

REPORT

Name	: Mrs. SUDHA RANI	Sample ID	: 24753985
Age/Gender	: 45 Years/Female	Reg. No	: 0312312050039
Referred by	: Dr. T DURGA PRASAD	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-Dec-2023 04: 41 PM
Primary Sample	: Whole Blood	Received On	: 05-Dec-2023 05: 41 PM
Sample Tested In	: Serum	Reported On	: 05-Dec-2023 06: 51 PM
Client Address	: Kimtee colony ,Gokul Nagar ,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
C-Reactive protein-(CRP)	4.6	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	: 05-Dec-2023 05: 41 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 05-Dec-2023 06: 17 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

FEVER PROFILE

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

Plasmodium Vivax Antigen	Negative		Negative	Immuno Chromatography
Plasmodium Falciparum	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 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.



*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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DR.SWARNA BALA
MD PATHOLOGY

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HAEMATOLOGY

FEVER PROFILE

Test Name	Results	Units	Ref. Range	Method
COMPLETE BLOOD COUNT (CBC)				
Haemoglobin (Hb)	11.3	g/dL	12-15	Cynmeth Method
RBC Count	5.14	10 ¹² /L	4.5-5.5	Cell Impedence
Haematocrit (HCT)	36.2	%	40-50	Calculated
MCV	71	fl	81-101	Calculated
MCH	21.9	pg	27-32	Calculated
MCHC	31.2	g/dL	32.5-34.5	Calculated
RDW-CV	16.8	%	11.6-14.0	Calculated
Platelet Count (PLT)	325	10 ⁹ /L	150-410	Cell Impedence
Total WBC Count	3.9	10 ⁹ /L	4.0-10.0	Impedence
Neutrophils	64	%	40-70	Cell Impedence
Absolute Neutrophils Count	2.5	10 ⁹ /L	2.0-7.0	Impedence
Lymphocytes	29	%	20-40	Cell Impedence
Absolute Lymphocyte Count	1.13	10 ⁹ /L	1.0-3.0	Impedence
Monocytes	04	%	2-10	Microscopy
Absolute Monocyte Count	0.16	10 ⁹ /L	0.2-1.0	Calculated
Eosinophils	03	%	1-6	Microscopy
Absolute Eosinophils Count	0.12	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
Morphology				
WBC	Mild Leucopenia			
RBC	Anisocytosis with normocytic normochromic and few microcytic hypochromic			
Platelets	Adequate.			Microscopy

Result rechecked and verified for abnormal cases

*** End Of Report ***

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Primary Sample	: Whole Blood	Received On	: 05-Dec-2023 05: 41 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 05-Dec-2023 06:54 PM
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HAEMATOLOGY

FEVER PROFILE

Test Name	Results	Units	Ref. Range	Method
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Erythrocyte Sedimentation Rate (ESR)	7		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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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-Dec-2023 04: 41 PM
Primary Sample	: Whole Blood	Received On	: 05-Dec-2023 05: 41 PM
Sample Tested In	: Serum, Plasma-NaF(R)	Reported On	: 05-Dec-2023 08:02 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Bilirubin(Total)	0.3	mg/dL	0.3-1.2	Diazo
Bilirubin (Direct)	0.1	mg/dL	0.0 - 0.2	Diazo
Bilirubin (Indirect)	0.2	mg/dL	0.2-1.0	Calculated

Interpretation:

Bilirubin is a yellowish pigment found in bile, a fluid made by the liver.

Bilirubin is left after these older blood cells are removed. The liver helps break down bilirubin so that it can be removed from the body in the stool. A level of bilirubin in the blood of 2.0 mg/dL can lead to jaundice. Jaundice is a yellow color in the skin, mucus membranes, or eyes.

In newborns, bilirubin level is higher for the first few days of life. Your child's provider must consider the following when deciding whether your baby's bilirubin level is too high:

- How fast the level has been rising
- Whether the baby was born early
- The baby's age

Jaundice can also occur when more red blood cells than normal are broken down. This can be caused by:

- A blood disorder called erythroblastosis fetalis
- A red blood cell disorder called hemolytic anemia
- Transfusion reaction in which red blood cells that were given in a transfusion are destroyed by the person's immune system

Note: DPD(3,5-dichlorophenyldiazonium tetrafluoroborate)

Glucose Random (RBS) 98 mg/dL 70-140 Hexokinase (HK)

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	Fasting Plasma Glucose(mg/dL)	2hrs Plasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	> = 126	> = 200	> = 6.5	>=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.



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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Creatinine -Serum	0.69	mg/dL	0.60-1.10	Sarcosine oxidase

Interpretation:

- This test is done to see how well your kidneys are working.Creatinine is a chemical waste product of creatine. Creatine is a chemical made by the body and is used to supply energy mainly to muscles.
- **A higher than normal level may be due to:**
- Renal diseases and insufficiency with decreased glomerular filtration, urinary tract obstruction, reduced renal blood flow including congestive heart failure, shock, and dehydration; rhabdomyolysis can cause elevated serum creatinine.
- **A lower than normal level may be due to:**
- Small stature, debilitation, decreased muscle mass; some complex cases of severe hepatic disease can cause low serum creatinine levels. In advanced liver disease, low creatinine may result from decreased hepatic production of creatinine and inadequate dietary protein as well as reduced muscle mass.



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Name	: Mrs. SUDHA RANI	Sample ID	: 24753998
Age/Gender	: 45 Years/Female	Reg. No	: 0312312050039
Referred by	: Dr. T DURGA PRASAD	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-Dec-2023 04: 41 PM
Primary Sample	:	Received On	: 05-Dec-2023 05: 41 PM
Sample Tested In	: Urine	Reported On	: 05-Dec-2023 06:59 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL PATHOLOGY

FEVER PROFILE

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	Absent		Negative	Strip Reflectance
Bilirubin (Bile)	Negative		Negative	Strip Reflectance
Urobilinogen	Negative		Negative	Ehrlichs reagent
Ketone Bodies	Negative		Negative	Strip Reflectance
Specific Gravity	1.010		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
Microscopic Examination (Microscopy)				
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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Primary Sample	: Whole Blood	Received On	: 05-Dec-2023 05: 41 PM
Sample Tested In	: Serum	Reported On	: 05-Dec-2023 07:04 PM
Client Address	: Kimtee colony ,Gokul Nagar ,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

FEVER PROFILE

Test Name	Results	Units	Ref. Range	Method
Widal Test (Slide Test)				
Salmonella typhi O Antigen	1:80		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	

Correlate Clinically.

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*** End Of Report ***



DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST