

Lab Address:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg .No. SAPALAPVLHT (Covid -19)

	REPORT		
Name	: Mr. M SUNDER	Sample ID	: A0590319
Age/Gender	: 57 Years/Male	Reg. No	: 0312407300056
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 30-Jul-2024 09:27 PM
Primary Sample	: Whole Blood	Received On	: 30-Jul-2024 10:46 PM
Sample Tested In	: Serum	Reported On	: 31-Jul-2024 12:12 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY					
VCARE FEVER PROFILE-2					
Test Name Results Units Ref. Range Method					

C-Reactive protein-(CRP)	100.66	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

Excellence In Health Care







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	REPORT		
Name	: Mr. M SUNDER	Sample ID	: A0590320
Age/Gender	: 57 Years/Male	Reg. No	: 0312407300056
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 30-Jul-2024 09:27 PM
Primary Sample	: Whole Blood	Received On	: 30-Jul-2024 10:32 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 30-Jul-2024 10:47 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report
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 HAEMATOLOGY

 VCARE FEVER PROFILE-2

 Test Name
 Results
 Units
 Ref. Range
 Method

 MALARIA ANTIGEN (VIVAX & FALCIPARUM)
 Negative
 Negative
 Immuno Chromatography

Flashoululli vivax Antigen	Negative	Negative	initiatio Chiomatography
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 posibility 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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Swarnabale - M DR.SWARNA BALA MD PATHOLOGY



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Method

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Referred by	: Dr. SELF	SPP Code	: SPL-CV-172	
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 30-Jul-2024 09:27 PM	
Primary Sample	: Whole Blood	Received On	: 30-Jul-2024 10:32 PM	
Sample Tested In	: Whole Blood EDTA	Reported On	: 30-Jul-2024 10:42 PM	
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report	

HAEMATOLOGY VCARE FEVER PROFILE-2

Units

Ref. Range

Results

Sample Tested In : Whole Blood Client Address : Kimtee color Test Name COMPLETE BLOOD COUNT (CBC) Haemoglobin (Hb)

