

Registered Office: # Plot No. 564, 1st floor, Buddhanagar, Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg .No. SAPALAPVLHT (Covid -19) Website:- www.sagepathlabs.com

REPORT

: Mr. SALE RAJENDER REDDY Name

Age/Gender : 30 Years/Male Referred by : Dr. SANJANA PADAMATI

: Serum

Referring Customer : V CARE MEDICAL DIAGNOSTICS -TS

Primary Sample : Whole Blood

Client Address : Kimtee Colony , Gokul Nagar, Tarnaka. Sample ID : 24753792

Reg. No : 0312311220004

SPP Code : SPL-STS-554

Collected On : 22-Nov-2023 08:29 AM Received On : 22-Nov-2023 01:03 PM

Reported On : 22-Nov-2023 04:31 PM

Report Status : Final Report

CLINICAL BIOCHEMISTRY

VCARE FEVER PROFILE-2

Test Name Results Units Ref. Range Method

C-Reactive protein-(CRP) 2.68 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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REPORT

Name : Mr. SALE RAJENDER REDDY

Age/Gender : 30 Years/Male

Referred by : Dr. SANJANA PADAMATI

Referring Customer : V CARE MEDICAL DIAGNOSTICS -TS

Primary Sample : Whole Blood

Sample Tested In : Whole Blood EDTA

Client Address : Kimtee Colony , Gokul Nagar, Tarnaka. Sample ID : 24753789

Reg. No : 0312311220004

SPP Code : SPL-STS-554 Collected On

: 22-Nov-2023 08:29 AM Received On : 22-Nov-2023 01:02 PM

Reported On : 22-Nov-2023 02:03 PM

Report Status : Final Report

HAEMATOLOGY

VCARE FEVER PROFILE-2

Test Name Results Units Ref. Range Method

MALARIA ANTIGEN (VIVAX & FALCIPARUM)

Plasmodium Vivax Antigen Immuno Chromatography Negative Negative Plasmodium Falciparum Negative Negative Immuno Chromatography

• 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

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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REPORT

Name: Mr. SALE RAJENDER REDDYSample ID: 24753789Age/Gender: 30 Years/MaleReg. No: 0312311220004Referred by: Dr. SANJANA PADAMATISPP Code: SPL-STS-554

Referring Customer : V CARE MEDICAL DIAGNOSTICS -TS Collected On : 22-Nov-2023 08:29 AM

Primary Sample : Whole Blood Received On : 22-Nov-2023 01:02 PM

Sample Tested In : Whole Blood EDTA Reported On : 22-Nov-2023 02:03 PM

Client Address : Kimtee Colony ,Gokul Nagar,Tarnaka. Report Status : Final Report

HAEMATOLOGY

| VCARE FEVER PROFILE-2 | | | | | |
|----------------------------|---------------------------------------|---------|------------|----------------|--|
| Test Name | Results | Units | Ref. Range | Method | |
| | | | | | |
| COMPLETE BLOOD COUNT (CBC) | | | | | |
| Haemoglobin (Hb) | 15.4 | g/dL | 13-17 | Cynmeth Method | |
| RBC Count | 5.54 | 10^12/L | 4.5-5.5 | Cell Impedence | |
| Haematocrit (HCT) | 45.5 | % | 40-50 | Calculated | |
| MCV | 82 | fl | 81-101 | Calculated | |
| MCH | 27.7 | pg | 27-32 | Calculated | |
| MCHC | 33.8 | g/dL | 32.5-34.5 | Calculated | |
| RDW-CV | 15.0 | % | 11.6-14.0 | Calculated | |
| Platelet Count (PLT) | 249 | 10^9/L | 150-410 | Cell Impedance | |
| Total WBC Count | 5.1 | 10^9/L | 4.0-10.0 | Impedance | |
| Neutrophils | 61 | % | 40-70 | Cell Impedence | |
| Absolute Neutrophils Count | 3.11 | 10^9/L | 2.0-7.0 | Impedence | |
| Lymphocytes | 33 | % | 20-40 | Cell Impedence | |
| Absolute Lymphocyte Count | 1.68 | 10^9/L | 1.0-3.0 | Impedence | |
| Monocytes | 03 | % | 2-10 | Microscopy | |
| Absolute Monocyte Count | 0.15 | 10^9/L | 0.2-1.0 | Calculated | |
| Eosinophils | 03 | % | 1-6 | Microscopy | |
| Absolute Eosinophils Count | 0.15 | 10^9/L | 0.02-0.5 | Calculated | |
| Basophils | 0 | % | 1-2 | Microscopy | |
| Absolute Basophil ICount | 0.00 | 10^9/L | 0.0-0.3 | Calculated | |
| <u>Morphology</u> | | | | | |
| WBC | Within normal limits. | | | | |
| RBC | Normocytic normochromic blood picture | | | | |
| Platelets | Adequate Microsc | | | Microscopy | |

