

**REPORT**

Name	: Mrs. PV RATHNAM	Sample ID	: 24854816
Age/Gender	: 70 Years/Female	Reg. No	: 0312310280052
Referred by	: Dr. LAVANYA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Oct-2023 08:59 PM
Primary Sample	: Whole Blood	Received On	: 28-Oct-2023 10:08 PM
Sample Tested In	: Serum	Reported On	: 29-Oct-2023 12:38 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

**VCARE FEVER PROFILE-2**

Test Name	Results	Units	Ref. Range	Method
<b>C-Reactive protein-(CRP)</b>	<b>42.2</b>	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



*Dr. Vaishnavi*  
**DR. VAISHNAVI**  
**MD BIOCHEMISTRY**

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Primary Sample	: Whole Blood	Received On	: 28-Oct-2023 10:08 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 28-Oct-2023 11:10 PM
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**HAEMATOLOGY**

**VCARE FEVER PROFILE-2**

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

<b>Plasmodium Vivax Antigen</b>	Negative		Negative	Immuno Chromatography
<b>Plasmodium Falciparum</b>	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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Swarnabala . M  
DR.SWARNA BALA  
MD PATHOLOGY

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**HAEMATOLOGY**

**VCARE FEVER PROFILE-2**

Test Name	Results	Units	Ref. Range	Method
<b>COMPLETE BLOOD COUNT (CBC)</b>				
Haemoglobin (Hb)	10.1	g/dL	12-15	Cynmeth Method
RBC Count	3.30	10 <sup>12</sup> /L	4.5-5.5	Cell Impedence
Haematocrit (HCT)	30.5	%	40-50	Calculated
MCV	93	fl	81-101	Calculated
MCH	30.6	pg	27-32	Calculated
MCHC	33.1	g/dL	32.5-34.5	Calculated
RDW-CV	12.9	%	11.6-14.0	Calculated
Platelet Count (PLT)	245	10 <sup>9</sup> /L	150-410	Cell Impedence
Total WBC Count	9.9	10 <sup>9</sup> /L	4.0-10.0	Impedence
Neutrophils	75	%	40-70	Cell Impedence
Absolute Neutrophils Count	7.43	10 <sup>9</sup> /L	2.0-7.0	Impedence
Lymphocytes	20	%	20-40	Cell Impedence
Absolute Lymphocyte Count	1.98	10 <sup>9</sup> /L	1.0-3.0	Impedence
Monocytes	03	%	2-10	Microscopy
Absolute Monocyte Count	0.3	10 <sup>9</sup> /L	0.2-1.0	Calculated
Eosinophils	02	%	1-6	Microscopy
Absolute Eosinophils Count	0.2	10 <sup>9</sup> /L	0.02-0.5	Calculated
Basophils	0	%	1-2	Microscopy
Absolute Basophil ICount	0.00	10 <sup>9</sup> /L	0.0-0.3	Calculated
<b>Morphology</b>				
WBC	Neutrophilia			
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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<b>Erythrocyte Sedimentation Rate (ESR)</b>	<b>17</b>		<b>14 or less</b>	<b>Westergren method</b>
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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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**CLINICAL BIOCHEMISTRY**

**VCARE FEVER PROFILE-2**

Test Name	Results	Units	Ref. Range	Method
<b>Liver Function Test (LFT)</b>				
Bilirubin(Total)	0.4	mg/dL	0.2-1.2	Diazo
Bilirubin (Direct)	0.1	mg/dL	0.0 - 0.2	Diazo
Bilirubin (Indirect)	0.3	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	23	U/L	5-48	IFCC with out (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	15	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	135	U/L	40-150	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	42	U/L	5-55	IFCC
Protein - Total	6.5	g/dL	6.4-8.2	Biuret
Albumin	4.3	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	2.2	g/dL	2.0-4.2	Calculated
A:G Ratio	1.95	%	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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**MD BIOCHEMISTRY**

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Name	: Mrs. PV RATHNAM	Sample ID	: 24854529
Age/Gender	: 70 Years/Female	Reg. No	: 0312310280052
Referred by	: Dr. LAVANYA	SPP Code	: SPL-CV-172
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Primary Sample	:	Received On	: 28-Oct-2023 10:08 PM
Sample Tested In	: Urine	Reported On	: 28-Oct-2023 11:38 PM
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**CLINICAL PATHOLOGY**

**VCARE FEVER PROFILE-2**

Test Name	Results	Units	Ref. Range	Method
<b>Complete Urine Analysis (CUE)</b>				
<b>Physical Examination</b>				
Colour	Pale Yellow		Straw to light amber	
Appearance	HAZY		Clear	
<b>Chemical Examination</b>				
Glucose	Negative		Negative	Strip Reflectance
Protein	(+)		Negative	Strip Reflectance
Bilirubin (Bile)	Negative		Negative	Strip Reflectance
Urobilinogen	Negative		Negative	Ehrlichs reagent
Ketone Bodies	Negative		Negative	Strip Reflectance
Specific Gravity	1.015		1.000 - 1.030	Strip Reflectance
Blood	(+)		Negative	Strip Reflectance
Reaction (pH)	6.0		5.0 - 8.5	Reagent strip Reflectance - Double indicator Principle
Nitrites	Positive		Negative	Strip Reflectance
Leukocyte esterase	(+)		Negative	Reagent Strip Reflectance
<b>Microscopic Examination (Microscopy)</b>				
PUS(WBC) Cells	06-08	/hpf	00-05	Microscopy
R.B.C.	06-08	/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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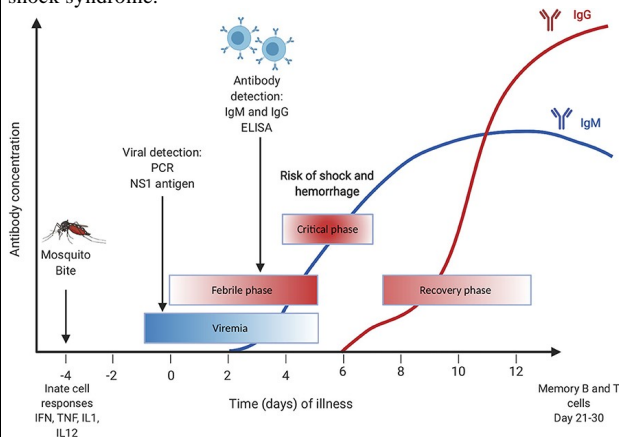
**IMMUNOLOGY & SEROLOGY**

**VCARE FEVER PROFILE-2**

Test Name	Results	Units	Ref. Range	Method
<b>Widal Test (Slide Test)</b>				
Salmonella typhi O Antigen	<1:20		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	
<b>Dengue Profile-Elisa</b>				
Dengue IgG Antibody	0.40	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive	ELISA
Dengue IgM Antibody	0.29	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive	ELISA
Dengue NS1 Antigen	0.33	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



**DR. RUTURAJ MANIKLAL KOLHAPURE**  
MD, MICROBIOLOGIST



Correlate Clinically.

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