

**REPORT**

Name	: Mrs. B GOURAMMA	Sample ID	: A0934313
Age/Gender	: 45 Years/Female	Reg. No	: 0312409140045
Referred by	: Dr. Kumara Swamy	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 14-Sep-2024 10:13 PM
Primary Sample	: Whole Blood	Received On	: 14-Sep-2024 11:25 PM
Sample Tested In	: Serum	Reported On	: 15-Sep-2024 12:16 AM
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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<b>C-Reactive protein-(CRP)</b>	<b>9.2</b>	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	: Mrs. B GOURAMMA	Sample ID	: A0934314
Age/Gender	: 45 Years/Female	Reg. No	: 0312409140045
Referred by	: Dr. Kumara Swamy	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 14-Sep-2024 10:13 PM
Primary Sample	: Whole Blood	Received On	: 14-Sep-2024 11:25 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 15-Sep-2024 12:19 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**HAEMATOLOGY**

**ADVANCE FEVER PROFILE-ELISA**

Test Name	Results	Units	Ref. Range	Method
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**MALARIA ANTIGEN (VIVAX & FALCIPARUM)**

<b>Plasmodium Vivax Antigen</b>	Negative		Negative	Immuno Chromatography
<b>Plasmodium Falciparum</b>	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.

Result rechecked and verified for abnormal cases

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

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Swannabala - M  
DR.SWARNA BALA  
MD PATHOLOGY

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 14-Sep-2024 10:13 PM
Primary Sample	: Whole Blood	Received On	: 14-Sep-2024 11:25 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 14-Sep-2024 11:57 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

**HAEMATOLOGY**

**ADVANCE FEVER PROFILE-ELISA**

Test Name	Results	Units	Ref. Range	Method
<b>COMPLETE BLOOD COUNT (CBC)</b>				
Haemoglobin (Hb)	10.9	g/dL	12-15	Cynmeth Method
RBC Count	3.80	10 <sup>12</sup> /L	3.8-4.8	Cell Impedance
Haematocrit (HCT)	31.3	%	40-50	Calculated
MCV	89	fl	81-101	Calculated
MCH	31.1	pg	27-32	Calculated
MCHC	34.9	g/dL	32.5-34.5	Calculated
RDW-CV	13.5	%	11.6-14.0	Calculated
Platelet Count (PLT)	151	10 <sup>9</sup> /L	150-410	Cell Impedance
Total WBC Count	5.2	10 <sup>9</sup> /L	4.0-10.0	Impedance
Neutrophils	70	%	40-70	Cell Impedance
Absolute Neutrophils Count	3.64	10 <sup>9</sup> /L	2.0-7.0	Impedance
Lymphocytes	20	%	20-40	Cell Impedance
Absolute Lymphocyte Count	1.04	10 <sup>9</sup> /L	1.0-3.0	Impedance
Monocytes	06	%	2-10	Microscopy
Absolute Monocyte Count	0.31	10 <sup>9</sup> /L	0.2-1.0	Calculated
Eosinophils	04	%	1-6	Microscopy
Absolute Eosinophils Count	0.21	10 <sup>9</sup> /L	0.02-0.5	Calculated
Basophils	00	%	1-2	Microscopy
Absolute Basophil ICount	0.00	10 <sup>9</sup> /L	0.0-0.3	Calculated
Atypical cells / Blasts	00	%		
<b>Morphology</b>				
WBC	Within Normal Limits			
RBC	Normocytic normochromic			
Platelets	Adequate.			Microscopy

Result rechecked and verified for abnormal cases

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 14-Sep-2024 10:13 PM
Primary Sample	: Whole Blood	Received On	: 14-Sep-2024 11:25 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 15-Sep-2024 12:22 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**HAEMATOLOGY**

**ADVANCE FEVER PROFILE-ELISA**

Test Name	Results	Units	Ref. Range	Method
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<b>Erythrocyte Sedimentation Rate (ESR)</b>	<b>15</b>	mm/hr	10 or less	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.



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**REPORT**

Name	: Mrs. B GOURAMMA	Sample ID	: A0934165
Age/Gender	: 45 Years/Female	Reg. No	: 0312409140045
Referred by	: Dr. Kumara Swamy	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 14-Sep-2024 10:13 PM
Primary Sample	:	Received On	: 14-Sep-2024 11:20 PM
Sample Tested In	: Urine	Reported On	: 14-Sep-2024 11:32 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	1.005		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
<b>Microscopic Examination (Microscopy)</b>				
PUS(WBC) Cells	02-04	/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.



