Function Test (LFT)				
Bilirubin(Total)	0.3	mg/dL	0.3-1.2	Diazo
Bilirubin (Direct)	0.1	mg/dL	0.0 - 0.5	Diazo
Bilirubin (Indirect)	0.2	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	37	U/L	5-40	IFCC with out (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	18	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	152	U/L	< 500	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	15	U/L	15-85	IFCC
Protein - Total	7.2	g/dL	6.4-8.2	Biuret
Albumin	4.0	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	3.2	g/dL	2.0-4.2	Calculated
A:G Ratio	1.25	%	0.8-2.0	Calculated

- **Alanine Aminotransferase(ALT)** is an enzyme found in liver and kidneys cells. ALT helps create energy for liver cells. Damaged liver cells release ALT into the bloodstream, which can elevate ALT levels in the blood.
- **Aspartate Aminotransferase (AST)** is an enzyme in the liver and muscles that helps metabolizes amino acids. Similarly to ALT, elevated AST levels may be a sign of liver damage or liver disease.
- **Alkaline phosphate (ALP)** is an enzyme present in the blood. ALP contributes to numerous vital bodily functions, such as supplying nutrients to the liver, promoting bone growth, and metabolizing fat in the intestines.
- **Gamma-glutamyl Transpeptidase (GGTP)** is an enzyme that occurs primarily in the liver, but it is also present in the kidneys, pancreas, gallbladder, and spleen. Higher than normal concentrations of GGTP in the blood may indicate alcohol-related liver damage. Elevated GGTP levels can also increase the risk of developing certain types of cancer.
- **Bilirubin** is a waste product that forms when the liver breaks down red blood cells. Bilirubin exits the body as bile in stool. High levels of bilirubin can cause jaundice - a condition in which the skin and whites of the eyes turn yellow- and may indicate liver damage.
- **Albumin** is a protein that the liver produces. The liver releases albumin into the bloodstream, where it helps fight infections and transport vitamins, hormones, and enzymes throughout the body. Liver damage can cause abnormally low albumin levels.



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Primary Sample	:	Received On	: 25-Sep-2023 12:52 PM
Sample Tested In	: Urine	Reported On	: 25-Sep-2023 01:43 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL PATHOLOGY

VCARE FEVER PROFILE-2

Test Name	Results	Units	Ref. Range	Method
Complete Urine Analysis (CUE)				
Physical Examination				
Colour	Pale Yellow		Straw to light amber	
Appearance	Clear		Clear	
Chemical Examination				
Glucose	Negative		Negative	Strip Reflectance
Protein	Absent		Negative	Strip Reflectance
Bilirubin (Bile)	Negative		Negative	Strip Reflectance
Urobilinogen	Negative		Negative	Ehrlichs reagent
Ketone Bodies	Trace		Negative	Strip Reflectance
Specific Gravity	1.020		1.000 - 1.030	Strip Reflectance
Blood	Negative		Negative	Strip Reflectance
Reaction (pH)	6.5		5.0 - 8.5	Reagent strip Reflectance - Double indicator Principle
Nitrites	Negative		Negative	Strip Reflectance
Leukocyte esterase	Negative		Negative	Reagent Strip Reflectance
Microscopic Examination (Microscopy)				
PUS(WBC) Cells	02-03	/hpf	00-05	Microscopy
R.B.C.	Nil	/hpf	Nil	Microscopic
Epithelial Cells	01-02	/hpf	00-05	Microscopic
Casts	Absent		Absent	Microscopic
Crystals	Absent		Absent	Microscopic
Bacteria	Nil		Nil	
Budding Yeast Cells	Nil		Absent	Microscopy
Others	-			Microscopic

Comments :

Urine analysis is one of the most useful laboratory tests as it identifies a wide range of medical conditions including renal damage, urinary tract infections, diabetes, hypertension and drug toxicity.

*** End Of Report ***

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Sample Tested In	: Serum	Reported On	: 25-Sep-2023 03:47 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

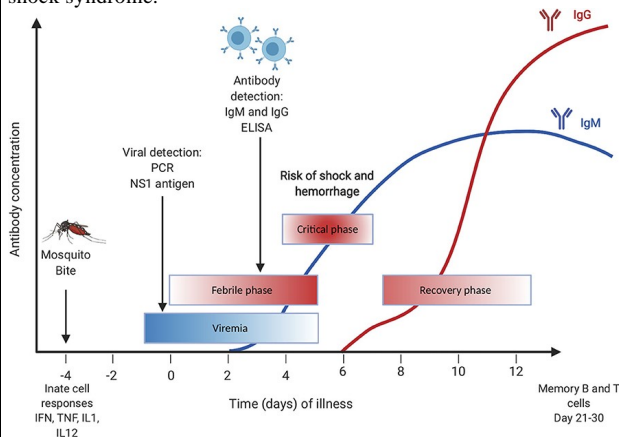
IMMUNOLOGY & SEROLOGY

VCARE FEVER PROFILE-2

Test Name	Results	Units	Ref. Range	Method
Widal Test (Slide Test)				
Salmonella typhi O Antigen	1:80		1:80 & Above Significant	
Salmonella typhi H Antigen	<1:20		1:80 & Above Significant	
Salmonella paratyphi AH Antigen	<1:20		1:80 & Above Significant	
Salmonella paratyphi BH Antigen	<1:20		1:80 & Above Significant	
Dengue Profile-Elisa				
Dengue IgG Antibody	0.36	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive	ELISA
Dengue IgM Antibody	0.40	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive	ELISA
Dengue NS1 Antigen	0.23	S/Co	< 0.8~ : Negative 0.8-1.1 : Equivocal > 1.1~ : Positive	ELISA

Interpretation:

Dengue viruses belong to the family Flaviviridae and have 4 subtypes (1-4). Dengue virus is transmitted by the mosquito Aedes aegypti and Aedes albopictus, widely distributed in Tropical and Subtropical areas of the world. Dengue is considered to be the most important arthropod borne viral disease due to the human morbidity and mortality it causes. The disease may be subclinical, self limiting, febrile or may progress to a severe form of Dengue hemorrhagic fever or Dengue shock syndrome.



Note: 1. 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

2. Cross reactivity is seen in the Flavivirus group between Dengue virus, Murray Valley encephalitis, Japanese encephalitis, Yellow fever & West Nile viruses



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MD, MICROBIOLOGIST

Correlate Clinically.

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