

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

Report Status

REPORT

Name : Baby. IRAM FATHIMA

Age/Gender : 1 Years 10 Months 9 Days/Female Referred by : Dr. C N REDDY (M.B.B.S., D.C.H)

: V CARE MEDICAL DIAGNOSTICS

Referring Customer

: Serum

Primary Sample : Whole Blood

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Sample ID : 24854568 Reg. No : 0312310250054

SPP Code : SPL-CV-172

Collected On : 25-Oct-2023 08:41 PM

Received On : 25-Oct-2023 10:42 PM

Reported On : 26-Oct-2023 12:23 AM : Final Report

CLINICAL BIOCHEMISTRY

VCARE FEVER PROFILE-2

Test Name Results Units Ref. Range Method

C-Reactive protein-(CRP) 8.14 Upto:6.0 Immunoturbidimetry mg/L

Interpretation:

Sample Tested In

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

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)
- Pneumonia
- Rheumatoid arthritis







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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 : 25-Oct-2023 08:41 PM Primary Sample : Whole Blood Received On : 25-Oct-2023 10:42 PM

Sample Tested In : Whole Blood EDTA Reported On : 25-Oct-2023 11:12 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 & FALCIPARUM)

Plasmodium Vivax AntigenNegativeNegativeImmuno ChromatographyPlasmodium FalciparumNegativeNegativeImmuno 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 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.Vivex is utmost importance for better patient management and speedy recovery.

Excellence In Health Care











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Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

: 24854565 Sample ID

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HAEMATOLOGY

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Test Name	Results	Units	Ref. Range	Method	
COMPLETE BLOOD COUNT (CBC)					
Haemoglobin (Hb)	9.5	g/dL	11-14.5	Cynmeth Method	
RBC Count	5.80	10^12/L	4.0-5.2	Cell Impedence	
Haematocrit (HCT)	30.2	%	34-40	Calculated	
MCV	52	fl	77-87	Calculated	
MCH	16.4	pg	24-30	Calculated	
MCHC	30.0	g/dL	31-37	Calculated	
RDW-CV	17.3	%	11.6-14.0	Calculated	
Platelet Count (PLT)	201	10^9/L	200-490	Cell Impedance	
Total WBC Count	6.8	10^9/L	6.0-16.0	Impedance	
Neutrophils	35	%	21-43	Cell Impedence	
Absolute Neutrophils Count	2.38	10^9/L	1.3-7.5	Impedence	
Lymphocytes	56	%	49-71	Cell Impedence	
Absolute Lymphocyte Count	3.81	10^9/L	2.9-12.4	Impedence	
Monocytes	06	%	1-9	Microscopy	
Absolute Monocyte Count	0.41	10^9/L	0.1-1.6	Calculated	
Eosinophils	03	%	0-7	Microscopy	
Absolute Eosinophils Count	0.2	10^9/L	0.0-1.2	Calculated	
Basophils	00	%	0-2	Microscopy	
Absolute Basophil ICount	0.00	10^9/L	0.0-1.2	Calculated	
<u>Morphology</u>					
WBC	Within Nor	Within Normal Limits			
RBC	Anisocytosis with Microcytic hypochromic anemia				
Platelets	Adequate.			Microscopy	

Result rechecked and verified for abnormal cases

*** End Of Report ***

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Referring Customer : V CARE MEDICAL DIAGNOSTICS
Primary Sample : Whole Blood

Sample Tested In : Whole Blood EDTA

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

Sample ID : 24854565

Reg. No : 0312310250054

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HAEMATOLOGY

VCARE FEVER PROFILE-2

Test Name	Results	Units	Ref. Range	Method

Erythrocyte Sedimentation Rate (ESR) 12 3-13 Westergren method

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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Sample Tested In : Serum Reported On : 26-Oct-2023 12:56 AM

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

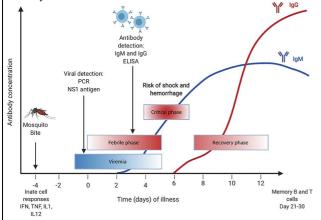
IMMUNOLOGY & SEROLOGY

VCARE FEVER PROFILE-2

Test Name	Results	Units	Ref. Range	Method
Widal Test (Slide Test)				
Salmonella typhi O Antigen	1:160		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	0.32	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	0.46	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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