

REPORT

Name	: Master. VALLABH SREE RAM	Sample ID	: A0590012
Age/Gender	: 10 Years/Male	Reg. No	: 0312406290037
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	: 29-Jun-2024 09:19 AM
Primary Sample	: Whole Blood	Received On	: 29-Jun-2024 01:04 PM
Sample Tested In	: Serum	Reported On	: 29-Jun-2024 04:23 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)	1.61	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	: Master. VALLABH SREE RAM	Sample ID	: A0590012
Age/Gender	: 10 Years/Male	Reg. No	: 0312406290037
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	: 29-Jun-2024 09:19 AM
Primary Sample	: Whole Blood	Received On	: 29-Jun-2024 01:04 PM
Sample Tested In	: Serum	Reported On	: 29-Jun-2024 03:14 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

Test Name	Results	Units	Ref. Range	Method
Salmonella typhi IgM (Elisa)				
Salmonella typhi IgM (Elisa)	0.20		< 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	: Master. VALLABH SREE RAM	Sample ID	: A0590011
Age/Gender	: 10 Years/Male	Reg. No	: 0312406290037
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	: 29-Jun-2024 09:19 AM
Primary Sample	: Whole Blood	Received On	: 29-Jun-2024 12:52 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 29-Jun-2024 01:39 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)

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 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.

*** End Of Report ***

Laboratory is NABL Accredited



Swannabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Master. VALLABH SREE RAM	Sample ID	: A0590011
Age/Gender	: 10 Years/Male	Reg. No	: 0312406290037
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	: 29-Jun-2024 09:19 AM
Primary Sample	: Whole Blood	Received On	: 29-Jun-2024 12:52 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 29-Jun-2024 01:39 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

FEVER PROFILE

Test Name	Results	Units	Ref. Range	Method
COMPLETE BLOOD COUNT (CBC)				
Haemoglobin (Hb)	13.0	g/dL	11.5-15.5	Cynmeth Method
RBC Count	4.77	10 ¹² /L	4.5-5.5	Cell Impedance
Haematocrit (HCT)	38.5	%	35-45	Calculated
MCV	81	fl	77-95	Calculated
MCH	27.3	pg	25-33	Calculated
MCHC	33.8	g/dL	31-37	Calculated
RDW-CV	13.1	%	11.6-14.0	Calculated
Platelet Count (PLT)	302	10 ⁹ /L	170-450	Cell Impedance
Total WBC Count	3.4	10 ⁹ /L	5.0-13.0	Impedance
Neutrophils	50	%	43-64	Cell Impedance
Absolute Neutrophils Count	1.7	10 ⁹ /L	1.9-8.6	Impedance
Lymphocytes	40	%	25-48	Cell Impedance
Absolute Lymphocyte Count	1.36	10 ⁹ /L	1.0-6.2	Impedance
Monocytes	06	%	0-9	Microscopy
Absolute Monocyte Count	0.2	10 ⁹ /L	0.0- 1.2	Calculated
Eosinophils	04	%	0-7	Microscopy
Absolute Eosinophils Count	0.14	10 ⁹ /L	0.0-1.0	Calculated
Basophils	00	%	0-2	Microscopy
Absolute Basophil ICount	0.00	10 ⁹ /L	0.0-0.3	Calculated
Morphology				
WBC	Mild Leucopenia			
RBC	Normocytic normochromic			
Platelets	Adequate.			Microscopy

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited



Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Master. VALLABH SREE RAM	Sample ID	: A0590011
Age/Gender	: 10 Years/Male	Reg. No	: 0312406290037
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	: 29-Jun-2024 09:19 AM
Primary Sample	: Whole Blood	Received On	: 29-Jun-2024 12:52 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 29-Jun-2024 02:54 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

FEVER PROFILE

Test Name	Results	Units	Ref. Range	Method
-----------	---------	-------	------------	--------

Erythrocyte Sedimentation Rate (ESR)	10		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	: Master. VALLABH SREE RAM	Sample ID	: a0590068
Age/Gender	: 10 Years/Male	Reg. No	: 0312406290037
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	: 29-Jun-2024 09:19 AM
Primary Sample	:	Received On	: 29-Jun-2024 12:52 PM
Sample Tested In	: Urine	Reported On	: 29-Jun-2024 01:17 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	1.005		1.000 - 1.030	Strip Reflectance
Blood	Negative		Negative	Strip Reflectance
Reaction (pH)	5.5		5.0 - 8.5	Reagent Strip Reflectance
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

*** End Of Report ***

Laboratory is NABL Accredited



Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Master. VALLABH SREE RAM	Sample ID	: A0590012
Age/Gender	: 10 Years/Male	Reg. No	: 0312406290037
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	: 29-Jun-2024 09:19 AM
Primary Sample	: Whole Blood	Received On	: 29-Jun-2024 01:04 PM
Sample Tested In	: Serum	Reported On	: 29-Jun-2024 02:38 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	<1:20		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	

Correlate Clinically.

Laboratory is NABL Accredited

*** End Of Report ***



DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST