

**REPORT**

|                    |                                      |               |                        |
|--------------------|--------------------------------------|---------------|------------------------|
| Name               | : Mrs. G SHARADA                     | Sample ID     | : A0590942             |
| Age/Gender         | : 47 Years/Female                    | Reg. No       | : 0312408170029        |
| Referred by        | : Dr. ALEKHYA SWAMY                  | SPP Code      | : SPL-CV-172           |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS         | Collected On  | : 17-Aug-2024 08:18 PM |
| Primary Sample     | : Whole Blood                        | Received On   | : 17-Aug-2024 10:39 PM |
| Sample Tested In   | : Serum                              | Reported On   | : 17-Aug-2024 11:50 PM |
| Client Address     | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report         |

**CLINICAL BIOCHEMISTRY**

**VCARE FEVER PROFILE-2**

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

|                                 |              |      |          |                    |
|---------------------------------|--------------|------|----------|--------------------|
| <b>C-Reactive protein-(CRP)</b> | <b>15.44</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



*Vaishnavi*  
**DR.VAISHNAVI**  
**MD BIOCHEMISTRY**

**REPORT**

|                    |                                      |               |                        |
|--------------------|--------------------------------------|---------------|------------------------|
| Name               | : Mrs. G SHARADA                     | Sample ID     | : A0590944             |
| Age/Gender         | : 47 Years/Female                    | Reg. No       | : 0312408170029        |
| Referred by        | : Dr. ALEKHYA SWAMY                  | SPP Code      | : SPL-CV-172           |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS         | Collected On  | : 17-Aug-2024 08:18 PM |
| Primary Sample     | : Whole Blood                        | Received On   | : 17-Aug-2024 10:26 PM |
| Sample Tested In   | : Whole Blood EDTA                   | Reported On   | : 17-Aug-2024 11:02 PM |
| Client Address     | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report         |

**HAEMATOLOGY**

**VCARE FEVER PROFILE-2**

| 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.

Result rechecked and verified for abnormal cases

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

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Swannabala - M  
DR.SWARNA BALA  
MD PATHOLOGY

**REPORT**

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| Referring Customer | : V CARE MEDICAL DIAGNOSTICS          | Collected On  | : 17-Aug-2024 08:18 PM |
| Primary Sample     | : Whole Blood                         | Received On   | : 17-Aug-2024 10:26 PM |
| Sample Tested In   | : Whole Blood EDTA                    | Reported On   | : 17-Aug-2024 10:40 PM |
| Client Address     | : Kimtee colony ,Gokul Nagar, Tarnaka | Report Status | : Final Report         |

**HAEMATOLOGY**

**VCARE FEVER PROFILE-2**

| Test Name                         | Results                                  | Units               | Ref. Range | Method         |
|-----------------------------------|--|---------------------|------------|----------------|
| <b>COMPLETE BLOOD COUNT (CBC)</b> |  |                     |            |                |
| Haemoglobin (Hb)                  | 10.3                                     | g/dL                | 12-15      | Cynmeth Method |
| RBC Count                         | 5.03                                     | 10 <sup>12</sup> /L | 3.8-4.8    | Cell Impedance |
| Haematocrit (HCT)                 | 32.4                                     | %                   | 40-50      | Calculated     |
| MCV                               | 64                                       | fl                  | 81-101     | Calculated     |
| MCH                               | 20.6                                     | pg                  | 27-32      | Calculated     |
| MCHC                              | 31.9                                     | g/dL                | 32.5-34.5  | Calculated     |
| RDW-CV                            | 15.6                                     | %                   | 11.6-14.0  | Calculated     |
| Platelet Count (PLT)              | 253                                      | 10 <sup>9</sup> /L  | 150-410    | Cell Impedance |
| Total WBC Count                   | 4.9                                      | 10 <sup>9</sup> /L  | 4.0-10.0   | Impedance      |
| Neutrophils                       | 70                                       | %                   | 40-70      | Cell Impedance |
| Absolute Neutrophils Count        | 3.43                                     | 10 <sup>9</sup> /L  | 2.0-7.0    | Impedance      |
| Lymphocytes                       | 20                                       | %                   | 20-40      | Cell Impedance |
| Absolute Lymphocyte Count         | 0.98                                     | 10 <sup>9</sup> /L  | 1.0-3.0    | Impedance      |
| Monocytes                         | 07                                       | %                   | 2-10       | Microscopy     |
| Absolute Monocyte Count           | 0.34                                     | 10 <sup>9</sup> /L  | 0.2-1.0    | Calculated     |
| Eosinophils                       | 03                                       | %                   | 1-6        | Microscopy     |
| Absolute Eosinophils Count        | 0.15                                     | 10 <sup>9</sup> /L  | 0.02-0.5   | Calculated     |
| Basophils                         | 00                                       | %                   | 1-2        | Microscopy     |
| Absolute Basophil ICount          | 0.00                                     | 10 <sup>9</sup> /L  | 0.0-0.3    | Calculated     |
| Atypical cells / Blasts           | 00                                       | %                   |            |                |
| <b>Morphology</b>                 |  |                     |            |                |
| WBC                               | Within Normal Limits                     |                     |            |                |
| RBC                               | Anisocytosis With Microcytic Hypochromic |                     |            |                |
| Platelets                         | Adequate.                                |                     |            | Microscopy     |