Hamoglobin (Hb)11.7g/dL13.17Cymeth MethodRBC Count4.1410.12/L4.5.5.0Cell ImpedenceHaematorit (HCT)33.9%4.50.0CalculatedMCV82.017.32CalculatedMCHC28.20g/dL3.5.3.0CalculatedMCHC15.6%1.6.14.0CalculatedPlatel Count (PLT)20210.911.0.10.0CalculatedNeutrophils54.01.0.914.010.0CalculatedNeutrophils70%4.0.10.0CalculatedNeutrophils71%9.0.10.0CalculatedNoncytes22%0.40.0CalculatedAbsolut Moncytes041.0.91.01.0.10.0CalculatedAbsolut South South1.191.0.91.01.0.10.0CalculatedAbsolut South South0.101.0.91.01.0.10.0CalculatedAbsolut Moncytes Count0.11.0.91.00.2.0.3CalculatedAbsolut Bosinophils Count0.11.0.91.00.2.0.3CalculatedAbsolut Bosinophils Count0.01.2CalculatedAbsolut Bosinophils Count0.00.0.3CalculatedAbsolut Bosinophils Count0.00.0.3CalculatedAbsolut Bosinophils Count0.00.0.3CalculatedAbsolut Bosinophils Count0.00.0.3CalculatedAbsolut Bosinophils Count0.00.0.3CalculatedAbsolut Bosinophils Cou						
Haematocrit (HCT)33.9%40-50CalculatedMCV82f81-101CalculatedMCH28.2pg27-32CalculatedMCHC34.5g/dL32.534.5CalculatedRDW-CV15.6%11.614.0CalculatedPlatelet Count (PLT)20210.9/L150-410CalculatedNeutrophils5.410.9/L4.0-10.0ImpedanceAbsolute Neutrophils Count3.7810.9/L2.0-7.0ImpedenceAbsolute Neutrophils Count1.910.9/L2.0-7.0ImpedenceAbsolute Neutrophils Count1.1910.9/L2.0-7.0ImpedenceAbsolute Lymphocyte Count1.1910.9/L1.0-3.0ImpedenceAbsolute Bosinophils Count0.3210.9/L2.10.3CalculatedBasophils0.2%2.10.3CalculatedBosolute Bosinophils Count0.3210.9/L0.20.1.0CalculatedBasophils0.01.9/L0.02.0.5CalculatedBasophils Count0.001.9/L0.02.0.5CalculatedBasophils Count0.001.9/L0.02.0.5CalculatedBasophils Count0.001.9/L0.02.0.5CalculatedBasophils Count0.001.9/L0.02.0.5CalculatedBasophils Count0.001.9/L0.02.0.5CalculatedBasophils Count0.001.9/L0.02.0.5CalculatedBasophils CountMicroscopy	Haemoglobin (Hb)	11.7	g/dL	13-17	Cynmeth Method	
MCV 82 f 81-01 Calculated MCH 28.2 pg 27-32 Calculated MCH 34.5 g/dL 32.534.5 Calculated RDW-CV 15.6 % 11.6-14.0 Calculated Platelet Count (PLT) 202 10^9/L 4.0-10.0 Impedance Total WBC Count 5.4 10'9/L 4.0-70 Cell Impedance Absolute Neutrophils Count 3.78 10'9/L 2.0-7.0 Impedence Lymphocytes 22 % 20-40 Cell Impedence Absolute Lymphocyte Count 1.19 10'9/L 1.0-3.0 Impedence Absolute Monocyte Count 0.32 10'9/L 0.2-1.0 Calculated Absolute Monocyte Count 0.32 10'9/L 0.2-0.5 Calculated Basophils 0.0 % 1-6 Microscopy Absolute Eosinophils Count 0.00 0.0-0.3 Calculated Basophils 0.00 10'9/L 0.0-0.3 Calculated <th>RBC Count</th> <th>4.14</th> <th>10^12/L</th> <th>4.5-5.5</th> <th>Cell Impedence</th>	RBC Count	4.14	10^12/L	4.5-5.5	Cell Impedence	
MCH28.2pg27.32CalculatedMCHC34.5g/dL32.5-34.5CalculatedRDW-CV15.6%11.6-14.0CalculatedPlatelet Count (PLT)20210.9/L150-410Cell ImpedanceTotal WBC Count5.410.9/L4.0-10.0ImpedanceNeutrophils70%40-70Cell ImpedanceAbsolute Neutrophils Count3.7810.9/L2.0-7.0ImpedenceLymphocytes2%2.0-4.0Cell ImpedenceAbsolute Lymphocyte Count1.1910.9/L1.0-3.0ImpedenceAbsolute Lomoncyte Count0.3210.9/L2.1.0CalculatedAbsolute Eosinophils Count0.1110.9/L0.20.1.5CalculatedAbsolute Eosinophils Count0.1110.9/L0.20.5CalculatedAbsolute Eosinophils Count0.01.90.0-0.3CalculatedAbsolute Eosinophils Count0.001.9/L0.01.3CalculatedBasophils0.001.9/L0.0-3.3CalculatedMorescopyWBCMitrixu=VVVRBCNaicyteit ImitrixVVVNaicyteitReut rechecked and verified for attributeVVMitrixu=Mitrixu	Haematocrit (HCT)	33.9	%	40-50	Calculated	
MCHC 34.5 g/dL 32.5-34.5 Calculated RDW-CV 15.6 % 11.6-14.0 Calculated Platelet Count (PLT) 202 10^9/L 150-410 Cell Impedance Total WBC Count 5.4 10°9/L 4.0-10.0 Impedance Neutrophils 70 % 40-70 Cell Impedance Absolute Neutrophils Count 3.78 10°9/L 2.0-7.0 Impedance Lymphocytes 22 % 20-40 Cell Impedence Absolute Lymphocyte Count 1.19 10°9/L 1.0-3.0 Impedence Absolute Monocyte Count 0.32 10°9/L 2.10 Calculated Absolute Eosinophils 0.11 10°9/L 0.2-1.0 Calculated Absolute Eosinophils Count 0.11 10°9/L 0.02-0.5 Calculated Absolute Basophil ICount 0.00 % 1-2 Microscopy Absolute Basophil ICount 0.00 10°9/L 0.0-0.3 Calculated Morphology Microscopy	MCV	82	fl	81-101	Calculated	
RDW-CV 15.6 % 11.6-14.0 Calculated Platelet Count (PLT) 202 10^9/L 150-410 Cell Impedance Total WBC Count 5.4 10^9/L 4.0-10.0 Impedance Neutrophils 70 % 40-70 Cell Impedance Absolute Neutrophils Count 3.78 10^9/L 2.0-7.0 Impedence Lymphocytes 22 % 20-40 Cell Impedence Absolute Lymphocyte Count 1.19 10^9/L 1.0-3.0 Impedence Monocytes 06 % 2-10.0 Calculated Absolute Monocyte Count 0.32 10^9/L 0.2-1.0 Calculated Absolute Eosinophils 02 % 1-6 Microscopy Absolute Eosinophils Count 0.11 10^9/L 0.02-0.5 Calculated Basophils 0.00 10^9/L 0.0-0.3 Calculated Morphology Microscopy Microscopy Absolute Basophil ICount 0.00 10^9/L 0.0-0.3 Calculated <th>МСН</th> <th>28.2</th> <th>pg</th> <th>27-32</th> <th>Calculated</th>	МСН	28.2	pg	27-32	Calculated	