Result rechecked and verified for abnormal cases

*** End Of Report ***

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REPORT

Name : Mr. SALE RAJENDER REDDY

Age/Gender : 30 Years/Male

Referred by : Dr. SANJANA PADAMATI

Referring Customer : V CARE MEDICAL DIAGNOSTICS -TS

Primary Sample : Whole Blood

Sample Tested In : Whole Blood EDTA

Client Address : Kimtee Colony , Gokul Nagar, Tarnaka.

Sample ID : 24753789

Reg. No : 0312311220004

SPP Code : SPL-STS-554

Collected On : 22-Nov-2023 08:29 AM

Received On : 22-Nov-2023 01:02 PM

Reported On : 22-Nov-2023 03:23 PM

Report Status : Final Report

HAEMATOLOGY

VCARE FEVER PROFILE-2

Test Name Results Units Ref. Range Method

Erythrocyte Sedimentation Rate (ESR) 6 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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REPORT

Name : Mr. SALE RAJENDER REDDY

Age/Gender : 30 Years/Male

Referred by : Dr. SANJANA PADAMATI

Referring Customer : V CARE MEDICAL DIAGNOSTICS -TS

Primary Sample : Whole Blood

Sample Tested In : Plasma-NaF(R)

Client Address : Kimtee Colony ,Gokul Nagar,Tarnaka.

Sample ID : 24753790

SPP Code

Reg. No : 0312311220004

: SPL-STS-554

Collected On : 22-Nov-2023 08:29 AM

Received On : 22-Nov-2023 01:02 PM

Reported On : 22-Nov-2023 03:41 PM

Report Status : Final Report

CLINICAL BIOCHEMISTRY

VCARE FEVER PROFILE-2

Test Name Results Units Ref. Range Method

Glucose Random (RBS) 84 mg/dL 70-140 Hexokinase (HK)

Interpretation of Plasma Glucose based on ADA guidelines 2018

| | 3 | 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: Diabetes care 2018:41(suppl.1):S13-S27

- The random blood glucose if it is above 200 mg/dL and the patient has increased thirst, polyuria, and polyphagia, suggests diabetes mellitus.
- As a rule, two-hour glucose samples will reach the fasting level or it will be in the normal range.

*** End Of Report ***

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Tost Name



Sagepath Labs Pvt. Ltd.

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Method

REPORT

Name : Mr. SALE RAJENDER REDDY Sample ID : 24753792

Age/Gender : 30 Years/Male Reg. No : 0312311220004 Referred by : SPL-STS-554

: Dr. SANJANA PADAMATI SPP Code Referring Customer : V CARE MEDICAL DIAGNOSTICS -TS Collected On : 22-Nov-2023 08:29 AM

Primary Sample : Whole Blood : 22-Nov-2023 01:03 PM Received On Sample Tested In : Serum Reported On : 22-Nov-2023 05:10 PM

Client Address : Kimtee Colony , Gokul Nagar, Tarnaka. Report Status : Final Report

