

**REPORT**

Name	: Mr. B NARESH	Sample ID	: A0934316
Age/Gender	: 25 Years/Male	Reg. No	: 0312409140044
Referred by	: Dr. Kumara Swamy	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 14-Sep-2024 10:09 PM
Primary Sample	: Whole Blood	Received On	: 14-Sep-2024 11:25 PM
Sample Tested In	: Serum	Reported On	: 15-Sep-2024 02:36 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>27.2</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**

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Primary Sample	: Whole Blood	Received On	: 14-Sep-2024 11:25 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 14-Sep-2024 11:48 PM
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)	<b>12.2</b>	g/dL	13-17	Cynmeth Method
Haematocrit (HCT)	40.0	%	40-50	Calculated
RBC Count	5.04	10 <sup>12</sup> /L	4.5-5.5	Cell Impedence
MCV	<b>74</b>	fl	81-101	Calculated
MCH	27.3	pg	27-32	Calculated
MCHC	32.5	g/dL	32.5-34.5	Calculated
RDW-CV	<b>15.9</b>	%	11.6-14.0	Calculated
Platelet Count (PLT)	377	10 <sup>9</sup> /L	150-410	Cell Impedence
Total WBC Count	9.9	10 <sup>9</sup> /L	4.0-10.0	Impedence
<b>Differential Leucocyte Count (DC)</b>				
Neutrophils	60	%	40-70	Cell Impedence
Lymphocytes	36	%	20-40	Cell Impedence
Monocytes	02	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	5.94	10 <sup>9</sup> /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	<b>3.56</b>	10 <sup>9</sup> /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.2	10 <sup>9</sup> /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.2	10 <sup>9</sup> /L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10 <sup>9</sup> /L	0.0-0.3	Calculated
Morphology	Anisocytosis With Normocytic Normochromic			PAPs Staining

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Swarnabala - M  
DR.SWARNA BALA  
MD PATHOLOGY

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**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Liver Function Test (LFT)</b>				
Bilirubin(Total)	0.5	mg/dL	0.1-1.2	Diazo
Bilirubin (Direct)	0.2	mg/dL	0.0 - 0.3	Diazo
Bilirubin (Indirect)	0.3	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	23	U/L	15-37	IFCC UV Assay
Alanine Aminotransferase (ALT/SGPT)	15	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	129	U/L	30-120	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	19	U/L	15-85	IFCC
Protein - Total	6.7	g/dL	6.4-8.2	Biuret
Albumin	3.8	g/dL	3.4-5.0	Bromocresol Green (BCG)
Globulin	2.9	g/dL	2.0-4.2	Calculated
A:G Ratio	1.31	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	1.53			

**Alanine Aminotransferase(ALT)** is an enzyme found in liver and kidneys cells. ALT helps create energy for liver cells. Damaged liver cells release ALT into the bloodstream, which can elevate ALT levels in the blood.

**Aspartate Aminotransferase (AST)** is an enzyme in the liver and muscles that helps metabolizes amino acids. Similarly to ALT, elevated AST levels may be a sign of liver damage or liver disease.

**Alkaline phosphate (ALP)** is an enzyme present in the blood. ALP contributes to numerous vital bodily functions, such as supplying nutrients to the liver, promoting bone growth, and metabolizing fat in the intestines.

**Gamma-glutamyl Transpeptidase (GGTP)** is an enzyme that occurs primarily in the liver, but it is also present in the kidneys, pancreas, gallbladder, and spleen. Higher than normal concentrations of GGTP in the blood may indicate alcohol-related liver damage. Elevated GGTP levels can also increase the risk of developing certain types of cancer.

**Bilirubin** is a waste product that forms when the liver breaks down red blood cells. Bilirubin exits the body as bile in stool. High levels of bilirubin can cause jaundice - a condition in which the skin and whites of the eyes turn yellow- and may indicate liver damage.

**Albumin** is a protein that the liver produces. The liver releases albumin into the bloodstream, where it helps fight infections and transport vitamins, hormones, and enzymes throughout the body. Liver damage can cause abnormally low albumin levels.

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**IMMUNOLOGY & SEROLOGY**

Test Name	Results	Units	Ref. Range	Method
<b>Widal Test (Slide Test)</b>				
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	

**Interpretation**

Antigens Tested	RESULT	REMARKS
TO, TH,AH,BH	Titre 1:20 and Titre 1:40	Indicates absence of IgM & IgG antibodies against Salmonella species.
TO, TH,AH,BH	Titre 1:80	Indicates Presence of IgM & IgG antibodies against Salmonella species.
TO, TH,AH,BH	Titre 1:160	Indicates Presence of IgM & IgG antibodies against Salmonella species.
TO, TH,AH,BH	Titre 1:320	Indicates Presence of IgM & IgG antibodies against Salmonella species.

- This test measures Somatic O and Flagellar H antibodies against Typhoid and Paratyphoid bacilli.
- The agglutinins usually appear at the end of the first week of infection and increase steadily till third / fourth week after which the decline starts. A Positive Widal test may occur because of Typhoid vaccination or previous typhoid infection and in certain autoimmune diseases.
- False positive results/anamnestic response may be seen in patients with past enteric infection during unrelated fevers like Malaria, Influenzae etc in the form of transient rise in H antibody in Widal test.
- False negative results may be due to processing of sample collected early in the course of disease (1st week) and immunosuppression.

Correlate Clinically.

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



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