Result rechecked and verified for abnormal cases

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

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MD PATHOLOGY

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| Referred by        | : Dr. ALEKHYA SWAMY                  | SPP Code      | : SPL-CV-172           |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS         | Collected On  | : 17-Aug-2024 08:18 PM |
| Primary Sample     | : Whole Blood                        | Received On   | : 17-Aug-2024 10:26 PM |
| Sample Tested In   | : Whole Blood EDTA                   | Reported On   | : 17-Aug-2024 11:23 PM |
| Client Address     | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report         |

**HAEMATOLOGY**

**VCARE FEVER PROFILE-2**

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|-----------|---------|-------|------------|--------|
|-----------|---------|-------|------------|--------|

|   |   |       |            |                   |
|---|---|-------|------------|-------------------|
| <b>Erythrocyte Sedimentation Rate (ESR)</b> | 8 | mm/hr | 10 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.



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**REPORT**

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| Name               | : Mrs. G SHARADA                     | Sample ID     | : A0643622             |
| Age/Gender         | : 47 Years/Female                    | Reg. No       | : 0312408170029        |
| Referred by        | : Dr. ALEKHYA SWAMY                  | SPP Code      | : SPL-CV-172           |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS         | Collected On  | : 17-Aug-2024 08:18 PM |
| Primary Sample     | :                                    | Received On   | : 17-Aug-2024 10:39 PM |
| Sample Tested In   | : Urine                              | Reported On   | : 17-Aug-2024 10:55 PM |
| Client Address     | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report         |

**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   | 1.010    | 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  |

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| Primary Sample     | : Whole Blood                        | Received On   | : 17-Aug-2024 10:39 PM |
| Sample Tested In   | : Serum                              | Reported On   | : 18-Aug-2024 12:34 AM |
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**IMMUNOLOGY & SEROLOGY**

**VCARE FEVER PROFILE-2**

| 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      | <1:20   |       | 1:80 & Above Significant |        |
| Salmonella paratyphi AH Antigen | <1:20   |       | 1:80 & Above Significant |        |
| Salmonella paratyphi BH Antigen | <1:20   |       | 1:80 & Above Significant |        |



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

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| Sample Tested In   | : Serum                              | Reported On   | : 18-Aug-2024 12:34 AM |
| Client Address     | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report         |

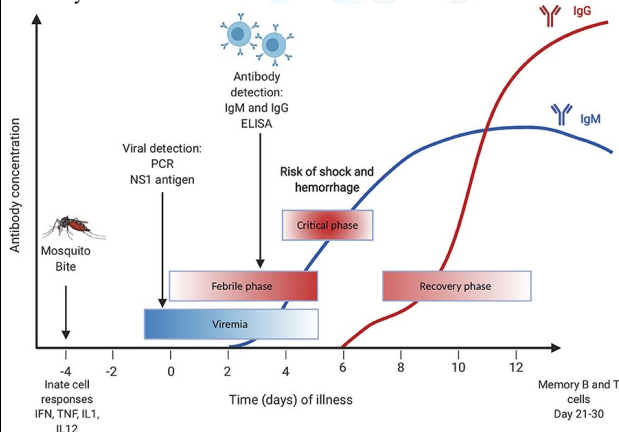
**IMMUNOLOGY & SEROLOGY**

**VCARE FEVER PROFILE-2**

| Test Name                   | Results | Units | Ref. Range  | Method |
|-----------------------------|---------|-------|---|--------|
| <b>Dengue Profile-Elisa</b> |         |       |   |        |
| Dengue IgG Antibody         | 0.30    | S/CO  | < 0.8 : Negative<br>0.8-1.1 : Equivocal<br>≥ 1.1 : Positive   | ELISA  |
| Dengue IgM Antibody         | 0.18    | S/CO  | < 0.8 : Negative<br>0.8-1.1 : Equivocal<br>≥ 1.1 : Positive   | ELISA  |
| Dengue NS1 Antigen          | 0.25    | S/Co  | < 0.8~ : Negative<br>0.8-1.1 : Equivocal<br>> 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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