



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

# REPORT

Name : Master. MIRZA SHAZAIN

Age/Gender : 3 Years/Male

Referred by : Dr. C N REDDY (M.B.B.S.,D.C.H)

Referring Customer : V CARE MEDICAL DIAGNOSTICS

Primary Sample : Whole Blood

Sample Tested In : Serum

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

Sample ID : A0934213

Reg. No : 0312409130025

SPP Code : SPL-CV-172

Collected On : 13-Sep-2024 02:08 PM

Received On : 13-Sep-2024 05:48 PM Reported On : 13-Sep-2024 07:20 PM

Report Status : Final Report

## **CLINICAL BIOCHEMISTRY**

#### **ADVANCE FEVER PROFILE-ELISA**

Test Name Results Units Ref. Range Method

C-Reactive protein-(CRP) 28.4 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

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## REPORT

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Age/Gender : 3 Years/Male

Referred by : Dr. C N REDDY (M.B.B.S.,D.C.H)

Referring Customer : V CARE MEDICAL DIAGNOSTICS

: Whole Blood

Sample Tested In : Whole Blood EDTA

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

Sample ID : A0934214

Reg. No : 0312409130025

SPP Code : SPL-CV-172

Collected On : 13-Sep-2024 02:08 PM

Received On : 13-Sep-2024 05:48 PM Reported On : 13-Sep-2024 06:12 PM

Report Status : Final Report

#### **HAEMATOLOGY**

#### **ADVANCE FEVER PROFILE-ELISA**

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:

Primary Sample

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 \*\*\*

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Swarnabala - M DR.SWARNA BALA MD PATHOLOGY **Test Name** 



# Sagepath Labs Pvt. Ltd.

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Method

# REPORT

Name : Master. MIRZA SHAZAIN Sample ID : A0934214 Age/Gender : 3 Years/Male Reg. No : 0312409130025

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 : 13-Sep-2024 02:08 PM Primary Sample : Whole Blood Received On : 13-Sep-2024 05:48 PM

Sample Tested In : Whole Blood EDTA Reported On : 13-Sep-2024 06:04 PM

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

**Results** 

## **HAEMATOLOGY**

## **ADVANCE FEVER PROFILE-ELISA** Units

Ref. Range

COMPLETE BLOOD COUNT (CBC)				
Haemoglobin (Hb)	9.6	g/dL	11-14.5	Cynmeth Method
RBC Count	4.91	10^12/L	4.0-5.2	Cell Impedence
Haematocrit (HCT)	33.4	%	34-40	Calculated
MCV	68	fl	77-87	Calculated
MCH	19.5	pg	24-30	Calculated
MCHC	28.7	g/dL	31-37	Calculated
RDW-CV	16.6	%	11.6-14.0	Calculated
Platelet Count (PLT)	447	10^9/L	200-490	Cell Impedance
Total WBC Count	12.9	10^9/L	5.0-15.0	Impedance
Neutrophils	50	%	23-52	Cell Impedence
Absolute Neutrophils Count	6.45	10^9/L	1.3-8.8	Impedence
Lymphocytes	40	%	40-69	Cell Impedence
Absolute Lymphocyte Count	5.16	10^9/L	2.2-11.7	Impedence
Monocytes	06	%	1-9	Microscopy
Absolute Monocyte Count	0.77	10^9/L	0.6-1.5	Calculated
Eosinophils	04	%	0-7	Microscopy
Absolute Eosinophils Count	0.52	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	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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Swarnabala-M DR.SWARNA BALA **MD PATHOLOGY** 



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Age/Gender : 3 Years/Male

Referred by : Dr. C N REDDY (M.B.B.S.,D.C.H)

Referring Customer : V CARE MEDICAL DIAGNOSTICS

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

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

: Whole Blood EDTA

Sample ID : A0934214

Reg. No : 0312409130025

SPP Code : SPL-CV-172

Collected On : 13-Sep-2024 02:08 PM

: 13-Sep-2024 05:48 PM

Reported On : 13-Sep-2024 06:11 PM

Report Status : Final Report

Received On

### **HAEMATOLOGY**

#### **ADVANCE FEVER PROFILE-ELISA**

Test Name Results Units Ref. Range Method

**Erythrocyte Sedimentation Rate (ESR)** 8 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.

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

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Swarnabala - M DR.SWARNA BALA MD PATHOLOGY

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Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 13-Sep-2024 02:08 PM
Primary Sample : Whole Blood Received On : 13-Sep-2024 05:48 PM
Sample Tested In : Serum Reported On : 13-Sep-2024 09:22 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	













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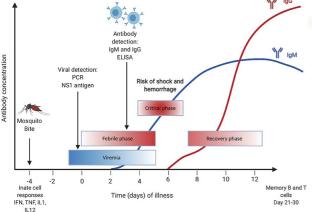
#### **IMMUNOLOGY & SEROLOGY**

#### **ADVANCE FEVER PROFILE-ELISA**

Test Name	Results	Units	Ref. Range	Method
Dengue Profile-Elisa				
Dengue IgG Antibody	0.21	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive	ELISA
Dengue IgM Antibody	0.23	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive	ELISA
Dengue NS1 Antigen	0.19	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.

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