

**REPORT**

Name	: Baby. JANESEA	Sample ID	: A0094094
Age/Gender	: 2 Years 7 Months 1 Days/Female	Reg. No	: 0312403260020
Referred by	: Dr. C N REDDY (M.B.B.S.,D.C.H)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Mar-2024 12:10 PM
Primary Sample	: Whole Blood	Received On	: 26-Mar-2024 12:52 PM
Sample Tested In	: Serum	Reported On	: 26-Mar-2024 04:21 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>C-Reactive protein-(CRP)</b>	<b>32.09</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**

Name	: Baby. JANESEA	Sample ID	: A0094094
Age/Gender	: 2 Years 7 Months 1 Days/Female	Reg. No	: 0312403260020
Referred by	: Dr. C N REDDY (M.B.B.S.,D.C.H)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Mar-2024 12:10 PM
Primary Sample	: Whole Blood	Received On	: 26-Mar-2024 12:52 PM
Sample Tested In	: Serum	Reported On	: 26-Mar-2024 02:02 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**IMMUNOLOGY & SEROLOGY**

Test Name	Results	Units	Ref. Range	Method
<b>Salmonella typhi IgM (Elisa)</b>				
Salmonella typhi IgM (Elisa)	0.21		< 0.9 :- Negative 0.9 - 1.1 :-Borderline positive. > 1.1 :-Positive	ELISA

**Interpreation**

- 1.Its positivity in serum indicates ongoing or recent infection by Salmonella typhi and the diagnosis should be confirmed by gold standard test such as Blood culture prior to start of antibiotics.
- 2.IgM antibodies are typically detectable 5-7 days post symptom onset, peaking in 2nd week and frequently remain elevated for 2-4 months following infection.
- 3.False positive results may be due to cross reactivity with other Salmonella spp., Dengue virus infection & in patients with high levels of Rheumatoid factor.
4. False negative reaction may be due to processing of sample collected early in the course of disease, antibiotic treatment during 1st week and immunosuppression.



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

**REPORT**

Name	: Baby. JANESSA	Sample ID	: A0094095
Age/Gender	: 2 Years 7 Months 1 Days/Female	Reg. No	: 0312403260020
Referred by	: Dr. C N REDDY (M.B.B.S.,D.C.H)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Mar-2024 12:10 PM
Primary Sample	: Whole Blood	Received On	: 26-Mar-2024 12:52 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 26-Mar-2024 05:01 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**HAEMATOLOGY**

**FEVER PROFILE**

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 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.



*Swannabala - M*  
**DR.SWARNA BALA**  
MD PATHOLOGY

**REPORT**

Name	: Baby. JANESEA	Sample ID	: A0094095
Age/Gender	: 2 Years 7 Months 1 Days/Female	Reg. No	: 0312403260020
Referred by	: Dr. C N REDDY (M.B.B.S.,D.C.H)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Mar-2024 12:10 PM
Primary Sample	: Whole Blood	Received On	: 26-Mar-2024 12:52 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 26-Mar-2024 05:01 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**HAEMATOLOGY**

**FEVER PROFILE**

Test Name	Results	Units	Ref. Range	Method
<b>COMPLETE BLOOD COUNT (CBC)</b>				
Haemoglobin (Hb)	9.9	g/dL	11-14.5	Cynmeth Method
RBC Count	3.62	10 <sup>12</sup> /L	4.0-5.2	Cell Impedence
Haematocrit (HCT)	29.1	%	34-40	Calculated
MCV	81	fl	77-87	Calculated
MCH	27.3	pg	24-30	Calculated
MCHC	34.0	g/dL	31-37	Calculated
RDW-CV	13.5	%	11.6-14.0	Calculated
Platelet Count (PLT)	271	10 <sup>9</sup> /L	200-490	Cell Impedance
Total WBC Count	11.7	10 <sup>9</sup> /L	5.0-15.0	Impedance
Neutrophils	67	%	23-52	Cell Impedance
Absolute Neutrophils Count	7.84	10 <sup>9</sup> /L	1.3-8.8	Impedence
Lymphocytes	25	%	40-69	Cell Impedance
Absolute Lymphocyte Count	2.93	10 <sup>9</sup> /L	2.2-11.7	Impedence
Monocytes	05	%	1-9	Microscopy
Absolute Monocyte Count	0.59	10 <sup>9</sup> /L	0.6-1.5	Calculated
Eosinophils	03	%	0-7	Microscopy
Absolute Eosinophils Count	0.35	10 <sup>9</sup> /L	0.0-0.5	Calculated
Basophils	0	%	0-2	Microscopy
Absolute Basophil ICount	0.00	10 <sup>9</sup> /L	0.0-0.3	Calculated
Atypical cells / Blasts	0	%		
<b>Morphology</b>				
WBC	Neutrophilia			
RBC	Normocytic normochromic			
Platelets	Adequate.			Microscopy



Swarnabala - M  
DR.SWARNA BALA  
MD PATHOLOGY

**REPORT**

Name	: Baby. JANESEA	Sample ID	: A0094095
Age/Gender	: 2 Years 7 Months 1 Days/Female	Reg. No	: 0312403260020
Referred by	: Dr. C N REDDY (M.B.B.S.,D.C.H)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Mar-2024 12:10 PM
Primary Sample	: Whole Blood	Received On	: 26-Mar-2024 12:52 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 26-Mar-2024 05:01 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**HAEMATOLOGY**

**FEVER PROFILE**

Test Name	Results	Units	Ref. Range	Method
<b>Erythrocyte Sedimentation Rate (ESR)</b>	<b>18</b>		3-13	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.



Swannabala - M  
DR.SWARNA BALA  
MD PATHOLOGY



**REPORT**

Name	: Baby. JANESEA	Sample ID	: A0094091
Age/Gender	: 2 Years 7 Months 1 Days/Female	Reg. No	: 0312403260020
Referred by	: Dr. C N REDDY (M.B.B.S.,D.C.H)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Mar-2024 12:10 PM
Primary Sample	:	Received On	: 26-Mar-2024 12:58 PM
Sample Tested In	: Urine	Reported On	: 26-Mar-2024 02:04 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL PATHOLOGY**

**FEVER PROFILE**

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	1.005		1.000 - 1.030	Strip Reflectance
Blood	Negative		Negative	Strip Reflectance
Reaction (pH)	6.0		5.0 - 8.5	Reagent Strip Reflectance
Nitrites	Negative		Negative	Strip Reflectance
Leukocyte esterase	Negative		Negative	Reagent Strip Reflectance
<b>Microscopic Examination (Microscopy)</b>				
PUS(WBC) Cells	02-04	/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

Correlate Clinically.

Result rechecked and verified for abnormal cases

Laboratory is NABL Accredited

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



Swannabala - M  
DR.SWARNA BALA  
MD PATHOLOGY