

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. DEEPAK REDDY	Sample ID	: A0451479
Age/Gender	: 17 Years/Male	Reg. No	: 0312408220024
Referred by	: Dr. SHARAN	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 22-Aug-2024 11:18 AM
Primary Sample	: Whole Blood	Received On	: 22-Aug-2024 01:37 PM
Sample Tested In	: Serum	Reported On	: 22-Aug-2024 04:53 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					

C-Reactive protein-(CRP)	25.5	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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Primary Sample	: Whole Blood	Received On	: 22-Aug-2024 01:37 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 22-Aug-2024 04:11 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY **VCARE FEVER PROFILE-1** Test Name Results Units Ref. Range Method MALARIA ANTIGEN (VIVAX & FALCIPARUM)

Plasmodium Vivax Antigen	Negative	Negative	Immuno Chromatography
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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Primary Sample	: Whole Blood	Received On	: 22-Aug-2024 01:37 PM	
Sample Tested In	: Whole Blood EDTA	Reported On	: 22-Aug-2024 03:34 PM	
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report	

	НА	EMATOLOG	SY			
	VCARE	FEVER PRO	OFILE-1			
Test Name	Results	Units	Ref. Range	Method		
COMPLETE BLOOD COUNT (CBC)						
Haemoglobin (Hb)	13.8	g/dL	13-17	Cynmeth Method		
RBC Count	5.22	10^12/L	4.5-5.5	Cell Impedence		
Haematocrit (HCT)	41.6	%	40-50	Calculated		
MCV	80	fl	81-101	Calculated		
МСН	26.4	pg	27-32	Calculated		
мснс	33.1	g/dL	32.5-34.5	Calculated		
RDW-CV	13.7	%	11.6-14.0	Calculated		
Platelet Count (PLT)	284	10^9/L	150-410	Cell Impedance		
Total WBC Count	4.6	10^9/L	4.0-10.0	Impedance		
Neutrophils	65	%	40-70	Cell Impedence		
Absolute Neutrophils Count	2.99	10^9/L	2.0-7.0	Impedence		
Lymphocytes	27	%	20-40	Cell Impedence		
Absolute Lymphocyte Count	1.24	10^9/L	1.0-3.0	Impedence		
Monocytes	05	%	2-10	Microscopy		
Absolute Monocyte Count	0.23	10^9/L	0.2-1.0	Calculated		
Eosinophils	03	%	1-6	Microscopy		
Absolute Eosinophils Count	0.14	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		
<u>Morphology</u>						
WBC	Within Norr	nal Limits				
RBC	Normocytic	normochromic				
Platelets	Adequate.			Microscopy		
Result rechecked and verified for abnor		Of Report **	*			
	*** End Of Report ***					

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Sample Tested In	: Whole Blood EDTA	Reported On	: 22-Aug-2024 04:06 PM	
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report	

HAEMATOLOGY					
VCARE FEVER PROFILE-1					
Test Name Results Units Ref. Range Method					

Erythrocyte Sedimentation Rate (ESR)	6	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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Method

Hexokinase (HK)

REPORT				
Name	: Mr. DEEPAK REDDY	Sample ID	: A0451480	
Age/Gender	: 17 Years/Male	Reg. No	: 0312408220024	
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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 22-Aug-2024 11:18 AM	
Primary Sample	: Whole Blood	Received On	: 22-Aug-2024 01:37 PM	
Sample Tested In	: Plasma-NaF(R)	Reported On	: 22-Aug-2024 04:26 PM	
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report	
Client Address	. Kimtee colorry , ookar Nagar , ramaka	Report Status		

CLINICAL BIOCHEMISTRY VCARE FEVER PROFILE-1 Test Name Results Units Ref. Range **Glucose Random (RBS)** 118 mg/dL 70-140 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.



BIOCHEMISTRY



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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 22-Aug-2024 11:18 AM			
Primary Sample	:	Received On	: 22-Aug-2024 01:59 PM			
Sample Tested In	: Urine	Reported On	: 22-Aug-2024 05:22 PM			
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report			
	CLINICAL PATH	HOLOGY				

VCARE FEVER PROFILE-1						
Test Name	Results	Units	Ref. Range	Method		
Complete Urine Analysis (CUE)						
Physical Examination						
Colour	Pale Yellow		Straw to light amber			
Appearance	HAZY		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	1.030		1.000 - 1.030	Strip Reflectance		
Blood	Negative		Negative	Strip Reflectance		
Reaction (pH)	6.0		5.0 - 8.5	B 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			

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Budding Yeast Cells

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Absent



Nil

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Microscopy



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FOSYSTEMS PVT. LTD. **IMMUNOLOGY & SEROLOGY VCARE FEVER PROFILE-1** Test Name Results Units

<u>Widal Test (Slide Test)</u>		
Salmonella typhi O Antigen	<1:20	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

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Ref. Range





DR. RUTURAJ MANIKLAL KOLHAPURE MD, MICROBIOLOGIST



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Sample Tested In	: Serum	Reported On	: 22-Aug-2024 05:01 PM	
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IMMUNOLOGY & SEROLOGY VCARE FEVER PROFILE-1					
Test Name	Results	Units	Ref. Range	Method	
Dengue NS1 Antigen	0.32	S/Co	< 0.8~ : Negative 0.8-1.1 : Equivocal > 1.1~ : Positive	ELISA	
Correlate Clinically.					
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	*** End	l Of Report *	**		





DR. RUTURAJ MANIKLAL KOLHAPURE MD, MICROBIOLOGIST