Platelet Count (PLT)20210°9/L150-410Cell ImpedanceTotal WBC Count5.410°9/L4.0-10.0ImpedanceNeutrophils70%40-70Cell ImpedenceAbsolute Neutrophils Count3.7810°9/L2.0-7.0ImpedenceLymphocytes22%20-40Cell ImpedenceAbsolute Lymphocyte Count1.1910°9/L1.0-3.0ImpedenceMonocytes06%2-10MicroscopyAbsolute Monocyte Count0.3210°9/L0.21.0CalculatedBasolute Eosinophils Count0110°9/L0.02-0.5CalculatedBasolute Eosinophils Count0.0%1-2MicroscopyAbsolute Basophil Count0.0010°9/L0.0-0.3CalculatedBasolute Basophil Count0.0010°9/L0.0-0.3CalculatedMicroscopyMitri NorrrutNitri Norrectortortortortortortortortortortortortort	мснс	34.5	g/dL	32.5-34.5	Calculated	
Total WBC Count5.410°9/L4.0-10.0ImpedanceNeutrophils70%40-70Cell ImpedenceAbsolute Neutrophils Count3.7810°9/L2.0-7.0ImpedenceLymphocytes22%20-40Cell ImpedenceAbsolute Lymphocyte Count1.1910°9/L1.0-3.0ImpedenceMonocytes06%2-10MicroscopyAbsolute Monocyte Count0.3210°9/L0.2-1.0CalculatedEosinophils02%1-6MicroscopyAbsolute Eosinophils Count0.1110°9/L0.02-0.5CalculatedBasophils00%1-2MicroscopyAbsolute Basophil Count0.0010°9/L0.0-0.3CalculatedMECWithin NormacturiterisKestKestKestKestPlateletsAdequate.Vithin NormacturiterisKestKestMicroscopyResult rechecked and verified for abnormational casesKestKestKestKest	RDW-CV	15.6	%	11.6-14.0	Calculated	
Neutrophils70%40-70Cell ImpedenceAbsolute Neutrophils Count3.7810^9/L2.0-7.0ImpedenceLymphocytes22%20-40Cell ImpedenceAbsolute Lymphocyte Count1.1910^9/L1.0-3.0ImpedenceMonocytes06%2.10MicroscopyAbsolute Monocyte Count0.3210^9/L0.2-1.0CalculatedEosinophils02%1-6MicroscopyAbsolute Eosinophils Count0.1110^9/L0.02-0.5CalculatedBasophils00%1-2MicroscopyAbsolute Basophil ICount0.0010°9/L0.0-0.3CalculatedMorphologyWithin Normati LimitsVithin Normati LimitsKeguteKegutePlateletsAdequate.Adequate.MicroscopyResult rechecked and verified for abnormationalAdequatesMicroscopy	Platelet Count (PLT)	202	10^9/L	150-410	Cell Impedance	
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Lymphocytes22%20-40Cell ImpedenceAbsolute Lymphocyte Count1.1910^9/L1.0-3.0ImpedenceMonocytes06%2-10MicroscopyAbsolute Monocyte Count0.3210^9/L0.2-1.0CalculatedEosinophils02%1-6MicroscopyAbsolute Eosinophils Count0.1110^9/L0.02-0.5CalculatedBasophils00%1-2MicroscopyAbsolute Basophil I Count0.0010^9/L0.0-0.3CalculatedMOrphologyWithin Norm=LimitsKendenceKendenceKendencePlateletsAdequate.VicroscopyMicroscopyResult rechecked and verified for abnormalLimitsKendenceMicroscopy	Neutrophils	70	%	40-70	Cell Impedence	
Absolute Lymphocyte Count 1.19 10^9/L 1.0-3.0 Impedence Monocytes 06 % 2-10 Microscopy Absolute Monocyte Count 0.32 10^9/L 0.2-1.0 Calculated Eosinophils 02 % 1-6 Microscopy Absolute Eosinophils Count 0.11 10^9/L 0.02-0.5 Calculated Basophils 00 % 1-2 Microscopy Absolute Basophil ICount 0.00 10^9/L 0.0-0.3 Calculated Morphology WBC Within Normal Limits Kesult rechecked and verified for abnormal cases Microscopy	Absolute Neutrophils Count	3.78	10^9/L	2.0-7.0	Impedence	
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Eosinophils 02 % 1-6 Microscopy Absolute Eosinophils Count 0.11 10^9/L 0.02-0.5 Calculated Basophils 00 % 1-2 Microscopy Absolute Basophil ICount 0.00 10^9/L 0.0-0.3 Calculated Morphology WBC Within Norre-Limits Verthin Norre-Limits Verthin Norre-Limits RBC Adequate. Verthin Norre-Limits Verthin Norre-Limits Verthin Norre-Limits	Monocytes	06	%	2-10	Microscopy	
Absolute Eosinophils Count0.1110^9/L0.02-0.5CalculatedBasophils00%1-2MicroscopyAbsolute Basophil ICount0.0010^9/L0.0-0.3CalculatedMorphologyWithin Normal LimitsVithin Normal LimitsVertical LimitsRBCAnisocytosis LimitsVertical LimitsMicroscopyPlateletsAdequate.Vertical LimitsMicroscopy	Absolute Monocyte Count	0.32	10^9/L	0.2-1.0	Calculated	
Basophils 00 % 1-2 Microscopy Absolute Basophil ICount 0.00 10^9/L 0.0-0.3 Calculated Morphology WBC Within Norm Vithin Norm Vithin Norm Vithin Norm RBC Anisocytosity Anisocytosity Vithin Norm Vithin Norm Vithin Norm Vithin Norm Platelets Adequate. Vithin Norm Vithin Norm Vithin Norm Microscopy Result rechecked and verified for abnorm/ Adequate. Vithin Norm Vithin Norm Vithin Norm	Eosinophils	02	%	1-6	Microscopy	
Absolute Basophil ICount0.0010^9/L0.0-0.3CalculatedMorphologyWithin Normal LimitsImage: CalculatedImage: CalculatedWBCWithin Normal LimitsImage: CalculatedImage: CalculatedRBCAnisocytosis with Normocytic normochromicImage: CalculatedImage: CalculatedPlateletsAdequate.Image: CalculatedImage: CalculatedResult rechecked and verified for abnormal casesImage: CalculatedImage: Calculated	Absolute Eosinophils Count	0.11	10^9/L	0.02-0.5	Calculated	
Morphology WBC Within Normal Limits RBC Anisocytosis with Normocytic normochromic Platelets Adequate. Result rechecked and verified for abnormic	Basophils	00	%	1-2	Microscopy	
WBC Within Normal Limits RBC Anisocytosis with Normocytic normochromic Platelets Adequate. Result rechecked and verified for abnormal cases	Absolute Basophil ICount	0.00	10^9/L	0.0-0.3	Calculated	
RBC Anisocytosis with Normocytic normochromic Platelets Adequate. Result rechecked and verified for abnormal cases	<u>Morphology</u>					
Platelets Adequate. Microscopy Result rechecked and verified for abnormal cases Microscopy	WBC	Within No	ormal Limits			
Result rechecked and verified for abnormal cases	RBC	Anisocyto	sis with Normoc	ytic normochromic		
	Platelets	Adequate).		Microscopy	

