

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 Website:- www.sagepathlabs.com

	REPU	RI — RI	
Name	: Baby. G.ANANYA	Sample ID	: 24854441
Age/Gender	: 3 Years/Female	Reg. No	: 0312310180021
Referred by	: Dr. ADHITHYA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 18-Oct-2023 11:14 AM
Primary Sample	: Whole Blood	Received On	: 18-Oct-2023 01:41 PM
Sample Tested In	: Serum	Reported On	: 18-Oct-2023 06:59 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

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CLINICAL BIOCHEMISTRY						
VCARE FEVER PROFILE-2						
Test Name Results Units Ref. Range Method						

C-Reactive protein-(CRP)	4.5	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

Excellence In Health Care







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REPORT -

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Sample Tested In	: Whole Blood EDTA	Reported On	: 18-Oct-2023 02:41 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY						
VCARE FEVER PROFILE-2						
Test Name	Results	Units	Ref. Range	Method		
MALARIA ANTIGEN (VIVAX & FALCIPARUN	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 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 posibility 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 paraties are responsible for malaria infections in human viz. P.Falciparum, p.Vivax, P.Ovale & P.malariae. Falciparum infections are associateed 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.Vivex is utmost importance for better patient management and speedy recovery.







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Client Address	: Kimtee colony ,Gokul Nagar,Tarnak	a Report Status	: Final Report

			-	
Test Name	Results	FEVER PRO	DFILE-2 Ref. Range	Method
	Results	Units	Ken Kunge	Method
COMPLETE BLOOD COUNT (CBC)				
Haemoglobin (Hb)	10.7	g/dL	11-14.5	Cynmeth Method
RBC Count	4.18	10^12/L	4.0-5.2	Cell Impedence
Haematocrit (HCT)	32.4	%	34-40	Calculated
MCV	78	fl	77-87	Calculated
МСН	25.7	pg	24-30	Calculated
МСНС	33.1	g/dL	31-37	Calculated
RDW-CV	13.5	%	11.6-14.0	Calculated
Platelet Count (PLT)	229	10^9/L	200-490	Cell Impedance
Total WBC Count	7.2	10^9/L	5.0-15.0	Impedance
Neutrophils	50	%	23-52	Cell Impedence
Absolute Neutrophils Count	3.6	10^9/L	1.3-8.8	Impedence
Lymphocytes	40	%	40-69	Cell Impedence
Absolute Lymphocyte Count	2.88	10^9/L	2.2-11.7	Impedence
Monocytes	06	%	1-9	Microscopy
Absolute Monocyte Count	0.43	10^9/L	0.6-1.5	Calculated
Eosinophils	04	%	0-7	Microscopy
Absolute Eosinophils Count	0.29	10^9/L	0.0-0.5	Calculated
Basophils	00	%	0-2	Microscopy
Absolute Basophil ICount	0.00	10^9/L	0.0-0.3	Calculated
<u>Morphology</u>				
NBC	Within Nor	mal Limits		
RBC	Normocytic	c normochromic	blood picture.	
Platelets	Adequate.			Microscopy

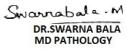
Result rechecked and verified for abnormal ca

*** End Of Report ***

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*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD



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REPORT -	Website www.sagepath	abs.com
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: 3 Years/Female	Reg. No	: 0312310180021
: Dr. ADHITHYA	SPP Code	: SPL-CV-172
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: Whole Blood EDTA	Reported On	: 18-Oct-2023 02:41 PM
: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report
	: Baby. G.ANANYA : 3 Years/Female : Dr. ADHITHYA : V CARE MEDICAL DIAGNOSTICS : Whole Blood : Whole Blood EDTA	: Baby. G.ANANYASample ID: 3 Years/FemaleReg. No: Dr. ADHITHYASPP Code: V CARE MEDICAL DIAGNOSTICSCollected On: Whole BloodReceived On: Whole Blood EDTAReported On

HAEMATOLOGY						
VCARE FEVER PROFILE-2						
Test Name	Results	Units	Ref. Range	Method		

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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Method

REPORT	website www.sayepatiliac	5.0011
by. G.ANANYA	Sample ID :	24854440
Years/Female	Reg. No :	0312310180021
. ADHITHYA	SPP Code :	SPL-CV-172
CARE MEDICAL DIAGNOSTICS	Collected On :	18-Oct-2023 11:14 AM
nole Blood	Received On :	18-Oct-2023 01:41 PM
asma-NaF(R)	Reported On :	18-Oct-2023 04:12 PM
ntee colony ,Gokul Nagar,Tarnaka	Report Status :	Final Report
	by. G.ANANYA /ears/Female ADHITHYA CARE MEDICAL DIAGNOSTICS hole Blood Isma-NaF(R)	by. G.ANANYA Sample ID : /ears/Female Reg. No : ADHITHYA SPP Code : CARE MEDICAL DIAGNOSTICS Collected On : mole Blood Received On : sma-NaF(R) Reported On :

Ref. Range

INFOSYSTEMS PVT. LTD.

