

REPORT

| | | | |
|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Master. K SUVARSHITH | Sample ID | : A0933549 |
| Age/Gender | : 1 Years/Male | Reg. No | : 0312408230069 |
| Referred by | : Dr. C N REDDY (M.B.B.S.,D.C.H) | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 23-Aug-2024 09:43 PM |
| Primary Sample | : Whole Blood | Received On | : 23-Aug-2024 11:29 PM |
| Sample Tested In | : Serum | Reported On | : 24-Aug-2024 01:06 AM |
| 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) | 20.1 | 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 | : Master. K SUVARSHITH | Sample ID | : A0933551 |
| Age/Gender | : 1 Years/Male | Reg. No | : 0312408230069 |
| Referred by | : Dr. C N REDDY (M.B.B.S.,D.C.H) | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 23-Aug-2024 09:43 PM |
| Primary Sample | : Whole Blood | Received On | : 23-Aug-2024 11:41 PM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 24-Aug-2024 12:20 AM |
| 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 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 | : 23-Aug-2024 09: 43 PM |
| Primary Sample | : Whole Blood | Received On | : 23-Aug-2024 11: 41 PM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 24-Aug-2024 12: 10 AM |
| Client Address | : Kimtee colony ,Gokul Nagar, Tarnaka | Report Status | : Final Report |

HAEMATOLOGY

VCARE FEVER PROFILE-1

| Test Name | Results | Units | Ref. Range | Method |
|-----------------------------------|---|---------------------|------------|----------------|
| COMPLETE BLOOD COUNT (CBC) | | | | |
| Haemoglobin (Hb) | 10.3 | g/dL | 11.1-14.1 | Cynmeth Method |
| RBC Count | 4.26 | 10 ¹² /L | 3.9-5.1 | Cell Impedance |
| Haematocrit (HCT) | 30.8 | % | 30-38 | Calculated |
| MCV | 72 | fl | 72-84 | Calculated |
| MCH | 25.6 | pg | 25-29 | Calculated |
| MCHC | 33.4 | g/dL | 32-36 | Calculated |
| RDW-CV | 16.3 | % | 11.6-14.0 | Calculated |
| Platelet Count (PLT) | 230 | 10 ⁹ /L | 200-550 | Cell Impedance |
| Total WBC Count | 14.9 | 10 ⁹ /L | 6.0-16.0 | Impedance |
| Neutrophils | 40 | % | 21-42 | Cell Impedance |
| Absolute Neutrophils Count | 5.96 | 10 ⁹ /L | 1.3-7.4 | Impedance |
| Lymphocytes | 55 | % | 51-71 | Cell Impedance |
| Absolute Lymphocyte Count | 8.2 | 10 ⁹ /L | 3.1-12.4 | Impedance |
| Monocytes | 03 | % | 1-9 | Microscopy |
| Absolute Monocyte Count | 0.45 | 10 ⁹ /L | 0.1-1.6 | Calculated |
| Eosinophils | 02 | % | 0-7 | Microscopy |
| Absolute Eosinophils Count | 0.3 | 10 ⁹ /L | 0.0-1.2 | Calculated |
| Basophils | 00 | % | 0-2 | Microscopy |
| Absolute Basophil ICount | 0.00 | 10 ⁹ /L | 0.0-1.2 | Calculated |
| Atypical cells / Blasts | 00 | % | | |
| Morphology | | | | |
| WBC | Within Normal Limits | | | |
| RBC | Anisocytosis With Normocytic normochromic | | | |
| Platelets | Adequate. | | | Microscopy |

Result rechecked and verified for abnormal cases

*** End Of Report ***

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DR. SWARNA BALA
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| Primary Sample | : Whole Blood | Received On | : 23-Aug-2024 11: 41 PM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 24-Aug-2024 12: 25 AM |
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HAEMATOLOGY

VCARE FEVER PROFILE-1

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

| | | | | |
|---|---|-------|------|-------------------|
| Erythrocyte Sedimentation Rate (ESR) | 6 | mm/hr | 3-13 | 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.

*** End Of Report ***

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DR.SWARNA BALA
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| Primary Sample | : Whole Blood | Received On | : 23-Aug-2024 11: 29 PM |
| Sample Tested In | : Serum | Reported On | : 24-Aug-2024 02: 12 AM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

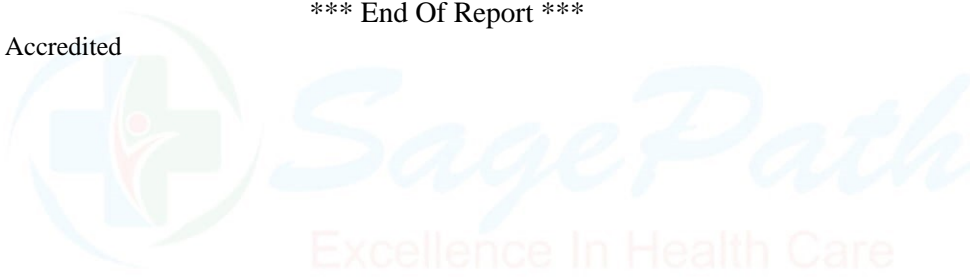
IMMUNOLOGY & SEROLOGY

VCARE FEVER PROFILE-1

| Test Name | Results | Units | Ref. Range | Method |
|---------------------------------|---------|-------|--------------------------|--------|
| Widal Test (Slide Test) | | | | |
| Salmonella typhi O Antigen | 1:80 | | 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 | |

*** End Of Report ***

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DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST

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IMMUNOLOGY & SEROLOGY

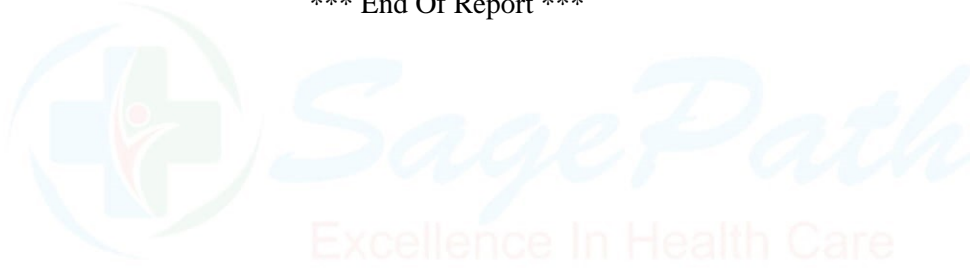
VCARE FEVER PROFILE-1

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|--------------------|---------|-------|---|--------|
| Dengue NS1 Antigen | 0.26 | S/Co | < 0.8~ : Negative 0.8-1.1 : Equivocal > 1.1~ : Positive | ELISA |

Correlate Clinically.

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*** End Of Report ***



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MD, MICROBIOLOGIST