CLINICAL BIOCHEMISTRY

VCARE FEVER PROFILE-2 Unite

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| Test Name | Results | Units | Ref. Range | Method |
|---------------------------------------|---------|-------|------------|--------------------------|
| | | | | |
| Liver Function Test (LFT) | | | | |
| Bilirubin(Total) | 0.7 | mg/dL | 0.3-1.2 | Diazo |
| Bilirubin (Direct) | 0.2 | mg/dL | 0.0 - 0.5 | Diazo |
| Bilirubin (Indirect) | 0.5 | mg/dL | 0.2-1.0 | Calculated |
| Aspartate Aminotransferase (AST/SGOT) | 21 | U/L | 5-40 | IFCC with out (P-5-P) |
| Alanine Aminotransferase (ALT/SGPT) | 20 | U/L | 0-55 | IFCC with out (P-5-P) |
| Alkaline Phosphatase(ALP) | 72 | U/L | 40-150 | Kinetic PNPP-AMP |
| Gamma Glutamyl Transpeptidase (GGTP) | 19 | U/L | 15-85 | IFCC |
| Protein - Total | 7.2 | g/dL | 6.4-8.2 | Biuret |
| Albumin | 4.4 | g/dL | 3.4-5.0 | Bromocresol purple (BCP) |
| Globulin | 2.8 | g/dL | 2.0-4.2 | Calculated |
| A:G Ratio | 1.57 | % | 0.8-2.0 | Calculated |
| SGOT/SGPT Ratio | 1.05 | | | |
| | | | | |

- 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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REPORT

: Mr. SALE RAJENDER REDDY Name

Age/Gender : 30 Years/Male Referred by : Dr. SANJANA PADAMATI

: V CARE MEDICAL DIAGNOSTICS -TS Referring Customer

Primary Sample Sample Tested In : Urine

Client Address : Kimtee Colony , Gokul Nagar, Tarnaka.

: 24753791 Sample ID

Reg. No : 0312311220004

SPP Code : SPL-STS-554

Collected On : 22-Nov-2023 08:29 AM : 22-Nov-2023 01:04 PM Received On

Reported On 22-Nov-2023 01:38 PM

Report Status Final Report

CLINICAL PATHOLOGY

VCARE FEVER PROFILE-2

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 Strip Reflectance Absent Negative 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 Negative Strip Reflectance Reaction (pH) 5.5 5.0 - 8.5Reagent strip Reflectance -

Double indicator Principle Nitrites Negative Negative Strip Reflectance

Reagent Strip Reflectance Leukocyte esterase Negative Negative

Microscopic Examination (Microscopy)

PUS(WBC) Cells 02-03 /hpf 00-05 Microscopy R.B.C. Nil /hpf Nil Microscopic 01-02 **Epithelial Cells** /hpf 00-05 Microscopic Casts Absent Absent Microscopic Crystals Absent Absent Microscopic Nil Nil **Bacteria**

Budding Yeast Cells Nil Absent Microscopy

Others Microscopic

*** 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

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Comments :





Swarnabala-M DR.SWARNA BALA MD PATHOLOGY



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REPORT

Name : Mr. SALE RAJENDER REDDY Sample ID : 24753792

Age/Gender : 30 Years/Male Reg. No : 0312311220004 Referred by : Dr. SANJANA PADAMATI SPP Code : SPL-STS-554

Referring Customer : V CARE MEDICAL DIAGNOSTICS -TS Collected On : 22-Nov-2023 08:29 AM Primary Sample : Whole Blood Received On : 22-Nov-2023 01:03 PM

Sample Tested In : Serum Reported On : 22-Nov-2023 05:09 PM

Client Address : Kimtee Colony , Gokul Nagar, Tarnaka. Report Status : Final Report

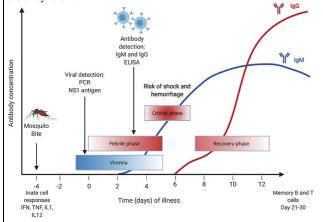
IMMUNOLOGY & SEROLOGY

VCARE FEVER PROFILE-2

| Test Name | Results | Units | Ref. Range | Method |
|---------------------------------|---------|-------|---------------------------------------------------------------|--------|
| | | | | |
| Widal Test (Slide Test) | | | | |
| Salmonella typhi O Antigen | <1:20 | | 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 | |
| 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 | 0.48 | S/CO | < 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive | ELISA |
| Dengue NS1 Antigen | 0.23 | 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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