## — REPORT —

| | | | |
|---|---|---|---|
| Name | : Mr. RAM REDDY | Sample ID | : A0590450 |
| Age/Gender | : 40 Years/Male | Reg. No | : 0312408030017 |
| Referred by | : Dr. MOUNIKA | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 03-Aug-2024 11:28 AM |
| Primary Sample | : Whole Blood | Received On | : 03-Aug-2024 06:57 PM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 03-Aug-2024 07:52 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

## HAEMATOLOGY

| Test Name | Results | Units | Ref. Range | Method |
|---|---|---|---|---|
| **Complete Blood Picture(CBP)** | | | | |
| Haemoglobin (Hb) | 15.3 | g/dL | 13-17 | Cynmeth Method |
| Haematocrit (HCT) | 45.2 | % | 40-50 | Calculated |
| RBC Count | **5.67** | 10^12/L | 4.5-5.5 | Cell Impedence |
| MCV | **80** | fl | 81-101 | Calculated |
| MCH | **26.9** | pg | 27-32 | Calculated |
| MCHC | 33.7 | g/dL | 32.5-34.5 | Calculated |
| RDW-CV | 13.3 | % | 11.6-14.0 | Calculated |
| Platelet Count (PLT) | 172 | 10^9/L | 150-410 | Cell Impedance |
| Total WBC Count | 5.3 | 10^9/L | 4.0-10.0 | Impedance |
| **Differential Leucocyte Count (DC)** | | | | |
| Neutrophils | 70 | % | 40-70 | Cell Impedence |
| Lymphocytes | 20 | % | 20-40 | Cell Impedence |
| Monocytes | 06 | % | 2-10 | Microscopy |
| Eosinophils | 04 | % | 1-6 | Microscopy |
| Basophils | 00 | % | 1-2 | Microscopy |
| Absolute Neutrophils Count | 3.71 | 10^9/L | 2.0-7.0 | Impedence |
| Absolute Lymphocyte Count | 1.06 | 10^9/L | 1.0-3.0 | Impedence |
| Absolute Monocyte Count | 0.32 | 10^9/L | 0.2-1.0 | Calculated |
| Absolute Eosinophils Count | 0.21 | 10^9/L | 0.02-0.5 | Calculated |
| Absolute Basophil lCount | 0.00 | 10^9/L | 0.0-0.3 | Calculated |
| Morphology | Normocytic normochromic | | | PAPs Staining |

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**MD PATHOLOGY**

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ITDOSE INFOSYSTEMS PVT. LTD.

# SagePath®
## Excellence In Health Care

## 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)

---- **REPORT** ----

| | | | |
|---|---|---|---|
| Name | : Mr. RAM REDDY | Sample ID | : A0590351 |
| Age/Gender | : 40 Years/Male | Reg. No | : 0312408030017 |
| Referred by | : Dr. MOUNIKA | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 03-Aug-2024 11:28 AM |
| Primary Sample | : | Received On | : 03-Aug-2024 07:21 PM |
| Sample Tested In | : Urine | Reported On | : 03-Aug-2024 09:35 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

## CLINICAL PATHOLOGY

| Test Name | Results | Units | Ref. Range | Method |
|---|---|---|---|---|
| **Complete Urine Analysis (CUE)** | | | | |
| **Physical Examination** | | | | |
| Colour | Yellowish | | Straw to light amber | |
| Appearance | HAZY | | Clear | |
| **Chemical Examination** | | | | |
| Glucose | Negative | | Negative | Strip Reflectance |
| Protein | (+) | | Negative | Strip Reflectance |
| Bilirubin (Bile) | (+) | | Negative | Strip Reflectance |
| Urobilinogen | Negative | | Negative | Ehrlichs reagent |
| Ketone Bodies | Negative | | Negative | Strip Reflectance |
| Specific Gravity | 1.030 | | 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 |
| **Microscopic Examination (Microscopy)** | | | | |
| PUS(WBC) Cells | 03-04 | /hpf | 00-05 | Microscopy |
| R.B.C. | Nil | /hpf | Nil | Microscopic |
| Epithelial Cells | 02-03 | /hpf | 00-05 | Microscopic |
| Casts | Absent | | Absent | Microscopic |
| Crystals | Absent | | Absent | Microscopic |
| Bacteria | Nil | | Nil | |
| Budding Yeast Cells | Nil | | Absent | Microscopy |

