

REPORT

| | | | |
|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Master. AAKSHAY | Sample ID | : A0933709 |
| Age/Gender | : 4 Years 1 Months 27 Days/Male | Reg. No | : 0312408270031 |
| Referred by | : Dr. O ANIL KUMAR REDDY | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 27-Aug-2024 01:12 PM |
| Primary Sample | : Whole Blood | Received On | : 27-Aug-2024 04:51 PM |
| Sample Tested In | : Serum | Reported On | : 27-Aug-2024 07:41 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) | 21.2 | 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



Dr. Vaishnavi
DR.VAISHNAVI
MD BIOCHEMISTRY

REPORT

| | | | |
|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Master. AAKSHAY | Sample ID | : A0933710 |
| Age/Gender | : 4 Years 1 Months 27 Days/Male | Reg. No | : 0312408270031 |
| Referred by | : Dr. O ANIL KUMAR REDDY | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 27-Aug-2024 01:12 PM |
| Primary Sample | : Whole Blood | Received On | : 27-Aug-2024 04:51 PM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 27-Aug-2024 08:03 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 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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| Name | : Master. AAKSHAY | Sample ID | : A0933710 |
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| Referred by | : Dr. O ANIL KUMAR REDDY | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 27-Aug-2024 01:12 PM |
| Primary Sample | : Whole Blood | Received On | : 27-Aug-2024 04:51 PM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 27-Aug-2024 06:38 PM |
| 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) | 11.5 | g/dL | 11-14.5 | Cynmeth Method |
| RBC Count | 4.63 | 10 ¹² /L | 4.0-5.2 | Cell Impedance |
| Haematocrit (HCT) | 34.0 | % | 34-40 | Calculated |
| MCV | 77 | fl | 77-87 | Calculated |
| MCH | 24.8 | pg | 24-30 | Calculated |
| MCHC | 34.0 | g/dL | 31-37 | Calculated |
| RDW-CV | 13.6 | % | 11.6-14.0 | Calculated |
| Platelet Count (PLT) | 311 | 10 ⁹ /L | 200-490 | Cell Impedance |
| Total WBC Count | 4.0 | 10 ⁹ /L | 5.0-15.0 | Impedance |
| Neutrophils | 60 | % | 32-61 | Cell Impedance |
| Absolute Neutrophils Count | 2.4 | 10 ⁹ /L | 1.6-9.5 | Impedance |
| Lymphocytes | 35 | % | 32-60 | Cell Impedance |
| Absolute Lymphocyte Count | 1.4 | 10 ⁹ /L | 1.6-9.3 | Impedance |
| Monocytes | 03 | % | 1-9 | Microscopy |
| Absolute Monocyte Count | 0.12 | 10 ⁹ /L | 0.5-1.4 | Calculated |
| Eosinophils | 02 | % | 0-7 | Microscopy |
| Absolute Eosinophils Count | 0.08 | 10 ⁹ /L | 0.0-1.1 | Calculated |
| Basophils | 00 | % | 0-2 | Microscopy |
| Absolute Basophil ICount | 0.00 | 10 ⁹ /L | 0.0-0.3 | Calculated |
| Atypical cells / Blasts | 00 | % | | |
| Morphology | | | | |
| WBC | Mild Leucopenia | | | |
| RBC | Normocytic normochromic | | | |
| Platelets | Adequate. | | | Microscopy |

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HAEMATOLOGY

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| | | | | |
|---|-----------|-------|------|-------------------|
| Erythrocyte Sedimentation Rate (ESR) | 18 | 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.



Swannabala - M
DR.SWARNA BALA
MD PATHOLOGY

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| Name | : Master. AAKSHAY | Sample ID | : A0933707 |
| Age/Gender | : 4 Years 1 Months 27 Days/Male | Reg. No | : 0312408270031 |
| Referred by | : Dr. O ANIL KUMAR REDDY | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 27-Aug-2024 01:12 PM |
| Primary Sample | : | Received On | : 27-Aug-2024 04:50 PM |
| Sample Tested In | : Urine | Reported On | : 27-Aug-2024 05:09 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

CLINICAL PATHOLOGY

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) | 06.5 | | 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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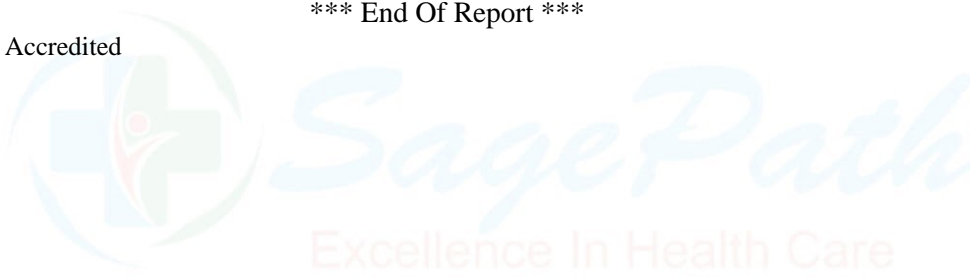
IMMUNOLOGY & SEROLOGY

VCARE FEVER PROFILE-1

| Test Name | Results | Units | Ref. Range | Method |
|---------------------------------|---------|-------|--------------------------|--------|
| Widal Test (Slide Test) | | | | |
| 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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DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST

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| Primary Sample | : Whole Blood | Received On | : 27-Aug-2024 04:51 PM |
| Sample Tested In | : Serum | Reported On | : 27-Aug-2024 07:58 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

IMMUNOLOGY & SEROLOGY

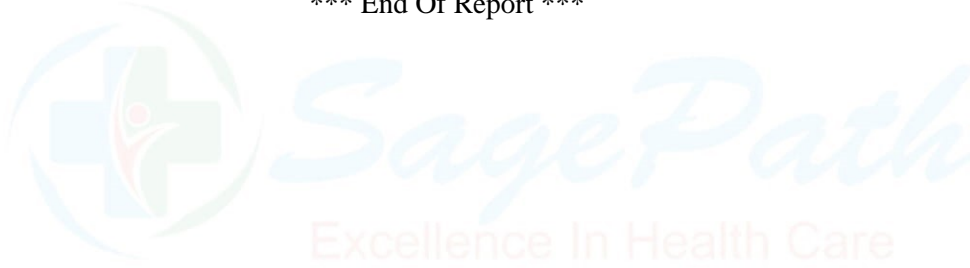
VCARE FEVER PROFILE-1

| Test Name | Results | Units | Ref. Range | Method |
|---------------------------|-------------|-------|---|--------|
| Dengue NS1 Antigen | 2.50 | S/Co | < 0.8~ : Negative 0.8-1.1 : Equivocal > 1.1~ : Positive | ELISA |

Correlate Clinically.

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*** End Of Report ***




DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST