

**REPORT**

Name	: Miss. SHIVANI	Sample ID	: A0590938
Age/Gender	: 24 Years/Female	Reg. No	: 0312408170030
Referred by	: Dr. ALEKHYA SWAMY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 17-Aug-2024 08:42 PM
Primary Sample	: Whole Blood	Received On	: 17-Aug-2024 10:26 PM
Sample Tested In	: Serum	Reported On	: 18-Aug-2024 12:00 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
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<b>C-Reactive protein-(CRP)</b>	<b>9.31</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



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

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Primary Sample	: Whole Blood	Received On	: 17-Aug-2024 10:26 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 17-Aug-2024 11:01 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**HAEMATOLOGY**

**VCARE FEVER PROFILE-2**

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 parasites are responsible for malaria infections in human viz. P.Falciparum, p.Vivax, P.Ovale & P.malariae. Falciparum infections are associated 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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Primary Sample	: Whole Blood	Received On	: 17-Aug-2024 10:26 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 17-Aug-2024 10:38 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)	9.2	g/dL	12-15	Cynmeth Method
RBC Count	4.92	10 <sup>12</sup> /L	3.8-4.8	Cell Impedance
Haematocrit (HCT)	30.1	%	40-50	Calculated
MCV	61	fl	81-101	Calculated
MCH	18.7	pg	27-32	Calculated
MCHC	30.7	g/dL	32.5-34.5	Calculated
RDW-CV	15.8	%	11.6-14.0	Calculated
Platelet Count (PLT)	299	10 <sup>9</sup> /L	150-410	Cell Impedance
Total WBC Count	4.8	10 <sup>9</sup> /L	4.0-10.0	Impedance
Neutrophils	70	%	40-70	Cell Impedance
Absolute Neutrophils Count	3.36	10 <sup>9</sup> /L	2.0-7.0	Impedance
Lymphocytes	20	%	20-40	Cell Impedance
Absolute Lymphocyte Count	0.96	10 <sup>9</sup> /L	1.0-3.0	Impedance
Monocytes	06	%	2-10	Microscopy
Absolute Monocyte Count	0.29	10 <sup>9</sup> /L	0.2-1.0	Calculated
Eosinophils	04	%	1-6	Microscopy
Absolute Eosinophils Count	0.19	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

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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**

Test Name	Results	Units	Ref. Range	Method
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<b>Erythrocyte Sedimentation Rate (ESR)</b>	7	mm/hr	10 or less	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.



Swannabala - M  
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MD PATHOLOGY

**REPORT**

Name	: Miss. SHIVANI	Sample ID	: A0590940
Age/Gender	: 24 Years/Female	Reg. No	: 0312408170030
Referred by	: Dr. ALEKHYA SWAMY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 17-Aug-2024 08:42 PM
Primary Sample	: Whole Blood	Received On	: 17-Aug-2024 10:26 PM
Sample Tested In	: Plasma-NaF(R)	Reported On	: 17-Aug-2024 11:28 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
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**Glucose Random (RBS)** 84 mg/dL 70-140 Hexokinase (HK)

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	Fasting Plasma Glucose(mg/dL)	2hrs Plasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	> = 126	> = 200	> = 6.5	>=200(with symptoms)

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.

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

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

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Primary Sample	: Whole Blood	Received On	: 17-Aug-2024 10:26 PM
Sample Tested In	: Serum	Reported On	: 17-Aug-2024 11:35 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Kidney Profile-KFT</b>				
Creatinine -Serum	0.61	mg/dL	0.60-1.10	Jaffes Kinetic
Urea-Serum	16.7	mg/dL	12.8-42.8	Calculated
Blood Urea Nitrogen (BUN)	7.82	mg/dL	7.0-18.0	Calculated
BUN / Creatinine Ratio	12.82		6 - 22	
Uric Acid	2.8	mg/dL	2.6-6.0	Uricase
Sodium	139	mmol/L	135-150	ISE Direct
Potassium	3.8	mmol/L	3.5-5.0	ISE Direct
Chloride	105	mmol/L	94-110	ISE Direct

**Interpretation:**

- The kidneys, located in the retroperitoneal space in the abdomen, are vital for patient health. They process several hundred liters of fluid a day and remove around two liters of waste products from the bloodstream. The volume of fluid that passes through the kidneys each minute is closely linked to cardiac output. The kidneys maintain the body's balance of water and concentration of minerals such as sodium, potassium, and phosphorus in blood and remove waste by-products from the blood after digestion, muscle activity and exposure to chemicals or medications. They also produce renin which helps regulate blood pressure, produce erythropoietin which stimulates red blood cell production, and produce an active form of vitamin D, needed for bone health.

Excellence In Health Care



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

**REPORT**

Name	: Miss. SHIVANI	Sample ID	: A0643624
Age/Gender	: 24 Years/Female	Reg. No	: 0312408170030
Referred by	: Dr. ALEKHYA SWAMY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 17-Aug-2024 08:42 PM
Primary Sample	:	Received On	: 17-Aug-2024 10:39 PM
Sample Tested In	: Urine	Reported On	: 17-Aug-2024 10:56 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
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**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	1.020	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	02-04	/hpf	00-05	Microscopy
R.B.C.	Nil	/hpf	Nil	Microscopic
Epithelial Cells	01-02	/hpf	00-05	Microscopic
Casts	Absent	Absent	Absent	Microscopic
Crystals	Absent	Absent	Absent	Microscopic
Bacteria	Nil	Nil	Nil	
Budding Yeast Cells	Nil	Absent	Absent	Microscopy

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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	1:160		1:80 & Above Significant	
Salmonella typhi H Antigen	1:80		1:80 & Above Significant	
Salmonella paratyphi AH Antigen	<1:20		1:80 & Above Significant	
Salmonella paratyphi BH Antigen	<1:20		1:80 & Above Significant	



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



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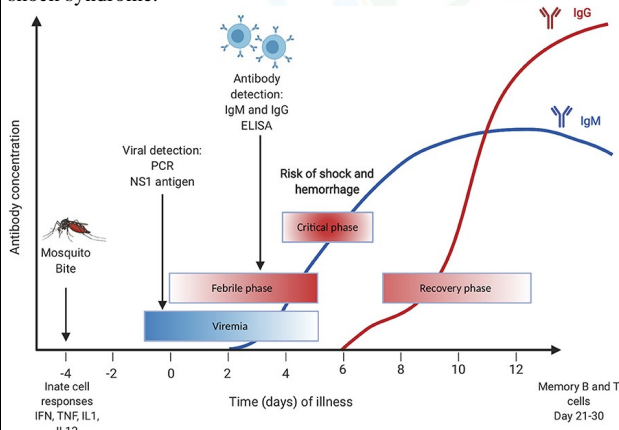
**IMMUNOLOGY & SEROLOGY**

**VCARE FEVER PROFILE-2**

Test Name	Results	Units	Ref. Range	Method
<b>Dengue Profile-Elisa</b>				
Dengue IgG Antibody	0.29	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive	ELISA
Dengue IgM Antibody	0.21	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive	ELISA
Dengue NS1 Antigen	0.35	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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