

**REPORT**

Name	: Baby. RIYA SREE	Sample ID	: A0934397
Age/Gender	: 4 Years/Female	Reg. No	: 0312409170015
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	: 17-Sep-2024 11:21 AM
Primary Sample	: Whole Blood	Received On	: 17-Sep-2024 01:14 PM
Sample Tested In	: Serum	Reported On	: 17-Sep-2024 03:47 PM
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>12.4</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



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

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Primary Sample	: Whole Blood	Received On	: 17-Sep-2024 01:02 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 17-Sep-2024 02:02 PM
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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Sample Tested In	: Whole Blood EDTA	Reported On	: 17-Sep-2024 01:33 PM
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**HAEMATOLOGY**

**ADVANCE FEVER PROFILE-ELISA**

Test Name	Results	Units	Ref. Range	Method
<b>COMPLETE BLOOD COUNT (CBC)</b>				
Haemoglobin (Hb)	10.9	g/dL	11-14.5	Cynmeth Method
RBC Count	4.45	10 <sup>12</sup> /L	4.0-5.2	Cell Impedance
Haematocrit (HCT)	36.2	%	34-40	Calculated
MCV	81	fl	77-87	Calculated
MCH	24.4	pg	24-30	Calculated
MCHC	30.0	g/dL	31-37	Calculated
RDW-CV	13.5	%	11.6-14.0	Calculated
Platelet Count (PLT)	258	10 <sup>9</sup> /L	200-490	Cell Impedance
Total WBC Count	8.2	10 <sup>9</sup> /L	5.0-15.0	Impedance
Neutrophils	50	%	23-52	Cell Impedance
Absolute Neutrophils Count	4.1	10 <sup>9</sup> /L	1.3-8.8	Impedance
Lymphocytes	40	%	40-69	Cell Impedance
Absolute Lymphocyte Count	3.28	10 <sup>9</sup> /L	2.2-11.7	Impedance
Monocytes	06	%	1-9	Microscopy
Absolute Monocyte Count	0.49	10 <sup>9</sup> /L	0.6-1.5	Calculated
Eosinophils	04	%	0-7	Microscopy
Absolute Eosinophils Count	0.33	10 <sup>9</sup> /L	0.0-0.5	Calculated
Basophils	00	%	0-2	Microscopy
Absolute Basophil ICount	0.00	10 <sup>9</sup> /L	0.0-0.3	Calculated
<b>Morphology</b>				
WBC	Within Normal Limits			
RBC	Normocytic normochromic			
Platelets	Adequate.			Microscopy

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**HAEMATOLOGY**

**ADVANCE FEVER PROFILE-ELISA**

Test Name	Results	Units	Ref. Range	Method
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<b>Erythrocyte Sedimentation Rate (ESR)</b>	<b>17</b>	mm/hr	3-13	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.

Result rechecked and verified for abnormal cases

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Primary Sample	: Whole Blood	Received On	: 17-Sep-2024 01:14 PM
Sample Tested In	: Serum	Reported On	: 17-Sep-2024 04:42 PM
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**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	



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

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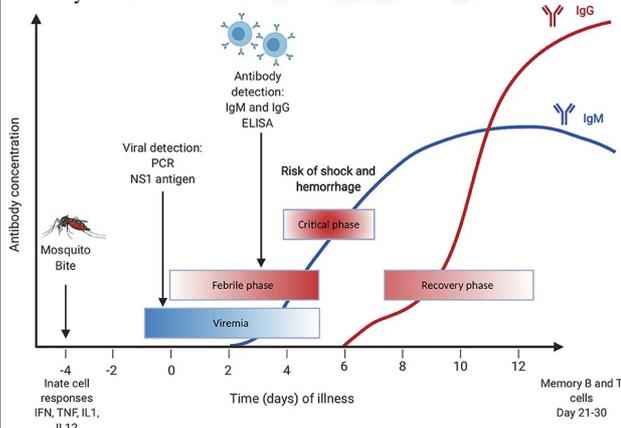
**IMMUNOLOGY & SEROLOGY**

**ADVANCE FEVER PROFILE-ELISA**

Test Name	Results	Units	Ref. Range	Method
<b>Dengue Profile-Elisa</b>				
Dengue IgG Antibody	0.24	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive	ELISA
Dengue IgM Antibody	0.19	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive	ELISA
Dengue NS1 Antigen	0.20	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 \*\*\*



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Correlate Clinically.

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