



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

: A0934362

#### REPORT

Name : Master. NISHANTH Sample ID

Age/Gender : 10 Years/Male Reg. No : 0312409160028

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 : 16-Sep-2024 11:02 AM

Primary Sample : Whole Blood Primary Sample : 16 Sep 2024 12:53 PM

Primary Sample : Whole Blood Received On : 16-Sep-2024 12:52 PM Sample Tested In : Serum Reported On : 16-Sep-2024 03:59 PM

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

#### **CLINICAL BIOCHEMISTRY**

#### **VCARE FEVER PROFILE-1**

Test Name Results Units Ref. Range Method

C-Reactive protein-(CRP) 3.8 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

Name : Master. NISHANTH

Age/Gender : 10 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

Sample ID : A0934361

Reg. No : 0312409160028

SPP Code : SPL-CV-172

Collected On : 16-Sep-2024 11:02 AM

Received On : 16-Sep-2024 12:47 PM

Reported On : 16-Sep-2024 05:05 PM Report Status : Final Report

#### **HAEMATOLOGY**

#### **VCARE FEVER PROFILE-1**

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:

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.

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

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## REPORT

 Name
 : Master. NISHANTH
 Sample ID
 : A0934361

 Age/Gender
 : 10 Years/Male
 Reg. No
 : 0312409160028

 Referred by
 : Dr. C.N. PEDDY (M.R.R.S. D.C.H)
 SPP. Code
 : SPI\_-CV\_-172

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 : 16-Sep-2024 11:02 AM
Primary Sample : Whole Blood Received On : 16-Sep-2024 12:47 PM
Sample Tested In : Whole Blood EDTA Reported On : 16-Sep-2024 04:23 PM

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

# HAEMATOLOGY VCARE FEVER PROFILE-1

Test Name	Results	Units	Ref. Range	Method
COMPLETE BLOOD COUNT (CBC)				
Haemoglobin (Hb)	13.0	g/dL	11.5-15.5	Cynmeth Method
RBC Count	4.50	10^12/L	4.5-5.5	Cell Impedence
Haematocrit (HCT)	36.9	%	35-45	Calculated
MCV	86	fl	77-95	Calculated
MCH	30.2	pg	25-33	Calculated
MCHC	35.2	g/dL	31-37	Calculated
RDW-CV	14.9	%	11.6-14.0	Calculated
Platelet Count (PLT)	230	10^9/L	170-450	Cell Impedance
Total WBC Count	3.9	10^9/L	5.0-13.0	Impedance
Neutrophils	60	%	43-64	Cell Impedence
Absolute Neutrophils Count	2.34	10^9/L	1.9-8.6	Impedence
Lymphocytes	30	%	25-48	Cell Impedence
Absolute Lymphocyte Count	1.17	10^9/L	1.0-6.2	Impedence
Monocytes	06	%	0-9	Microscopy
Absolute Monocyte Count	0.23	10^9/L	0.0- 1.2	Calculated
Eosinophils	04	%	0-7	Microscopy
Absolute Eosinophils Count	0.16	10^9/L	0.0-1.0	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	Mild Leucope	enia		
RBC	Anisocytosis	With Normocy	tic normochromic	

Result rechecked and verified for abnormal cases

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

Adequate.

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**Platelets** 





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Microscopy



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## REPORT

Name : Master. NISHANTH

Age/Gender : 10 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

Sample ID : A0934361

Reg. No : 0312409160028

SPP Code : SPL-CV-172

Collected On : 16-Sep-2024 11:02 AM

Received On : 16-Sep-2024 12:47 PM

Reported On : 16-Sep-2024 05:12 PM

Report Status : Final Report

### **HAEMATOLOGY**

#### **VCARE FEVER PROFILE-1**

Test Name Results Units Ref. Range Method

**Erythrocyte Sedimentation Rate (ESR)** 7 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.









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## REPORT

Name : Master. NISHANTH Sample ID : A0933732

Age/Gender : 10 Years/Male Reg. No : 0312409160028 Referred by : Dr. C N REDDY (M.B.B.S., D.C.H) SPP Code : SPL-CV-172

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 : 16-Sep-2024 1

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 16-Sep-2024 11:02 AM Primary Sample : Received On : 16-Sep-2024 12:52 PM

