



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

REPORT

Name : Mrs. PRATHIBHA

Age/Gender : 60 Years/Female
Referred by : Dr. MANGALA RAJE

Referring Customer : V CARE MEDICAL DIAGNOSTICS

Primary Sample : Whole Blood

Sample Tested In : Serum

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

Sample ID : A0933994

Reg. No : 0312409060024

SPP Code : SPL-CV-172

Collected On : 06-Sep-2024 02:19 PM

Received On : 06-Sep-2024 04:59 PM

Reported On : 06-Sep-2024 06:37 PM

Report Status : Final Report

CLINICAL BIOCHEMISTRY

ADVANCE FEVER PROFILE-ELISA

Test Name Results Units Ref. Range Method

C-Reactive protein-(CRP) 15.0 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

Excellence in Health Care



DR.VAISHNAVI MD BIOCHEMISTRY



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REPORT

Name : Mrs. PRATHIBHA

Age/Gender : 60 Years/Female

Referred by : Dr. MANGALA RAJE

Referring Customer: V CARE MEDICAL DIAGNOSTICS

Primary Sample : Whole Blood Sample Tested In : Whole Blood EDTA

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Sample ID : A0933993

Reg. No : 0312409060024

SPP Code : SPL-CV-172

Collected On : 06-Sep-2024 02:19 PM Received On : 06-Sep-2024 04:59 PM

Reported On : 06-Sep-2024 05:55 PM

: Final Report Report Status

HAEMATOLOGY

ADVANCE FEVER PROFILE-ELISA

Test Name Results Units Ref. Range Method

MALARIA ANTIGEN (VIVAX & FALCIPARUM)

Plasmodium Vivax Antigen Negative Negative Immuno Chromatography Plasmodium Falciparum Negative Negative Immuno Chromatography

- 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

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.

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited









Swarnabala-M DR.SWARNA BALA MD PATHOLOGY





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

REPORT

Name : Mrs. PRATHIBHA Sample ID : A0933993

Age/Gender : 60 Years/Female Reg. No : 0312409060024

Referred by : Dr. MANGALA RAJE SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 06-Sep-2024 02:19 PM

Primary Sample : Whole Blood EDTA Received On : 06-Sep-2024 04:59 PM Reported On : 06-Sep-2024 05:25 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

HAEMATOLOGY ADVANCE FEVER PROFILE-ELISA

	ADVAILOR	LVLININO	I ILL LLIOA	
Test Name	Results	Units	Ref. Range	Method
COMPLETE BLOOD COUNT (CBC)				
Haemoglobin (Hb)	11.7	g/dL	12-15	Cynmeth Method
RBC Count	4.14	10^12/L	3.8-4.8	Cell Impedence
Haematocrit (HCT)	37.1	%	40-50	Calculated
MCV	90	fl	81-101	Calculated
мсн	28.2	pg	27-32	Calculated
мснс	31.5	g/dL	32.5-34.5	Calculated
RDW-CV	12.7	%	11.6-14.0	Calculated
Platelet Count (PLT)	172	10^9/L	150-410	Cell Impedance
Total WBC Count	2.3	10^9/L	4.0-10.0	Impedance
Neutrophils	70	%	40-70	Cell Impedence
Absolute Neutrophils Count	1.61	10^9/L	2.0-7.0	Impedence
Lymphocytes	20	%	20-40	Cell Impedence
Absolute Lymphocyte Count	0.46	10^9/L	1.0-3.0	Impedence
Monocytes	06	%	2-10	Microscopy
Absolute Monocyte Count	0.14	10^9/L	0.2-1.0	Calculated
Eosinophils	04	%	1-6	Microscopy
Absolute Eosinophils Count	0.09	10^9/L	0.02-0.5	Calculated
Basophils	0	%	1-2	Microscopy
Absolute Basophil ICount	0.00	10^9/L	0.0-0.3	Calculated
<u>Morphology</u>				
WBC	Mild Leucopenia			
RBC	Normocytic normochromic			
Platelets	Adequate.			Microscopy

Result rechecked and verified for abnormal cases

*** End Of Report ***

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: A0933993

REPORT

Name : Mrs. PRATHIBHA Sample ID

Age/Gender : 60 Years/Female Reg. No : 0312409060024

Referred by : Dr. MANGALA RAJE SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 06-Sep-2024 02:19 PM Primary Sample : Whole Blood Received On : 06-Sep-2024 04:59 PM

Sample Tested In : Whole Blood EDTA Reported On : 06-Sep-2024 06:04 PM

Client Address : Kimtee colony , Gokul Nagar, Tarnaka Report Status : Final Report

HAEMATOLOGY

ADVANCE FEVER PROFILE-ELISA

Test Name Results Units Ref. Range Method

Erythrocyte Sedimentation Rate (ESR) 17 mm/hr 12 or less 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.









