

Lab Address:- # Plot No. 564, 1st floor, Buddhanagar, Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg. No. SAPALAPVLHT (Covid -19)

Immunoturbidimetry

### REPORT

Name : Master. MOHD AAHI Sample ID : A0933751

0.4

Age/Gender : 4 Years/Male Reg. No : 0312408280015 Referred by : Dr. VEERESHAM SPP Code : SPL-STS-554

Referring Customer : V CARE MEDICAL DIAGNOSTICS TS Collected On : 28-Aug-2024 11:18 AM

Primary Sample : Whole Blood Received On : 28-Aug-2024 01:15 PM Sample Tested In : Serum Reported On : 28-Aug-2024 05:44 PM

Client Address : Kimtee Colony ,Gokul Nagar,Tarnaka. Report Status : Final Report

## **CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method	

mg/L

### **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

C-Reactive protein-(CRP)

- Heart attack
- Infection
- Inflammatory bowel disease (IBD)
- Lupus
- Pneumonia
- Rheumatoid arthritis

Excellence In Health Care

Upto:6.0



DR.VAISHNAVI MD BIOCHEMISTRY



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## REPORT

Name : Master. MOHD AAHI

Age/Gender : 4 Years/Male
Referred by : Dr. VEERESHAM

Referring Customer : V CARE MEDICAL DIAGNOSTICS TS

Primary Sample : Whole Blood

Sample Tested In : Whole Blood EDTA

Client Address : Kimtee Colony ,Gokul Nagar,Tarnaka.

Sample ID : A0933752

Reg. No : 0312408280015

SPP Code : SPL-STS-554

Collected On : 28-Aug-2024 11:18 AM

Received On : 28-Aug-2024 01:08 PM

Reported On : 28-Aug-2024 05:02 PM

Report Status : Final Report

### **HAEMATOLOGY**

### **FEVER PROFILE**

Test Name Results Units Ref. Range Method

### **MALARIA ANTIGEN (VIVAX & FALCIPARUM)**

Plasmodium Vivax AntigenNegativeNegativeImmuno ChromatographyPlasmodium FalciparumNegativeNegativeImmuno 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 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.

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

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Swarnabala - M DR.SWARNA BALA MD PATHOLOGY



**Test Name** 



# Sagepath Labs Pvt. Ltd.

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Method

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Referring Customer : V CARE MEDICAL DIAGNOSTICS TS Collected On : 28-Aug-2024 11:18 AM

Primary Sample : Whole Blood Received On : 28-Aug-2024 01:08 PM
Sample Tested In : Whole Blood EDTA Reported On : 28-Aug-2024 02:28 PM

Client Address : Kimtee Colony ,Gokul Nagar,Tarnaka. Report Status : Final Report

**Results** 

## **HAEMATOLOGY**

# FEVER PROFILE s Units

Ref. Range

165t Name	Nesulis	Offics	itel. Italige	Wethou
COMPLETE BLOOD COUNT (CBC)				
Haemoglobin (Hb)	9.9	g/dL	11-14.5	Cynmeth Method
RBC Count	5.16	10^12/L	4.0-5.2	Cell Impedence
Haematocrit (HCT)	31.8	%	34-40	Calculated
MCV	62	fl	77-87	Calculated
MCH	19.1	pg	24-30	Calculated
MCHC	31.1	g/dL	31-37	Calculated
RDW-CV	22.3	%	11.6-14.0	Calculated
Platelet Count (PLT)	175	10^9/L	200-490	Cell Impedance
Total WBC Count	15.3	10^9/L	5.0-15.0	Impedance
Neutrophils	50	%	23-52	Cell Impedence
Absolute Neutrophils Count	7.65	10^9/L	1.3-8.8	Impedence
Lymphocytes	40	%	40-69	Cell Impedence
Absolute Lymphocyte Count	6.12	10^9/L	2.2-11.7	Impedence
Monocytes	06	%	1-9	Microscopy
Absolute Monocyte Count	0.92	10^9/L	0.6-1.5	Calculated
Eosinophils	04	%	0-7	Microscopy
Absolute Eosinophils Count	0.61	10^9/L	0.0-0.5	Calculated
Basophils	00	%	0-2	Microscopy
Absolute Basophil ICount	0.00	10^9/L	0.0-0.3	Calculated
Atypical cells / Blasts	00	%		
<u>Morphology</u>				
WBC	Mild Leucocytosis			
RBC	Anisocytosis With Microcytic Hypochromic			
Platelets	Mild Thrombocytosis			Microscopy

Result rechecked and verified for abnormal cases

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

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Referred by : Dr. VEERESHAM

Referring Customer : V CARE MEDICAL DIAGNOSTICS TS

Primary Sample : Whole Blood

Sample Tested In : Whole Blood EDTA

Client Address : Kimtee Colony , Gokul Nagar, Tarnaka.

Sample ID : A0933752

Reg. No : 0312408280015

SPP Code : SPL-STS-554

Collected On : 28-Aug-2024 11:18 AM

Received On : 28-Aug-2024 01:08 PM

Reported On : 28-Aug-2024 04:12 PM

Report Status : Final Report

### **HAEMATOLOGY**

### **FEVER PROFILE**

Test Name Results Units Ref. Range Method

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.









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Client Address : Kimtee Colony ,Gokul Nagar,Tarnaka. Report Status : Final Report

CLINICAL BIOCHEMISTRY					
Test Name	Results	Units	Ref. Range	Method	
Bilirubin(Total)	0.5	mg/dL	0.1-1.2	Diazo	
Bilirubin (Direct)	0.1	mg/dL	0.0 - 0.3	Diazo	
Bilirubin (Indirect)	0.4	mg/dL	0.2-1.0	Calculated	

### **Interpretation:**

Bilirubin is a yellowish pigment found in bile, a fluid made by the liver.

Bilirubin is left after these older blood cells are removed. The liver helps break down bilirubin so that it can be removed from the body in the stool. A level of bilirubin in the blood of 2.0 mg/dL can lead to jaundice. Jaundice is a yellow color in the skin, mucus membranes, or eyes.

In newborns, bilirubin level is higher for the first few days of life. Your child's provider must consider the following when deciding whether your baby's bilirubin level is too high:

- How fast the level has been rising
- Whether the baby was born early
- The baby's age

Jaundice can also occur when more red blood cells than normal are broken down. This can be caused by:

- A blood disorder called erythroblastosis fetalis
- A red blood cell disorder called hemolytic anemia
- Transfusion reaction in which red blood cells that were given in a transfusion are destroyed by the person's immune system

Note: DPD(3,5-dichlorophenyldiazonium tetrafluoroborate)

Result rechecked and verified for abnormal cases

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

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: Final Report Client Address : Kimtee Colony , Gokul Nagar, Tarnaka. Report Status

### **IMMUNOLOGY & SEROLOGY**

### **FEVER PROFILE**

Test Name	Results	Units	Ref. Range	Method
Widal Test (Slide Test)				
Salmonella typhi O Antigen	<1:20		1:80 & Above Significant	t
Salmonella typhi H Antigen	<1:20		1:80 & Above Significant	t
Salmonella paratyphi AH Antigen	<1:20		1:80 & Above Significant	t
Salmonella paratyphi BH Antigen	<1:20		1:80 & Above Significant	t
Correlate Clinically.				

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







DR. RUTURAJ MANIKLAL KOLHAPURE MD, MICROBIOLOGIST