**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.

Result rechecked and verified for abnormal cases

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

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

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# SagePath ®
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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. RAM REDDY | Sample ID | : A0590452 |
| Age/Gender | : 40 Years/Male | Reg. No | : 0312408030017 |
| Referred by | : Dr. MOUNIKA | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 03-Aug-2024 11:28 AM |
| Primary Sample | : Whole Blood | Received On | : 03-Aug-2024 06:50 PM |
| Sample Tested In | : Serum | Reported On | : 03-Aug-2024 10:21 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

## IMMUNOLOGY & SEROLOGY

| Test Name | Results | Units | Ref. Range | Method |
|---|---|---|---|---|
| **Widal Test (Slide Test)** | | | | |
| **Salmonella typhi O Antigen** | 1:160 | | 1:80 & Above Significant | |
| **Salmonella typhi H Antigen** | 1:160 | | 1:80 & Above Significant | |
| **Salmonella paratyphi AH Antigen** | <1:20 | | 1:80 & Above Significant | |
| **Salmonella paratyphi BH Antigen** | <1:20 | | 1:80 & Above Significant | |

**Interpretation**

| Antigens Tested | RESULT | REMARKS |
|---|---|---|
| TO, TH,AH,BH | Titre 1:20 and Titre 1:40 | Indicates absence of IgM & IgG antibodies against Salmonella species. |
| TO, TH,AH,BH | Titre 1:80 | Indicates Presence of IgM & IgG antibodies against Salmonella species. |
| TO, TH,AH,BH | Titre 1:160 | Indicates Presence of IgM & IgG antibodies against Salmonella species. |
| TO, TH,AH,BH | Titre 1:320 | Indicates Presence of IgM & IgG antibodies against Salmonella species. |

- This test measures Somatic O and Flagellar H antibodies against Typhoid and Paratyphoid bacilli.
- The agglutinins usually appear at the end of the first week of infection and increase steadily till third / fourth week after which the decline starts. A Positive Widal test may occur because of Typhoid vaccination or previous typhoid infection and in certain autoimmune diseases.
- False positive results/anamnestic response may be seen in patients with past enteric infection during unrelated fevers like Malaria, Influenzae etc in the form of transient rise in H antibody in Widal test.
- False negative results may be due to processing of sample collected early in the course of disease (1st week) and immunosuppression.

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DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST

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### ── REPORT ──

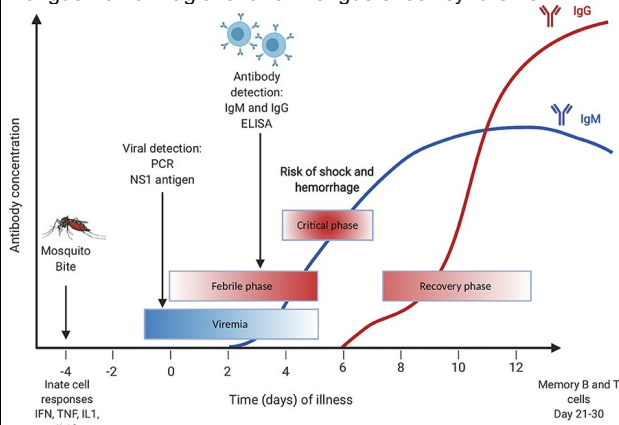| | | | |
|---|---|---|---|
| Name | : Mr. RAM REDDY | Sample ID | : A0590452 |
| Age/Gender | : 40 Years/Male | Reg. No | : 0312408030017 |
| Referred by | : Dr. MOUNIKA | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 03-Aug-2024 11:28 AM |
| Primary Sample | : Whole Blood | Received On | : 03-Aug-2024 06:50 PM |
| Sample Tested In | : Serum | Reported On | : 03-Aug-2024 10:19 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

## IMMUNOLOGY & SEROLOGY

| Test Name | Results | Units | Ref. Range | Method |
|---|---|---|---|---|
| **Dengue NS1 Antigen** | 0.36 | S/Co | < 0.8~ : Negative<br>0.8-1.1 : Equivocal<br>> 1.1~ : Positive | ELISA |

**Interpretation:**

| Result | Interpretation |
|---|---|
| Negative | No detectable dengue NS1 antigen. The result does not rule out dengue infection. An additional sample should be tested for IgG & IgM serology in 7-14 days. |
| Equivocal | Repeat sample after 1 week |
| Positive | Presence of detectable dengue NS1 antigen. Dengue IgG & IgM serology assays should be performed on follow up samples after 5-7 days of onset of fever, to confirm dengue infection. |

**Note:** 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

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.



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Correlate Clinically.

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