

Registered Office:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana.

ICMR Reg .No. SAPALAPVLHT (Covid -19)

Ph:- 040-40125441, Email:- info@sagepathlabs.com

REPORT Website:- www.sagepathlabs.com

Name : Master. TANESH

Age/Gender : 9 Years/Male
Referred by : Dr. C N REDDY (M.B.B.S.,D.C.H)

Referring Customer : V CARE MEDICAL DIAGNOSTICS

Primary Sample : Whole Blood

Sample Tested In : Serum

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

Sample ID : 24854778

Reg. No : 0312310120063

SPP Code : SPL-CV-172

Collected On : 12-Oct-2023 08:28 PM Received On : 12-Oct-2023 10:34 PM

Reported On : 12-Oct-2023 11:24 PM

Report Status : Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
C-Reactive protein-(CRP)	0.58	ma/l	Unto:6.0	Immunoturhidimetry

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

*** End Of Report ***







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Sample ID

Name : Master. TANESH

Age/Gender : 0312310120063 : 9 Years/Male Reg. No SPP Code Referred by : Dr. C N REDDY (M.B.B.S., D.C.H) : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 12-Oct-2023 08:28 PM Primary Sample : Whole Blood Received On : 12-Oct-2023 10:34 PM

Sample Tested In : Whole Blood EDTA Reported On : 13-Oct-2023 06:01 AM

: Final Report Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status

	HA	EMATOLO	SY Y	
Test Name	Results	Units	Ref. Range	Method
Complete Blood Picture(CBP)				
Haemoglobin (Hb)	12.5	g/dL	11.5-15.5	Cynmeth Method
Haematocrit (HCT)	40.5	%	35-45	Calculated
RBC Count	4.84	10^12/L	4.5-5.5	Cell Impedence
MCV	84	fl	77-95	Calculated
MCH	25.8	pg	25-33	Calculated
MCHC	30.8	g/dL	31-37	Calculated
RDW-CV	14.9	%	11.6-14.0	Calculated
Platelet Count (PLT)	247	10^9/L	170-450	Cell Impedance
Total WBC Count	2.5	10^9/L	5.0-13.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	63	%	43-64	Cell Impedence
Lymphocytes	31	%	25-48	Cell Impedence
Monocytes	03	%	0-9	Microscopy
Eosinophils	03	%	0-7	Microscopy
Basophils	0	%	0-2	Microscopy
Absolute Neutrophils Count	1.58	10^9/L	1.9-8.6	Impedence
Absolute Lymphocyte Count	0.78	10^9/L	1.0-6.2	Impedence
Absolute Monocyte Count	0.08	10^9/L	0.0- 1.2	Calculated
Absolute Eosinophils Count	0.08	10^9/L	0.0-1.0	Calculated
Absolute Basophil ICount	0.00	10^9/L	0.0-0.3	Calculated
Morphology	Normocytic	normochromic	with Moderate Leucopenia	PAPs Staining









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REPORT

Name : Master. TANESH

Age/Gender : 9 Years/Male

Referred by : Dr. C N REDDY (M.B.B.S., D.C.H)

Referring Customer : V CARE MEDICAL DIAGNOSTICS Primary Sample

Sample Tested In : Urine

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

: 24854271 Sample ID

Reg. No : 0312310120063

SPP Code : SPL-CV-172

Collected On : 12-Oct-2023 08:28 PM

Received On : 12-Oct-2023 10:34 PM

Reported On : 13-Oct-2023 06:54 AM

Report Status Final Report

CLINICAL PATHOLOGY

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	Negative	Negative	Strip Reflectance
Specific Gravity	1.020	1.000 - 1.030	Strip Reflectance
Blood	Negative	Negative	Strip Reflectance
Reaction (pH)	6.0	5.0 - 8.5	Reagent strip Reflect

ectance -Double indicator Principle **Nitrites** Negative Negative Strip Reflectance

Negative Reagent Strip Reflectance Leukocyte esterase Negative

Microscopic Examination (Microscopy)

PUS(WBC) Cells 01-02 /hpf 00-05 Microscopy R.B.C. Nil /hpf Nil Microscopic **Epithelial Cells** 01-02 /hpf 00-05 Microscopic Absent Casts Absent Microscopic Crystals Absent Absent Microscopic Nil Nil Bacteria

Budding Yeast Cells Nil Absent Microscopy Others

Microscopic

toxicity

Result rechecked and verified for abnormal cases *** End Of Report ***

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

Laboratory is NABL Accredited



Comments :









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REPORT

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Age/Gender : 9 Years/Male Reg. No : 0312310120063 Referred by : Dr. C N REDDY (M.B.B.S., D.C.H) SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 12-Oct-2023 08:28 PM
Primary Sample : Whole Blood Received On : 12-Oct-2023 10:34 PM

Sample Tested In : Serum Reported On : 13-Oct-2023 12:27 AM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

IMMUNOLOGY & SEROLOGY

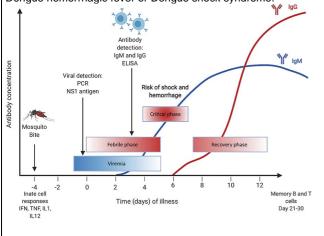
Test Name	Results	Units	Ref. Range	Method	
Dengue NS1 Antigen	0.36	S/Co	< 0.8~ : Negative 0.8-1.1 : Equivocal > 1.1~ : Positive	ELISA	

Interpretation:

Result	Interpretation
Negative	No detectable dengue NS1 antigen. The result does not rule out dengue infection. An additional sample should be tested for IgG & IgM serology in 7-14 days.
Equivocal	Repeat sample after 1 week
Positive	Presence of detectable dengue NS1 antigen. Dengue IgG & IgM serology assays should be performed on follow up samples after 5-7 days of onset of fever, to confirm dengue 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

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.



Correlate Clinically.

Laboratory is NABL Accredited

*** End Of Report ***







