

**REPORT**

Name	: Master. SHUBAN CHANDRA R	Sample ID	: A0934103
Age/Gender	: 8 Years 2 Months/Male	Reg. No	: 0312409090081
Referred by	: Dr. B PRABHAKAR REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 09-Sep-2024 07:00 PM
Primary Sample	: Whole Blood	Received On	: 10-Sep-2024 08:42 AM
Sample Tested In	: Serum	Reported On	: 10-Sep-2024 09:36 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>C-Reactive protein-(CRP)</b>	<b>7.5</b>	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

Result rechecked and verified for abnormal cases

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



*Dr. Vaishnavi*  
**DR.VAISHNAVI**  
**MD BIOCHEMISTRY**

**REPORT**

Name	: Master. SHUBAN CHANDRA R	Sample ID	: A0934104
Age/Gender	: 8 Years 2 Months/Male	Reg. No	: 0312409090081
Referred by	: Dr. B PRABHAKAR REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 09-Sep-2024 07:00 PM
Primary Sample	: Whole Blood	Received On	: 10-Sep-2024 08:42 AM
Sample Tested In	: Whole Blood EDTA	Reported On	: 10-Sep-2024 11:48 AM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

**HAEMATOLOGY**

Test Name	Results	Units	Ref. Range	Method
<b>Complete Blood Picture(CBP)</b>				
Haemoglobin (Hb)	14.9	g/dL	11.5-15.5	Cynmeth Method
Haematocrit (HCT)	38.7	%	35-45	Calculated
RBC Count	<b>6.06</b>	10 <sup>12</sup> /L	4.5-5.5	Cell Impedence
MCV	82	fl	77-95	Calculated
MCH	<b>24.5</b>	pg	25-33	Calculated
MCHC	<b>29.8</b>	g/dL	31-37	Calculated
RDW-CV	<b>14.3</b>	%	11.6-14.0	Calculated
Platelet Count (PLT)	273	10 <sup>9</sup> /L	170-450	Cell Impedence
Total WBC Count	5.6	10 <sup>9</sup> /L	5.0-13.0	Impedence
<b>Differential Leucocyte Count (DC)</b>				
Neutrophils	52	%	43-64	Cell Impedence
Lymphocytes	40	%	25-48	Cell Impedence
Monocytes	06	%	0-9	Microscopy
Eosinophils	02	%	0-7	Microscopy
Basophils	0	%	0-2	Microscopy
Absolute Neutrophils Count	2.91	10 <sup>9</sup> /L	1.9-8.6	Impedence
Absolute Lymphocyte Count	2.24	10 <sup>9</sup> /L	1.0-6.2	Impedence
Absolute Monocyte Count	0.34	10 <sup>9</sup> /L	0.0- 1.2	Calculated
Absolute Eosinophils Count	0.11	10 <sup>9</sup> /L	0.0-1.0	Calculated
Absolute Basophil ICount	0.00	10 <sup>9</sup> /L	0.0-0.3	Calculated
Morphology	Normocytic normochromic			PAPs Staining



Swarnabala - M  
DR.SWARNA BALA  
MD PATHOLOGY

**REPORT**

Name	: Master. SHUBAN CHANDRA R	Sample ID	: A0934089
Age/Gender	: 8 Years 2 Months/Male	Reg. No	: 0312409090081
Referred by	: Dr. B PRABHAKAR REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 09-Sep-2024 07:00 PM
Primary Sample	:	Received On	: 10-Sep-2024 08:42 AM
Sample Tested In	: Urine	Reported On	: 10-Sep-2024 12:45 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL PATHOLOGY**