Sample Tested In : Urine Reported On : 16-Sep-2024 05:01 PM

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

#### **CLINICAL PATHOLOGY**

#### **VCARE FEVER PROFILE-1**

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**

Glucose Negative Negative Strip Reflectance Protein Absent Strip Reflectance Negative Bilirubin (Bile) Negative Negative Strip Reflectance Urobilinogen Negative Negative Ehrlichs reagent Ketone Bodies Negative Negative Strip Reflectance 1.005 Specific Gravity 1.000 - 1.030 Strip Reflectance Blood Negative Negative Strip Reflectance 5.5 5.0 - 8.5Reaction (pH) Reagent Strip Reflectance

Nitrites Negative Negative Strip Reflectance

Leukocyte esterase Negative Negative Reagent Strip Reflectance

Microscopic Examination (Microscopy)

PUS(WBC) Cells 03-04 /hpf 00-05 Microscopy R.B.C. Nil /hpf Nil Microscopic **Epithelial Cells** 01-02 /hpf 00-05 Microscopic Casts Absent Absent Microscopic Absent Crystals Absent Microscopic Bacteria Nil Nil

Budding Yeast Cells Nil Absent Microscopy

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## REPORT

Name : Master. NISHANTH Sample ID : A0934362

Age/Gender : 10 Years/Male Reg. No : 0312409160028

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 : 16-Sep-2024 11:02 AM
Primary Sample : Whole Blood Received On : 16-Sep-2024 12:52 PM

Sample Tested In : Serum Reported On : 16-Sep-2024 06:30 PM

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

	CLINICAL BIOCHEMISTRY			
Test Name	Results	Units	Ref. Range	Method
Liver Function Test (LFT)				
Bilirubin(Total)	0.3	mg/dL	0.1-1.2	Diazo
Bilirubin (Direct)	0.1	mg/dL	0.0 - 0.3	Diazo
Bilirubin (Indirect)	0.2	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	38	U/L	15-37	IFCC UV Assay
Alanine Aminotransferase (ALT/SGPT)	29	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	260	U/L	< 500	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	26	U/L	15-85	IFCC
Protein - Total	7.9	g/dL	6.4-8.2	Biuret
Albumin	4.4	g/dL	3.4-5.0	Bromocresol Green (BCG)
Globulin	3.5	g/dL	2.0-4.2	Calculated
A:G Ratio	1.26	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	1.31			

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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	CLINIC	AL BIOCHEI	MISTRY	
Test Name	Results	Units	Ref. Range	Method
Electrolyte Profile-Serum				
Sodium	142	mmol/L	135-150	ISE Direct
Potassium	3.9	mmol/L	3.5-5.0	ISE Direct
Chloride	105	mmol/L	94-110	ISE Direct

#### Clinical significance:

- Prevents dehydration.
- · Maintain the acid-base balance (body pH).
- · Maintain the osmotic pressure.
- Body working normally.
- It regulates heart rhythm.
- Regulate muscle contractions.
- Help the brain function.
- · Cells can generate energy.

Note: Separate serum or plasma from cells within 45 minutes of collection; avoid hemolysis.

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DR. VAISHNAVI MD BIOCHEMISTRY



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Method

## REPORT

Name : Master. NISHANTH Sample ID : A0934362 Age/Gender : 0312409160028 : 10 Years/Male Reg. No 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 : 16-Sep-2024 11:02 AM

Primary Sample : Whole Blood Received On : 16-Sep-2024 12:52 PM Sample Tested In : 16-Sep-2024 02:43 PM : Serum Reported On

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

**Results** 

#### **IMMUNOLOGY & SEROLOGY**

## **VCARE FEVER PROFILE-1** Units

Widal Test (Slide Test)		
Salmonella typhi O Antigen	1:80	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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**Test Name** 

Ref. Range











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#### **IMMUNOLOGY & SEROLOGY**

#### **VCARE FEVER PROFILE-1**

Test Name Results Units Ref. Range Method

**Dengue NS1 Antigen** 3.55 S/Co < 0.8~: Negative ELISA

0.8-1.1 : Equivocal > 1.1~ : Positive

Correlate Clinically.

Result rechecked and verified for abnormal cases

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











