

**REPORT**

Name	: Mrs. ANUSHA	Sample ID	: A0787309
Age/Gender	: 32 Years/Female	Reg. No	: 0312408220057
Referred by	: Dr. T DURGA PRASAD	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 22-Aug-2024 07:35 PM
Primary Sample	: Whole Blood	Received On	: 22-Aug-2024 10:02 PM
Sample Tested In	: Serum	Reported On	: 23-Aug-2024 12:20 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>C-Reactive protein-(CRP)</b>	3.8	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

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



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

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Primary Sample	: Whole Blood	Received On	: 22-Aug-2024 10:02 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 22-Aug-2024 10:13 PM
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**HAEMATOLOGY**

Test Name	Results	Units	Ref. Range	Method
<b>Complete Blood Picture(CBP)</b>				
Haemoglobin (Hb)	<b>6.4</b>	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	<b>24.2</b>	%	40-50	Calculated
RBC Count	3.84	10 <sup>12</sup> /L	3.8-4.8	Cell Impedence
MCV	<b>63</b>	fl	81-101	Calculated
MCH	<b>16.8</b>	pg	27-32	Calculated
MCHC	<b>26.6</b>	g/dL	32.5-34.5	Calculated
RDW-CV	<b>19.8</b>	%	11.6-14.0	Calculated
Platelet Count (PLT)	261	10 <sup>9</sup> /L	150-410	Cell Impedence
Total WBC Count	4.5	10 <sup>9</sup> /L	4.0-10.0	Impedence
<b>Differential Leucocyte Count (DC)</b>				
Neutrophils	40	%	40-70	Cell Impedence
Lymphocytes	<b>50</b>	%	20-40	Cell Impedence
Monocytes	06	%	2-10	Microscopy
Eosinophils	04	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	<b>1.8</b>	10 <sup>9</sup> /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	2.25	10 <sup>9</sup> /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.27	10 <sup>9</sup> /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.18	10 <sup>9</sup> /L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10 <sup>9</sup> /L	0.0-0.3	Calculated
Morphology	Anisocytosis With Sever Microcytic Hypochromic Anemia			PAPs Staining

Result rechecked and verified for abnormal cases

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

Laboratory is NABL Accredited



Swarnabala - M  
DR.SWARNA BALA  
MD PATHOLOGY

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Primary Sample	: Whole Blood	Received On	: 22-Aug-2024 10:02 PM
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**IMMUNOLOGY & SEROLOGY**

Test Name	Results	Units	Ref. Range	Method
Chikungunya IgM	Negative		Negative	Immunochromatography

**Result Interpretation:**

- A negative result indicates no chikungunya IgM antibody found.
- A positive result indicates chikungunya IgM antibody detected.

1. Negative result does not exclude the possibility of exposure to Chikungunya virus
2. False negative results are seen if IgM antibody is below the detectable limit or is absent during the stage of the disease in which specimen has been collected.
3. All results to be clinically correlated
4. Test conducted on serum

**Comments** Chikungunya is a viral infection transmitted by the bite of an infected Aedes aegypti mosquito. Symptoms are very similar to those of Dengue fever, but unlike Dengue there is no hemorrhagic or shock syndrome. The disease is characterized by rash, fever and severe joint pain (arthralgia). Laboratory diagnosis is critical to establish the cause and initiate specific public health response.

Correlate Clinically.

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



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