Laboratory is NABL Accredited



Swarnabala - M DR.SWARNA BALA MD PATHOLOGY



Sagepath Labs Pvt. Ltd.

Lab Address:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg .No. SAPALAPVLHT (Covid -19)

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 30-Jul-2024 09:27 PM
Primary Sample	: Whole Blood	Received On	: 30-Jul-2024 10:32 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 30-Jul-2024 11:32 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY					
VCARE FEVER PROFILE-2					
Test Name Results Units Ref. Range Method					
Erythrocyte Sedimentation Rate (ESR)	16	mm/hr	12 or less	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.



Swarnabala.M DR.SWARNA BALA **MD PATHOLOGY**



INFOSYSTEMS PVT. LTD.

Sagepath Labs Pvt. Ltd.

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: V CARE MEDICAL DIAGNOSTICS	Collected On	: 30-Jul-2024 09:27 PM
: Whole Blood	Received On	: 30-Jul-2024 10:46 PM
: Plasma-NaF(R)	Reported On	: 30-Jul-2024 11:38 PM
: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report
	: Mr. M SUNDER : 57 Years/Male : Dr. SELF : V CARE MEDICAL DIAGNOSTICS : Whole Blood : Plasma-NaF(R)	: 57 Years/MaleReg. No: Dr. SELFSPP Code: V CARE MEDICAL DIAGNOSTICSCollected On: Whole BloodReceived On: Plasma-NaF(R)Reported On