Swarnabala - M DR.SWARNA BALA MD PATHOLOGY



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REPORT

Name : Mrs. PRATHIBHA Sample ID : A0933700

Age/Gender : 60 Years/Female Reg. No : 0312409060024 Referred by : Dr. MANGALA RAJE SPP Code : SPL-CV-172

Referred by : Dr. MANGALA RAJE SPP Code : SPL-CV-172
Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 06-Sep-2024

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 06-Sep-2024 02:19 PM Primary Sample : Received On : 06-Sep-2024 05:06 PM

Sample Tested In : Urine Reported On : 06-Sep-2024 05:46 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

Negative Strip Reflectance Glucose Negative Protein Absent Negative Strip Reflectance Bilirubin (Bile) Negative Negative Strip Reflectance Urobilinogen Negative Negative Ehrlichs reagent Ketone Bodies Negative Negative Strip Reflectance Specific Gravity 1.010 1.000 - 1.030 Strip Reflectance Blood Negative Negative Strip Reflectance 5.0 - 8.5 6.0 Reaction (pH) Reagent Strip Reflectance

Nitrites Negative Negative Strip Reflectance

Leukocyte esterase Negative Negative Reagent Strip Reflectance

Microscopic Examination (Microscopy)

PUS(WBC) Cells 02-04 /hpf 00-05 Microscopy Nil Nil R.B.C. /hpf Microscopic **Epithelial Cells** 01-02 /hpf 00-05 Microscopic Absent Absent Casts Microscopic Crystals Absent Absent Microscopic Nil Nil Bacteria Nil **Budding Yeast Cells** 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.







Swarnabala - M DR.SWARNA BALA MD PATHOLOGY



Sage Path Excellence In Health Care

Sagepath Labs Pvt. Ltd.

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: A0933996

REPORT

Name : Mrs. PRATHIBHA Sample ID

Age/Gender : 60 Years/Female Reg. No : 0312409060024

Referred by : Dr. MANGALA RAJE SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 06-Sep-2024 02:19 PM Primary Sample : Whole Blood Received On : 06-Sep-2024 04:59 PM

Sample Tested In : Plasma-NaF(R) Reported On : 06-Sep-2024 04:59 PM Reported On : 06-Sep-2024 06:26 PM

Client Address : Kimtee colony , Gokul Nagar, Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY

GLUCOSE RANDOM (RBS)

Test Name Results Units Ref. Range Method

Glucose Random (RBS) 164 mg/dL 70-140 Hexokinase (HK)

Interpretation of Plasma Glucose based on ADA guidelines 2018

	3	2hrsPlasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	> = 126	>= 200		>=200(with symptoms)

Reference: Diabetes care 2018:41(suppl.1):S13-S27

- The random blood glucose if it is above 200 mg/dL and the patient has increased thirst, polyuria, and polyphagia, suggests diabetes mellitus.
- As a rule, two-hour glucose samples will reach the fasting level or it will be in the normal range.

Result rechecked and verified for abnormal cases

*** End Of Report ***

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Method

REPORT

Name : Mrs. PRATHIBHA Sample ID : A0933994 Age/Gender : 0312409060024 : 60 Years/Female Reg. No Referred by : Dr. MANGALA RAJE SPP Code : SPL-CV-172 Referring Customer : V CARE MEDICAL DIAGNOSTICS : 06-Sep-2024 02:19 PM Collected On

Primary Sample : Whole Blood Received On : 06-Sep-2024 04:59 PM Sample Tested In : 06-Sep-2024 05:34 PM : Serum Reported On

: Final Report Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status

Results

IMMUNOLOGY & SEROLOGY

ADVANCE FEVER PROFILE-ELISA Units

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
	*** End Of Rea	ort ***

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Test Name

Ref. Range







DR. RUTURAJ MANIKLAL KOLHAPURE MD, MICROBIOLOGIST



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REPORT

Name : Mrs. PRATHIBHA

Age/Gender : 60 Years/Female
Referred by : Dr. MANGALA RAJE

Referring Customer : V CARE MEDICAL DIAGNOSTICS

Primary Sample : Whole Blood Sample Tested In : Serum

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

Sample ID : A0933994

Reg. No : 0312409060024

SPP Code : SPL-CV-172

Collected On : 06-Sep-2024 02:19 PM

Received On : 06-Sep-2024 04:59 PM

Reported On : 06-Sep-2024 06:21 PM

Report Status : Final Report

IMMUNOLOGY & SEROLOGY

ADVANCE FEVER PROFILE-ELISA

Test Name Results Units Ref. Range Method

Chikungunya IgG Negative Negative Immunochromatography

*** End Of Report ***

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REPORT

Name : Mrs. PRATHIBHA Sample ID : A0933994 Age/Gender : 60 Years/Female Reg. No : 0312409060024 Referred by SPP Code : Dr. MANGALA RAJE : SPL-CV-172 Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 06-Sep-2024 02:19 PM Primary Sample : Whole Blood : 06-Sep-2024 04:59 PM Received On Sample Tested In : Serum Reported On : 06-Sep-2024 07:10 PM Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

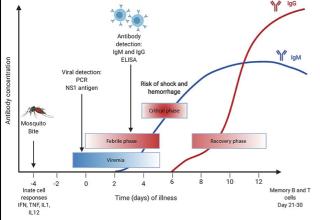
IMMUNOLOGY & SEROLOGY

ADVANCE FEVER PROFILE-ELISA

Test Name	Results	Units	Ref. Range	Method
Chikungunya IgM	Negative		Negative	Immunochromatography
Dengue Profile-Elisa				
Dengue IgG Antibody	0.19	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive	ELISA
Dengue IgM Antibody	0.26	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive	ELISA
Dengue NS1 Antigen	0.30	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

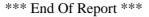
2. Cross reactivity is seen in the Flavivirus group between Dengue virus, Murray Valley encephalitis, Japanese encephalitis, Yellow fever & West Nile viruses







DR. RUTURAJ MANIKLAL KOLHAPURE MD, MICROBIOLOGIST



Correlate Clinically.

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