

**REPORT**

|                    |                                      |               |                        |
|--------------------|--------------------------------------|---------------|------------------------|
| Name               | : Mr. PRAVEEN KUMAR                  | Sample ID     | : 24753531             |
| Age/Gender         | : 32 Years/Male                      | Reg. No       | : 0312311040061        |
| Referred by        | : Dr. SELF                           | SPP Code      | : SPL-CV-172           |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS         | Collected On  | : 04-Nov-2023 09:12 PM |
| Primary Sample     | : Whole Blood                        | Received On   | : 04-Nov-2023 09:59 PM |
| Sample Tested In   | : Serum                              | Reported On   | : 04-Nov-2023 10:39 PM |
| 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>6.52</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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| Referring Customer | : V CARE MEDICAL DIAGNOSTICS         | Collected On  | : 04-Nov-2023 09:12 PM |
| Primary Sample     | : Whole Blood                        | Received On   | : 04-Nov-2023 09:59 PM |
| Sample Tested In   | : Whole Blood EDTA                   | Reported On   | : 04-Nov-2023 10:11 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)**

|                                 |          |  |          |                       |
|---------------------------------|----------|--|----------|-----------------------|
| <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.Vivex is utmost importance for better patient management and speedy recovery.



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MD PATHOLOGY

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| Referred by        | : Dr. SELF                           | SPP Code      | : SPL-CV-172           |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS         | Collected On  | : 04-Nov-2023 09:12 PM |
| Primary Sample     | : Whole Blood                        | Received On   | : 04-Nov-2023 09:59 PM |
| Sample Tested In   | : Whole Blood EDTA                   | Reported On   | : 04-Nov-2023 10:11 PM |
| Client Address     | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report         |

**HAEMATOLOGY**

**VCARE FEVER PROFILE-2**

| Test Name                         | Results                               | Units               | Ref. Range | Method         |
|-----------------------------------|---------------------------------------|---------------------|------------|----------------|
| <b>COMPLETE BLOOD COUNT (CBC)</b> |                                       |                     |            |                |
| Haemoglobin (Hb)                  | 15.7                                  | g/dL                | 13-17      | Cynmeth Method |
| RBC Count                         | 5.33                                  | 10 <sup>12</sup> /L | 4.5-5.5    | Cell Impedance |
| Haematocrit (HCT)                 | 46.2                                  | %                   | 40-50      | Calculated     |
| MCV                               | 87                                    | fl                  | 81-101     | Calculated     |
| MCH                               | 29.5                                  | pg                  | 27-32      | Calculated     |
| MCHC                              | 34.1                                  | g/dL                | 32.5-34.5  | Calculated     |
| RDW-CV                            | 12.8                                  | %                   | 11.6-14.0  | Calculated     |
| Platelet Count (PLT)              | 199                                   | 10 <sup>9</sup> /L  | 150-410    | Cell Impedance |
| Total WBC Count                   | 6.6                                   | 10 <sup>9</sup> /L  | 4.0-10.0   | Impedance      |
| Neutrophils                       | 70                                    | %                   | 40-70      | Cell Impedance |
| Absolute Neutrophils Count        | 4.62                                  | 10 <sup>9</sup> /L  | 2.0-7.0    | Impedance      |
| Lymphocytes                       | 20                                    | %                   | 20-40      | Cell Impedance |
| Absolute Lymphocyte Count         | 1.32                                  | 10 <sup>9</sup> /L  | 1.0-3.0    | Impedance      |
| Monocytes                         | 06                                    | %                   | 2-10       | Microscopy     |
| Absolute Monocyte Count           | 0.4                                   | 10 <sup>9</sup> /L  | 0.2-1.0    | Calculated     |
| Eosinophils                       | 04                                    | %                   | 1-6        | Microscopy     |
| Absolute Eosinophils Count        | 0.26                                  | 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                               | Within normal limits.                 |                     |            |                |
| RBC                               | Normocytic normochromic blood picture |                     |            |                |
| Platelets                         | Adequate                              |                     |            | Microscopy     |

Result rechecked and verified for abnormal cases

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| Referred by        | : Dr. SELF                           | SPP Code      | : SPL-CV-172           |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS         | Collected On  | : 04-Nov-2023 09:12 PM |
| Primary Sample     | : Whole Blood                        | Received On   | : 04-Nov-2023 09:59 PM |
| Sample Tested In   | : Whole Blood EDTA                   | Reported On   | : 04-Nov-2023 10:45 PM |
| Client Address     | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report         |

