

**REPORT**

Name	: Baby. NAGA MANASHVI	Sample ID	: A0643884
Age/Gender	: 2 Years 5 Months 20 Days/Female	Reg. No	: 0312407100052
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	: 10-Jul-2024 08:26 PM
Primary Sample	: Whole Blood	Received On	: 10-Jul-2024 10:35 PM
Sample Tested In	: Serum	Reported On	: 10-Jul-2024 11:48 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

**VCARE FEVER PROFILE-1**

Test Name	Results	Units	Ref. Range	Method
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<b>C-Reactive protein-(CRP)</b>	<b>21.54</b>	mg/L	Upto:6.0	Immunoturbidimetry
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**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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Primary Sample	: Whole Blood	Received On	: 10-Jul-2024 10:28 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 10-Jul-2024 10:49 PM
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**HAEMATOLOGY**

**VCARE FEVER PROFILE-1**

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.

Result rechecked and verified for abnormal cases

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

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Swannabala - M  
DR.SWARNA BALA  
MD PATHOLOGY

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**HAEMATOLOGY**

**VCARE FEVER PROFILE-1**

Test Name	Results	Units	Ref. Range	Method
<b>COMPLETE BLOOD COUNT (CBC)</b>				
Haemoglobin (Hb)	11.1	g/dL	11-14.5	Cynmeth Method
RBC Count	4.53	10 <sup>12</sup> /L	4.0-5.2	Cell Impedance
Haematocrit (HCT)	<b>32.6</b>	%	34-40	Calculated
MCV	<b>72</b>	fl	77-87	Calculated
MCH	24.5	pg	24-30	Calculated
MCHC	34.0	g/dL	31-37	Calculated
RDW-CV	<b>15.2</b>	%	11.6-14.0	Calculated
Platelet Count (PLT)	387	10 <sup>9</sup> /L	200-490	Cell Impedance
Total WBC Count	7.6	10 <sup>9</sup> /L	5.0-15.0	Impedance
Neutrophils	51	%	23-52	Cell Impedance
Absolute Neutrophils Count	3.88	10 <sup>9</sup> /L	1.3-8.8	Impedance
Lymphocytes	42	%	40-69	Cell Impedance
Absolute Lymphocyte Count	3.19	10 <sup>9</sup> /L	2.2-11.7	Impedance
Monocytes	05	%	1-9	Microscopy
Absolute Monocyte Count	<b>0.38</b>	10 <sup>9</sup> /L	0.6-1.5	Calculated
Eosinophils	02	%	0-7	Microscopy
Absolute Eosinophils Count	0.15	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
<b>Morphology</b>				
WBC	Within Normal Limits			
RBC	Anisocytosis with Normocytic normochromic			
Platelets	Adequate.			Microscopy

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<b>Erythrocyte Sedimentation Rate (ESR)</b>	10	mm/hr	3-13	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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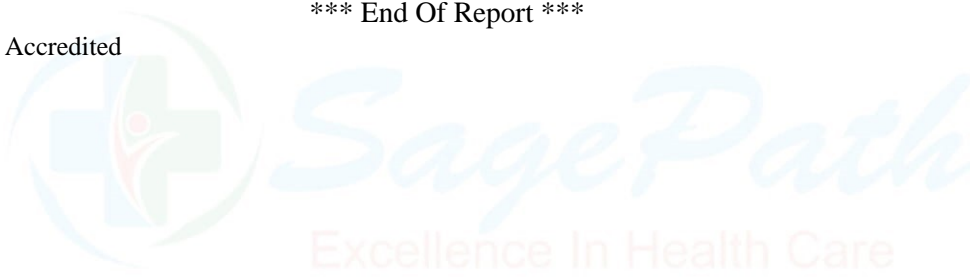
**IMMUNOLOGY & SEROLOGY**

**VCARE FEVER PROFILE-1**

Test Name	Results	Units	Ref. Range	Method
<b>Widal Test (Slide Test)</b>				
Salmonella typhi O Antigen	1:80		1:80 & Above Significant	
Salmonella typhi H Antigen	1:80		1:80 & Above Significant	
Salmonella paratyphi AH Antigen	<1:20		1:80 & Above Significant	
Salmonella paratyphi BH Antigen	<1:20		1:80 & Above Significant	

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MD, MICROBIOLOGIST

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**IMMUNOLOGY & SEROLOGY**

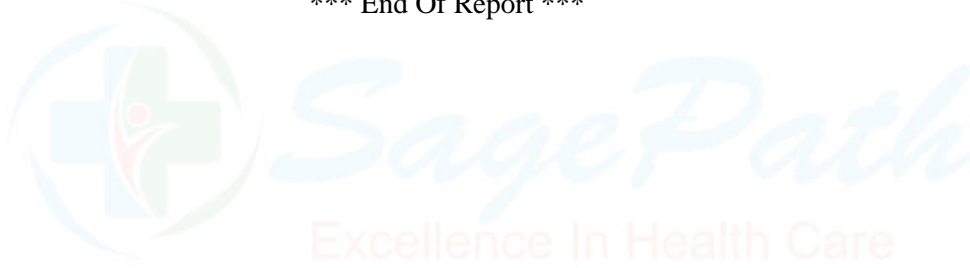
**VCARE FEVER PROFILE-1**

Test Name	Results	Units	Ref. Range	Method
<b>Dengue NS1 Antigen</b>	0.24	S/Co	< 0.8~ : Negative 0.8-1.1 : Equivocal > 1.1~ : Positive	ELISA

Correlate Clinically.

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



  
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