CLINICAL BIOCHEMISTRY VCARE FEVER PROFILE-2 Test Name Results Units Ref. Range Method **Glucose Random (RBS)** 86 mg/dL 70-140 Hexokinase (HK) Interpretation of Plasma Glucose based on ADA guidelines 2018 FastingPlasma 2hrsPlasma Diagnosis HbA1c(%) RBS(mg/dL) Glucose(mg/dL) Glucose(mg/dL) 100-125 Prediabetes 140-199 5.7-6.4 NA >=200(with Diabetes > = 200 symptoms) > = 126 > = 6.5 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. Result rechecked and verified for abnormal cases *** End Of Report *** Laboratory is NABL Accredited





OCHEMISTRY



Lab Address:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg .No. SAPALAPVLHT (Covid -19)

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L	Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 30-Jul-2024 09:27 PM
L	Primary Sample	: Whole Blood	Received On	: 30-Jul-2024 10:46 PM
L	Sample Tested In	: Serum	Reported On	: 31-Jul-2024 08:08 AM
L	Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY VCARE FEVER PROFILE-2 Test Name Results Units Ref. Range Method Liver Function Test (LFT) Bilirubin(Total) 0.3 mg/dL 0.1-1.2 Diazo Bilirubin (Direct) 0.1 mg/dL 0.0 - 0.3 Diazo Bilirubin (Indirect) 0.2 mg/dL 0.2-1.0 Calculated Aspartate Aminotransferase (AST/SGOT) U/L 15-37 **IFCC UV Assay** 68 Alanine Aminotransferase (ALT/SGPT) IFCC with out (P-5-P) 51 U/L 0-55 30-120 **Kinetic PNPP-AMP** Alkaline Phosphatase(ALP) 77 U/L Gamma Glutamyl Transpeptidase (GGTP) IFCC 296 U/L 15-85 Protein - Total 6.7 g/dL 6.4-8.2 Biuret Albumin 3.4-5.0 Bromocresol Green (BCG) 3.6 g/dL Globulin g/dL 2.0-4.2 Calculated 3.1 Calculated A:G Ratio 1.16 0.8-2.0 % SGOT/SGPT Ratio 1.33

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.





OCHEMISTRY



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Primary Sample	:	Received On	: 30-Jul-2024 10:46 PM
Sample Tested In	: Urine	Reported On	: 30-Jul-2024 11:28 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IOSE INFOSYSTEMS PVT. LTD.

CLINICAL PATHOLOGY									
VCARE FEVER PROFILE-2									
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	1.015		1.000 - 1.030	Strip Reflectance					
Blood	Negative		Negative	Strip Reflectance					
Reaction (pH)	7.0 < C =		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	03-04	/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					

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*** End Of Report ***



Result rechecked and verified for abnormal cases

Swarnabala - M DR.SWARNA BALA MD PATHOLOGY



Salmonella paratyphi BH Antigen

Sagepath Labs Pvt. Ltd.

Lab Address:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg .No. SAPALAPVLHT (Covid -19)

319
07300056
/-172
2024 09:27 PM
2024 10:20 PM
2024 12:37 AM
port

IMMUNOLOGY & SEROLOGY VCARE FEVER PROFILE-2 Results Units Test Name Ref. Range Method Widal Test (Slide Test) Salmonella typhi O Antigen 1:160 1:80 & Above Significant Salmonella typhi H Antigen 1:80 1:80 & Above Significant Salmonella paratyphi AH Antigen <1:20 1:80 & Above Significant

<1:20

Excellence In Health Care

1:80 & Above Significant





DR. RUTURAJ MANIKLAL KOLHAPURE MD, MICROBIOLOGIST



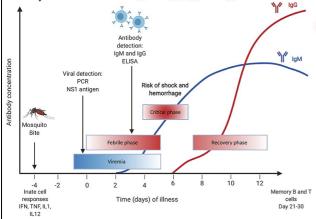
Lab Address:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg .No. SAPALAPVLHT (Covid -19)

	REPORT		
Name	: Mr. M SUNDER	Sample ID	: A0590319
Age/Gender	: 57 Years/Male	Reg. No	: 0312407300056
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 30-Jul-2024 09:27 PM
Primary Sample	: Whole Blood	Received On	: 30-Jul-2024 10:20 PM
Sample Tested In	: Serum	Reported On	: 31-Jul-2024 12:37 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY VCARE FEVER PROFILE-2								
Test Name	Results	Units	Ref. Range	Method				
Dengue Profile-Elisa								
Dengue IgG Antibody	0.27	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive	ELISA				
Dengue IgM Antibody	0.20	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive	ELISA				
Dengue NS1 Antigen	0.22	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





*** End Of Report ***



DR. RUTURAJ MANIKLAL KOLHAPURE MD, MICROBIOLOGIST Correlate Clinically.

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