**HAEMATOLOGY**

**VCARE FEVER PROFILE-2**

| Test Name                                   | Results | Units | Ref. Range | Method            |
|---|---------|-------|------------|-------------------|
| <b>Erythrocyte Sedimentation Rate (ESR)</b> | 8       |       | 10 or less | 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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| Referred by        | : Dr. SELF                           | SPP Code      | : SPL-CV-172           |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS         | Collected On  | : 04-Nov-2023 09:12 PM |
| Primary Sample     | : Whole Blood                        | Received On   | : 04-Nov-2023 09:59 PM |
| Sample Tested In   | : Serum                              | Reported On   | : 04-Nov-2023 10:39 PM |
| 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>Liver Function Test (LFT)</b>      |         |       |            |                          |
| Bilirubin(Total)                      | 0.5     | mg/dL | 0.3-1.2    | Diazo                    |
| Bilirubin (Direct)                    | 0.1     | mg/dL | 0.0 - 0.5  | Diazo                    |
| Bilirubin (Indirect)                  | 0.4     | mg/dL | 0.2-1.0    | Calculated               |
| Aspartate Aminotransferase (AST/SGOT) | 20      | U/L   | 5-40       | IFCC with out (P-5-P)    |
| Alanine Aminotransferase (ALT/SGPT)   | 28      | U/L   | 0-55       | IFCC with out (P-5-P)    |
| Alkaline Phosphatase(ALP)             | 70      | U/L   | 40-150     | Kinetic PNPP-AMP         |
| Gamma Glutamyl Transpeptidase (GGTP)  | 42      | U/L   | 15-85      | IFCC                     |
| Protein - Total                       | 7.5     | g/dL  | 6.4-8.2    | Biuret                   |
| Albumin                               | 4.1     | g/dL  | 3.4-5.0    | Bromocresol purple (BCP) |
| Globulin                              | 3.4     | g/dL  | 2.0-4.2    | Calculated               |
| A:G Ratio                             | 1.21    | %     | 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**

**REPORT**

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|--------------------|--------------------------------------|---------------|------------------------|
| Name               | : Mr. PRAVEEN KUMAR                  | Sample ID     | : 23802466             |
| Age/Gender         | : 32 Years/Male                      | Reg. No       | : 0312311040061        |
| Referred by        | : Dr. SELF                           | SPP Code      | : SPL-CV-172           |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS         | Collected On  | : 04-Nov-2023 09:12 PM |
| Primary Sample     | :                                    | Received On   | : 04-Nov-2023 09:59 PM |
| Sample Tested In   | : Urine                              | Reported On   | : 04-Nov-2023 10:16 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   |
|---|-------------|-------|----------------------|--|
| <b>Complete Urine Analysis (CUE)</b>        |             |       |                      |  |
| <b>Physical Examination</b>                 |             |       |                      |  |
| Colour                                      | Pale Yellow |       | Straw to light amber |  |
| Appearance                                  | Clear       |       | Clear                |  |
| <b>Chemical Examination</b>                 |             |       |                      |  |
| 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                            | 1.030       |       | 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                              |
| <b>Microscopic Examination (Microscopy)</b> |             |       |                      |  |
| 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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MD PATHOLOGY

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| Referring Customer | : V CARE MEDICAL DIAGNOSTICS         | Collected On  | : 04-Nov-2023 09:12 PM |
| Primary Sample     | : Whole Blood                        | Received On   | : 04-Nov-2023 09:59 PM |
| Sample Tested In   | : Serum                              | Reported On   | : 05-Nov-2023 12:17 AM |
| Client Address     | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report         |

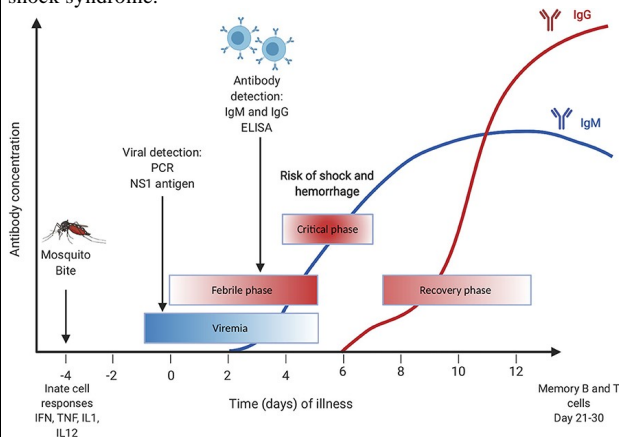
**IMMUNOLOGY & SEROLOGY**

**VCARE FEVER PROFILE-2**

| Test Name                       | Results | Units | Ref. Range  | Method |
|---------------------------------|---------|-------|---|--------|
| <b>Widal Test (Slide Test)</b>  |         |       |   |        |
| Salmonella typhi O Antigen      | <1:20   |       | 1:80 & Above Significant                                      |        |
| Salmonella typhi H Antigen      | 1:160   |       | 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             | 0.41    | S/CO  | < 0.8 : Negative<br>0.8-1.1 : Equivocal<br>≥ 1.1 : Positive   | ELISA  |
| Dengue IgM Antibody             | 0.33    | S/CO  | < 0.8 : Negative<br>0.8-1.1 : Equivocal<br>≥ 1.1 : Positive   | ELISA  |
| Dengue NS1 Antigen              | 0.39    | S/Co  | < 0.8~ : Negative<br>0.8-1.1 : Equivocal<br>> 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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