Test Name	Results	Units	Ref. Range	Method
<b>Complete Urine Analysis (CUE)</b>				
<b>Physical Examination</b>				
Colour	Pale Yellow		Straw to light amber	
Appearance	Clear		Clear	
<b>Chemical Examination</b>				
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	1.010		1.000 - 1.030	Strip Reflectance
Blood	Negative		Negative	Strip Reflectance
Reaction (pH)	8.0		5.0 - 8.5	Reagent Strip Reflectance
Nitrites	Negative		Negative	Strip Reflectance
Leukocyte esterase	Negative		Negative	Reagent Strip Reflectance
<b>Microscopic Examination (Microscopy)</b>				
PUS(WBC) Cells	03-04	/hpf	00-05	Microscopy
R.B.C.	Nil	/hpf	Nil	Microscopic
Epithelial Cells	02-03	/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 \*\*\*

Laboratory is NABL Accredited



Swarnabala - M  
DR.SWARNA BALA  
MD PATHOLOGY

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**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Kidney Profile-KFT</b>				
Creatinine -Serum	0.69	mg/dL	0.52-0.69	Jaffes Kinetic
Urea-Serum	31.7	mg/dL	10.7-38.5	Calculated
Blood Urea Nitrogen (BUN)	14.81	mg/dL	5.0-18.0	Calculated
BUN / Creatinine Ratio	21.46		6 - 22	
Uric Acid	6.8	mg/dL	3.5-7.2	Uricase
Sodium	141	mmol/L	135-150	ISE Direct
Potassium	4.1	mmol/L	3.5-5.0	ISE Direct
Chloride	102	mmol/L	94-110	ISE Direct

**Interpretation:**

- The kidneys, located in the retroperitoneal space in the abdomen, are vital for patient health. They process several hundred liters of fluid a day and remove around two liters of waste products from the bloodstream. The volume of fluid that passes through the kidneys each minute is closely linked to cardiac output. The kidneys maintain the body's balance of water and concentration of minerals such as sodium, potassium, and phosphorus in blood and remove waste by-products from the blood after digestion, muscle activity and exposure to chemicals or medications. They also produce renin which helps regulate blood pressure, produce erythropoietin which stimulates red blood cell production, and produce an active form of vitamin D, needed for bone health.

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

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*Dr. Vaishnavi*  
**DR. VAISHNAVI**  
**MD BIOCHEMISTRY**

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**IMMUNOLOGY & SEROLOGY**

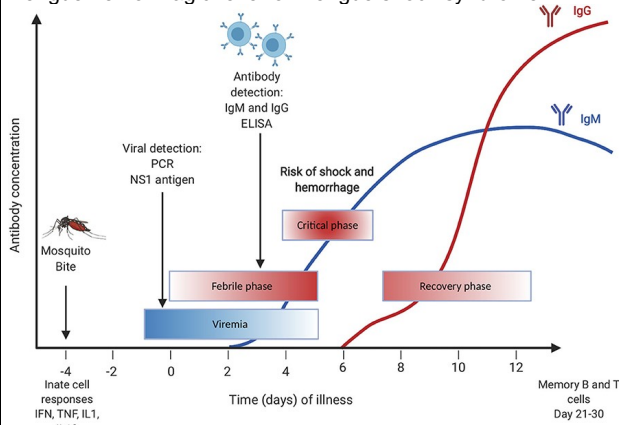
Test Name	Results	Units	Ref. Range	Method
Dengue NS1 Antigen	0.23	S/Co	< 0.8~ : Negative 0.8-1.1 : Equivocal > 1.1~ : Positive	ELISA

**Interpretation:**

Result	Interpretation
Negative	No detectable dengue NS1 antigen. The result does not rule out dengue infection. An additional sample should be tested for IgG & IgM serology in 7-14 days.
Equivocal	Repeat sample after 1 week
Positive	Presence of detectable dengue NS1 antigen. Dengue IgG & IgM serology assays should be performed on follow up samples after 5-7 days of onset of fever, to confirm dengue infection.

**Note:** 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

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.



**DR. RUTURAJ MANIKLAL KOLHAPURE**  
MD, MICROBIOLOGIST

Correlate Clinically.

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