

**REPORT**

Name	: Dr. A VASUNDARA	Sample ID	: 24753767
Age/Gender	: 28 Years/Female	Reg. No	: 0312311240028
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 24-Nov-2023 11:38 AM
Primary Sample	: Whole Blood	Received On	: 24-Nov-2023 12:29 PM
Sample Tested In	: Serum	Reported On	: 24-Nov-2023 04:21 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>45.61</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**

**REPORT**

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 24-Nov-2023 11:38 AM
Primary Sample	: Whole Blood	Received On	: 24-Nov-2023 12:18 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 24-Nov-2023 01:01 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**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 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 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.



\*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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**HAEMATOLOGY**

**VCARE FEVER PROFILE-2**

Test Name	Results	Units	Ref. Range	Method
<b>COMPLETE BLOOD COUNT (CBC)</b>				
Haemoglobin (Hb)	11.8	g/dL	12-15	Cynmeth Method
RBC Count	4.97	10 <sup>12</sup> /L	4.5-5.5	Cell Impedence
Haematocrit (HCT)	38.4	%	40-50	Calculated
MCV	77	fl	81-101	Calculated
MCH	23.6	pg	27-32	Calculated
MCHC	30.6	g/dL	32.5-34.5	Calculated
RDW-CV	17.9	%	11.6-14.0	Calculated
Platelet Count (PLT)	251	10 <sup>9</sup> /L	150-410	Cell Impedence
Total WBC Count	6.6	10 <sup>9</sup> /L	4.0-10.0	Impedence
Neutrophils	70	%	40-70	Cell Impedence
Absolute Neutrophils Count	4.62	10 <sup>9</sup> /L	2.0-7.0	Impedence
Lymphocytes	23	%	20-40	Cell Impedence
Absolute Lymphocyte Count	1.52	10 <sup>9</sup> /L	1.0-3.0	Impedence
Monocytes	04	%	2-10	Microscopy
Absolute Monocyte Count	0.26	10 <sup>9</sup> /L	0.2-1.0	Calculated
Eosinophils	03	%	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	Within normal limits.			
RBC	Anisocytosis with Normocytic normochromic			
Platelets	Adequate			Microscopy

Result rechecked and verified for abnormal cases

\*\*\* End Of Report \*\*\*

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Primary Sample	: Whole Blood	Received On	: 24-Nov-2023 12:18 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 24-Nov-2023 02:26 PM
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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>13</b>		10 or less	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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**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Glycated Hemoglobin (HbA1c)</b>	5.9	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5	HPLC
<b>Mean Plasma Glucose</b>	122.63	mg/dL		Calculated

**Interpretation:**

- Glycated hemoglobins (GHb), also called glycohemoglobins, are substances formed when glucose binds to hemoglobin, and occur in amounts proportional to the concentration of serum glucose. Since red blood cells survive an average of 120 days, the measurement of GHb provides an index of a person's average blood glucose concentration (glycemia) during the preceding 2-3 months. Normally, only 4% to 6% of hemoglobin is bound to glucose, while elevated glycohemoglobin levels are seen in diabetes and other hyperglycemic states
- Mean Plasma Glucose(MPG):This Is Mathematical Calculations Where Glycated Hb Can Be Correlated With Daily Mean Plasma Glucose Level

\*\*\* End Of Report \*\*\*

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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)	0.7	mg/dL	0.3-1.2	Diazo
Bilirubin (Direct)	0.2	mg/dL	0.0 - 0.2	Diazo
Bilirubin (Indirect)	0.5	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	<b>315</b>	U/L	5-40	IFCC with out (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	<b>414</b>	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	<b>160</b>	U/L	40-150	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	40	U/L	5-55	IFCC
Protein - Total	8.2	g/dL	6.4-8.2	Biuret
Albumin	4.6	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	3.6	g/dL	2.0-4.2	Calculated
A:G Ratio	1.28	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	0.76			

- **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

\*\*\* End Of Report \*\*\*

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**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Thyroid Profile-I(TFT)</b>				
<b>T3 (Triiodothyronine)</b>	108.89	ng/dL	70-204	CLIA
<b>T4 (Thyroxine)</b>	10.2	µg/dL	3.2-12.6	CLIA
<b>TSH -Thyroid Stimulating Hormone</b>	2.70	µIU/mL	0.35-5.5	CLIA

**Pregnancy & Cord Blood**

T3 (Triiodothyronine):	T4 (Thyroxine)	TSH (Thyroid Stimulating Hormone)
First Trimester : 81-190 ng/dL	15 to 40 weeks:9.1-14.0 µg/dL	First Trimester : 0.24-2.99 µIU/mL
Second&Third Trimester :100-260 ng/dL		Second Trimester: 0.46-2.95 µIU/mL
		Third Trimester : 0.43-2.78 µIU/mL
Cord Blood: 30-70 ng/dL	Cord Blood: 7.4-13.0 µg/dL	Cord Blood: : 2.3-13.2 µIU/mL

**Interpretation:**

- Thyroid gland is a butterfly-shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should.
- Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine (T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism.
- Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism.
- TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4.
- The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

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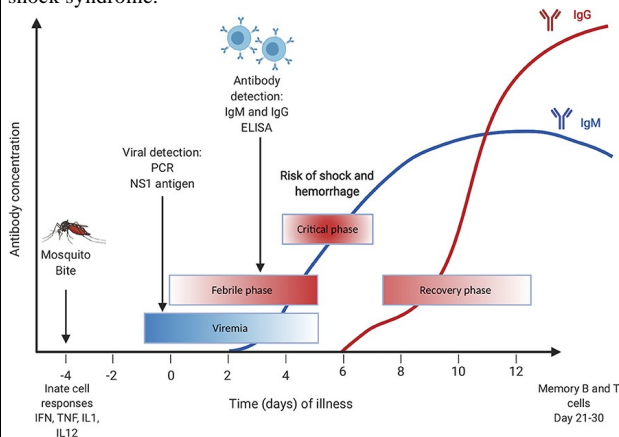
**IMMUNOLOGY & SEROLOGY**

**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	0.32	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive	ELISA
Dengue IgM Antibody	0.56	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive	ELISA
Dengue NS1 Antigen	0.19	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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