	CLINIC	CLINICAL BIOCHEMISTR			
	VCARE	FEVER PR	OFILE-2		
Test Name	Results	Units	Ref. R		

Glucose Ra	ndom (RBS)	83	mg/dL	70)-140	Hexokinase (HK)
Interpretation	of Plasma Glucose based on ADA gu	idelines 2018				
Diagnosis		2hrsPlasma Glucose(mg/dL)		HbA1c(%)	RBS(mg/dL)	
Prediabetes	100-125	140-199		5.7-6.4	NA	
Diabetes	> = 126	> = 200			>=200(with symptoms)	
	Reference: D	iabetes care 2018:41(s	uppl.1):	S13-S27		
• The ran	dom blood glucose if it is above 200	mg/dL and the patient has	increase	d thirst, poly	uria, and polyphagia,	suggests diabetes mellitus.

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• As a rule, two-hour glucose samples will reach the fasting level or it will be in the normal range.

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Sample Tested In	: Serum	Reported On	: 18-Oct-2023 05:12 PM
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CLINICAL BIOCHEMISTRY						
Test Name	Results	Units	Ref. Range	Method		
Kidney Profile-KFT						
Urea	24.2	mg/dL	10.7-38.5	Glutamate dehydrogenase+Calculation		
Creatinine -Serum	0.46	mg/dL	0.39-0.55	Sarcosine oxidase		
Uric Acid	3.08	mg/dL	2.6-6.0	Uricase		
Sodium	142	mmol/L	138-145	ISE Direct		
Potassium	3.6	mmol/L	3.4-4.7	ISE Direct		
Chloride	101	mmol/L	98-108	ISE Direct		

Interpretation:

• The kidneys, located in the retroperitoneal space in the abdomen, are vital for patient health. They process several hundred liters of fluid a day and remove around two liters of waste products from the bloodstream. The volume of fluid that passes though the kidneys each minute is closely linked to cardiac output. The kidneys maintain the body's balance of water and concentration of minerals such as sodium, potassium, and phosphorus in blood and remove waste by-products from the blood after digestion, muscle activity and exposure to chemicals or medications. They also produce renin which helps regulate blood pressure, produce erythropoietin which stimulates red blood cell production, and produce an active form of vitamin D, needed for bone health.

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Primary Sample Sample Tested In	: Whole Blood : Serum	Received On Reported On	: 18-Oct-2023 01:41 PM : 18-Oct-2023 05:12 PM

CLINICAL BIOCHEMISTRY						
	VCARE FEVER PROFILE-2					
Test Name Results Units Ref. Range Method						
Liver Function Test (LFT)						
Bilirubin(Total)	0.8	mg/dL	0.3-1.2	Diazo		
Bilirubin (Direct)	0.2	mg/dL	0.0 - 0.2	Diazo		
Bilirubin (Indirect)	0.6	mg/dL	0.2-1.0	Calculated		
Aspartate Aminotransferase (AST/SGOT)	50	U/L	5-40	IFCC with out (P-5-P)		
Alanine Aminotransferase (ALT/SGPT)	41	U/L	0-55	IFCC with out (P-5-P)		
Alkaline Phosphatase(ALP)	247	U/L	< 500	Kinetic PNPP-AMP		
Gamma Glutamyl Transpeptidase (GGTP)	46	U/L	5-55	IFCC		
Protein - Total	7.08	g/dL	6.4-8.2	Biuret		
Albumin	3.6	g/dL	3.4-5.0	Bromocresol purple (BCP)		
Globulin	3.48	g/dL	2.0-4.2	Calculated		
A:G Ratio	1.03	%	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.

Result rechecked and verified for abnormal cases

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BIOCHEMISTRY

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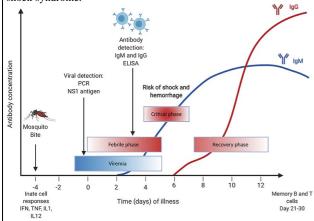
IMMUNOLOGY & SEROLOGY VCARE FEVER PROFILE-2

DOT	Test Name	
ITDOSE INFOSYSTEMS PVT. LTD.		
TV4 S		
CLD.	Client Address	: K
	Sample Tested In	: S
	Primary Sample	: V

Test Name	Results	Units	Ref. Range	Method
<u>Widal Test (Slide Test)</u>				
Salmonella typhi O Antigen	1:160		1:80 & Above Significant	
Salmonella typhi H Antigen	1:80		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	0.42	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive	ELISA
Dengue NS1 Antigen	0.25 Exce	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



Correlate Clinically.

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