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MD PATHOLOGY

**REPORT**

Name	: Mrs. B GOURAMMA	Sample ID	: A0934315
Age/Gender	: 45 Years/Female	Reg. No	: 0312409140045
Referred by	: Dr. Kumara Swamy	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 14-Sep-2024 10:13 PM
Primary Sample	: Whole Blood	Received On	: 14-Sep-2024 11:25 PM
Sample Tested In	: Plasma-NaF(R)	Reported On	: 15-Sep-2024 01:03 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

**GLUCOSE RANDOM (RBS)**

Test Name	Results	Units	Ref. Range	Method
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**Glucose Random (RBS)**                      114                      mg/dL                      70-140                      Hexokinase (HK)

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	> = 126	> = 200	> = 6.5	>=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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MD BIOCHEMISTRY**

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Sample Tested In	: Serum	Reported On	: 15-Sep-2024 01:23 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

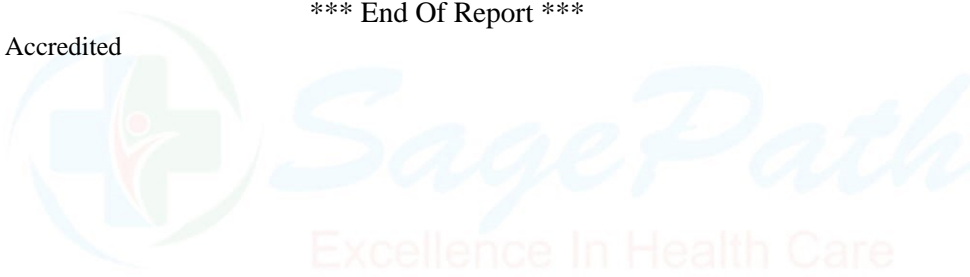
**IMMUNOLOGY & SEROLOGY**

**ADVANCE FEVER PROFILE-ELISA**

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	

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MD, MICROBIOLOGIST

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Primary Sample	: Whole Blood	Received On	: 14-Sep-2024 11:25 PM
Sample Tested In	: Serum	Reported On	: 15-Sep-2024 01:47 AM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

**IMMUNOLOGY & SEROLOGY**

**ADVANCE FEVER PROFILE-ELISA**

Test Name	Results	Units	Ref. Range	Method
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<b>Chikungunya IgG</b>	Negative		Negative	Immunochromatography
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Primary Sample	: Whole Blood	Received On	: 14-Sep-2024 11:25 PM
Sample Tested In	: Serum	Reported On	: 15-Sep-2024 01:44 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

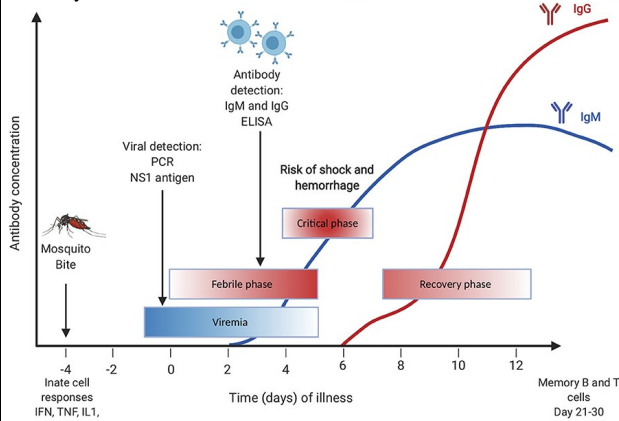
**IMMUNOLOGY & SEROLOGY**

**ADVANCE FEVER PROFILE-ELISA**

Test Name	Results	Units	Ref. Range	Method
<b>Chikungunya IgM</b>	Negative		Negative	Immunochromatography
<b>Dengue Profile-Elisa</b>				
Dengue IgG Antibody	0.29	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive	ELISA
Dengue IgM Antibody	0.22	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive	ELISA
Dengue NS1 Antigen	0.31	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



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Correlate Clinically.

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