

**REPORT**

Name	: Mr. KONDAL REDDY	Sample ID	: A0934441
Age/Gender	: 61 Years/Male	Reg. No	: 0312409180036
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 18-Sep-2024 05:04 PM
Primary Sample	: Whole Blood	Received On	: 18-Sep-2024 11:22 PM
Sample Tested In	: Serum	Reported On	: 19-Sep-2024 09:45 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

**VCARE FEVER PROFILE-2**

Test Name	Results	Units	Ref. Range	Method
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<b>C-Reactive protein-(CRP)</b>	<b>130.9</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**

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Primary Sample	: Whole Blood	Received On	: 18-Sep-2024 11:19 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 18-Sep-2024 11:41 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**HAEMATOLOGY**

**VCARE FEVER PROFILE-2**

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	: 18-Sep-2024 11:34 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

**HAEMATOLOGY**

**VCARE FEVER PROFILE-2**

Test Name	Results	Units	Ref. Range	Method
<b>COMPLETE BLOOD COUNT (CBC)</b>				
Haemoglobin (Hb)	14.9	g/dL	13-17	Cynmeth Method
RBC Count	5.21	10 <sup>12</sup> /L	4.5-5.5	Cell Impedance
Haematocrit (HCT)	48.7	%	40-50	Calculated
MCV	94	fl	81-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	33.2	g/dL	32.5-34.5	Calculated
RDW-CV	12.9	%	11.6-14.0	Calculated
Platelet Count (PLT)	198	10 <sup>9</sup> /L	150-410	Cell Impedance
Total WBC Count	6.3	10 <sup>9</sup> /L	4.0-10.0	Impedance
Neutrophils	70	%	40-70	Cell Impedance
Absolute Neutrophils Count	4.41	10 <sup>9</sup> /L	2.0-7.0	Impedance
Lymphocytes	25	%	20-40	Cell Impedance
Absolute Lymphocyte Count	1.58	10 <sup>9</sup> /L	1.0-3.0	Impedance
Monocytes	03	%	2-10	Microscopy
Absolute Monocyte Count	0.19	10 <sup>9</sup> /L	0.2-1.0	Calculated
Eosinophils	02	%	1-6	Microscopy
Absolute Eosinophils Count	0.13	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

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Primary Sample	: Whole Blood	Received On	: 18-Sep-2024 11:19 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 19-Sep-2024 12:25 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**HAEMATOLOGY**

**VCARE FEVER PROFILE-2**

Test Name	Results	Units	Ref. Range	Method
<b>Erythrocyte Sedimentation Rate (ESR)</b>	<b>25</b>	mm/hr	14 or less	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	: Mr. KONDAL REDDY	Sample ID	: a0934167
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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 18-Sep-2024 05:04 PM
Primary Sample	:	Received On	: 18-Sep-2024 11:22 PM
Sample Tested In	: Urine	Reported On	: 18-Sep-2024 11:52 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL PATHOLOGY**

**VCARE FEVER PROFILE-2**

Test Name	Results	Units	Ref. Range	Method
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**Complete Urine Analysis (CUE)**

**Physical Examination**

Colour	Pale Yellow	Straw to light amber
Appearance	Clear	Clear

**Chemical Examination**

Glucose	Negative	Negative	Strip Reflectance
Protein	Negative	Negative	Strip Reflectance
Bilirubin (Bile)	Negative	Negative	Strip Reflectance
Urobilinogen	Negative	Negative	Ehrlichs reagent
Ketone Bodies	Negative	Negative	Strip Reflectance
Specific Gravity	1.025	1.000 - 1.030	Strip Reflectance
Blood	Negative	Negative	Strip Reflectance
Reaction (pH)	6.5	5.0 - 8.5	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
Crystals	Absent		Absent	Microscopic
Bacteria	Nil		Nil	
Budding Yeast Cells	Nil		Absent	Microscopy



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**CLINICAL BIOCHEMISTRY**

**VCARE FEVER PROFILE-2**

Test Name	Results	Units	Ref. Range	Method
<b>Liver Function Test (LFT)</b>				
Bilirubin(Total)	0.71	mg/dL	0.2-1.2	Diazo
Bilirubin (Direct)	0.25	mg/dL	0.0 - 0.3	Diazo
Bilirubin (Indirect)	0.46	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	16.1	U/L	5-48	IFCC UV Assay
Alanine Aminotransferase (ALT/SGPT)	15.7	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	83.8	U/L	30-120	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	42.7	U/L	15-85	IFCC
Protein - Total	6.75	g/dL	6.4-8.2	Biuret
Albumin	4.2	g/dL	3.4-5.0	Bromocresol Green (BCG)
Globulin	2.55	g/dL	2.0-4.2	Calculated
A:G Ratio	1.65	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	1.03			

**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.

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

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**MD BIOCHEMISTRY**

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**IMMUNOLOGY & SEROLOGY**

**VCARE FEVER PROFILE-2**

Test Name	Results	Units	Ref. Range	Method
<b>Widal Test (Slide Test)</b>				
Salmonella typhi O Antigen	1:160		1:80 & Above Significant	
Salmonella typhi H Antigen	1:80		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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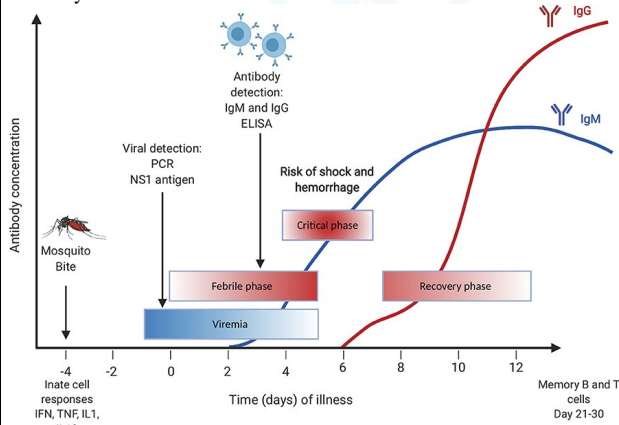
**IMMUNOLOGY & SEROLOGY**

**VCARE FEVER PROFILE-2**

Test Name	Results	Units	Ref. Range	Method
<b>Dengue Profile-Elisa</b>				
Dengue IgG Antibody	0.26	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive	ELISA
Dengue IgM Antibody	0.20	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

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



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MD, MICROBIOLOGIST

Correlate Clinically.

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