

REPORT

Name	: Master. SAFWAN MD	Sample ID	: A0933702
Age/Gender	: 1 Years 3 Months 17 Days/Male	Reg. No	: 0312409040003
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	: 04-Sep-2024 10:28 AM
Primary Sample	: Whole Blood	Received On	: 04-Sep-2024 12:54 PM
Sample Tested In	: Serum	Reported On	: 04-Sep-2024 03:56 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

ADVANCE FEVER PROFILE-ELISA

Test Name	Results	Units	Ref. Range	Method
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C-Reactive protein-(CRP)	1.8	mg/L	Upto:6.0	Immunoturbidimetry
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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. SAFWAN MD	Sample ID	: A0933701
Age/Gender	: 1 Years 3 Months 17 Days/Male	Reg. No	: 0312409040003
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	: 04-Sep-2024 10:28 AM
Primary Sample	: Whole Blood	Received On	: 04-Sep-2024 12:54 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 04-Sep-2024 03:53 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

ADVANCE FEVER PROFILE-ELISA

Test Name	Results	Units	Ref. Range	Method
<u>MALARIA ANTIGEN (VIVAX & FALCIPARUM)</u>				
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.

*** End Of Report ***

Laboratory is NABL Accredited



Swannabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Master. SAFWAN MD	Sample ID	: A0933701
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Primary Sample	: Whole Blood	Received On	: 04-Sep-2024 12:54 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 04-Sep-2024 03:47 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

ADVANCE FEVER PROFILE-ELISA

Test Name	Results	Units	Ref. Range	Method
COMPLETE BLOOD COUNT (CBC)				
Haemoglobin (Hb)	6.9	g/dL	11-14.5	Cynmeth Method
RBC Count	5.42	10 ¹² /L	4.0-5.2	Cell Impedance
Haematocrit (HCT)	27.6	%	34-40	Calculated
MCV	51	fl	77-87	Calculated
MCH	12.8	pg	24-30	Calculated
MCHC	25.1	g/dL	31-37	Calculated
RDW-CV	20.1	%	11.6-14.0	Calculated
Platelet Count (PLT)	406	10 ⁹ /L	200-490	Cell Impedance
Total WBC Count	10.5	10 ⁹ /L	6.0-16.0	Impedance
Neutrophils	40	%	21-43	Cell Impedance
Absolute Neutrophils Count	4.2	10 ⁹ /L	1.3-7.5	Impedance
Lymphocytes	50	%	49-71	Cell Impedance
Absolute Lymphocyte Count	5.25	10 ⁹ /L	2.9-12.4	Impedance
Monocytes	06	%	1-9	Microscopy
Absolute Monocyte Count	0.63	10 ⁹ /L	0.1-1.6	Calculated
Eosinophils	04	%	0-7	Microscopy
Absolute Eosinophils Count	0.42	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
Morphology				
WBC	Within Normal Limits			
RBC	Anisocytosis with Microcytic hypochromic			
Platelets	Adequate.			Microscopy

Result rechecked and verified for abnormal cases

*** End Of Report ***

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DR.SWARNA BALA
MD PATHOLOGY

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HAEMATOLOGY

ADVANCE FEVER PROFILE-ELISA

Test Name	Results	Units	Ref. Range	Method
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Erythrocyte Sedimentation Rate (ESR)	16	mm/hr	3-13	Westergren method
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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

REPORT

Name	: Master. SAFWAN MD	Sample ID	: A0933870
Age/Gender	: 1 Years 3 Months 17 Days/Male	Reg. No	: 0312409040003
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	: 04-Sep-2024 10:28 AM
Primary Sample	:	Received On	: 04-Sep-2024 04:16 PM
Sample Tested In	: Urine	Reported On	: 04-Sep-2024 05:50 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL PATHOLOGY

Test Name	Results	Units	Ref. Range	Method
Complete Urine Analysis (CUE)				
Physical Examination				
Colour	Pale Yellow		Straw to light amber	
Appearance	Clear		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	1.025		1.000 - 1.030	Strip Reflectance
Blood	Negative		Negative	Strip Reflectance
Reaction (pH)	6.0		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

Comments :Urine analysis is one of the most useful laboratory tests as it identifies a wide range of medical conditions including renal damage, urinary tract infections,diabetes, hypertension and drug toxicity.

Result rechecked and verified for abnormal cases

*** End Of Report ***

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Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

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Primary Sample	: Whole Blood	Received On	: 04-Sep-2024 12:54 PM
Sample Tested In	: Serum	Reported On	: 04-Sep-2024 07:39 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

ADVANCE FEVER PROFILE-ELISA

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	



DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST

REPORT

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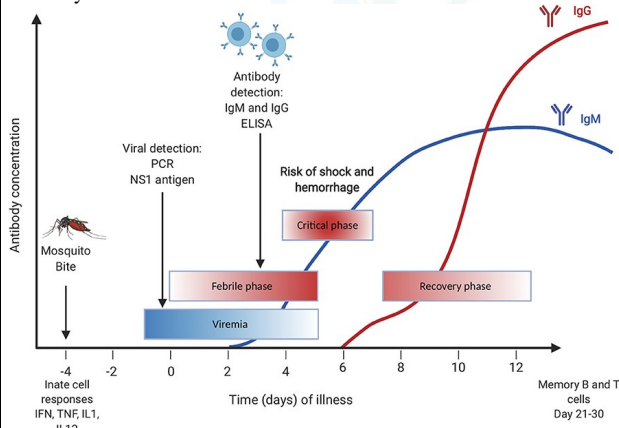
IMMUNOLOGY & SEROLOGY

ADVANCE FEVER PROFILE-ELISA

Test Name	Results	Units	Ref. Range	Method
Dengue Profile-Elisa				
Dengue IgG Antibody	0.23	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive	ELISA
Dengue IgM Antibody	0.18	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive	ELISA
Dengue NS1 Antigen	3.38	S/Co	< 0.8~ : Negative 0.8-1.1 : Equivocal > 1.1~ : Positive	ELISA

Interpretation:

Dengue viruses belong to the family Flaviviridae and have 4 subtypes (1-4). Dengue virus is transmitted by the mosquito Aedes aegypti and Aedes albopictus, widely distributed in Tropical and Subtropical areas of the world. Dengue is considered to be the most important arthropod borne viral disease due to the human morbidity and mortality it causes. The disease may be subclinical, self limiting, febrile or may progress to a severe form of Dengue hemorrhagic fever or Dengue shock syndrome.



- Note: 1. Recommended test is NS1 Antigen by ELISA in the first 5 days of fever. After 7-10 days of fever, the recommended test is Dengue fever antibodies IgG & IgM by ELISA
2. Cross reactivity is seen in the Flavivirus group between Dengue virus, Murray Valley encephalitis, Japanese encephalitis, Yellow fever & West Nile viruses

*** End Of Report ***



DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST

Correlate Clinically.

Result rechecked and verified for abnormal cases
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