



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

LABORATORY TEST REPORT

Name : Mrs. B ANNIE JERUSHA

Sample ID : A0934519

Age/Gender : 31 Years/Female Reg. No : 0312409210018
Referred by : Dr. MANIKANTA SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 21-Sep-2024 11:18 AM

Primary Sample : Whole Blood : 21-Sep-2024 01:51 PM Sample Tested In : Serum : 21-Sep-2024 04:04 PM

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

CLINICAL BIOCHEMISTRY

ADVANCE FEVER PROFILE-ELISA

Test Name	Results	Units	Biological Reference Interval	
C-Reactive protein-(CRP)	4.5	mg/L	Upto:6.0	

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

Excellence In Health Care



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DR.VAISHNAVI
MD BIOCHEMISTRY





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LABORATORY TEST REPORT

Name : Mrs. B ANNIE JERUSHA

Sample ID : A0934520

Age/Gender : 31 Years/Female Reg. No : 0312409210018

Referred by : Dr. MANIKANTA SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 21-Sep-2024 11:18 AM
Primary Sample : Whole Blood Received On : 21-Sep-2024 01:27 PM
Sample Tested In : Whole Blood EDTA Reported On : 21-Sep-2024 04:09 PM

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

HAEMATOLOGY

ADVANCE FEVER PROFILE-ELISA

Test Name Results Units Biological Reference Interval

MALARIA ANTIGEN (VIVAX & FALCIPARUM)

Plasmodium Vivax Antigen
(Method: Immuno Chromatography)NegativeNegativePlasmodium FalciparumNegativeNegative

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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Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY



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

HAEMATOLOGY

ADVANCE FEVER PROFILE-ELISA

Test Name	Results	Units	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb) (Method: Cynneth Method)	13.5	g/dL	12-15
RBC Count (Method: Cell Impedence)	4.11	10^12/L	3.8-4.8
Haematocrit (HCT) (Method: Calculated)	40.0	%	40-50
MCV (Method: Calculated)	88	fl	81-101
MCH (Method: Calculated)	32.0	pg	27-32
MCHC (Method: Calculated)	34.2	g/dL	32.5-34.5
RDW-CV (Method: Calculated)	13.6	%	11.6-14.0
Method: Cell Impedance)	238	10^9/L	150-410
Total WBC Count (Method: Impedance)	<u>2.6</u>	10^9/L	4.0-10.0
Neutrophils (Method: Cell Impedence)	60	%	40-70 Care
Absolute Neutrophils Count (Method: Impedence)	<u>1.56</u>	10^9/L	2.0-7.0
Lymphocytes (Method: Cell Impedence)	34	%	20-40
Absolute Lymphocyte Count (Method: Impedence)	<u>0.88</u>	10^9/L	1.0-3.0
Monocytes (Method: Microscopy)	04	%	2-10
Absolute Monocyte Count (Method: Calculated)	<u>0.1</u>	10^9/L	0.2-1.0
Seosinophils Method: Microscopy)	02	%	1-6
Absolute Eosinophils Count (Method: Calculated)	0.05	10^9/L	0.02-0.5
Basophils (Method: Microscopy)	00	%	1-2
Absolute Basophil ICount (Method: Calculated)	0.00	10^9/L	0.0-0.3
<u>Morphology</u>			
WBC	Moderate Leucopenia		
RBC	Normocytic normochromic		
Platelets (Method: Microscopy)	Adequate.		

*** End Of Report ***







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Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY





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Primary Sample : Whole Blood : 21-Sep-2024 01:27 PM Sample Tested In : Whole Blood EDTA : 21-Sep-2024 04:43 PM

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

HAEMATOLOGY

ADVANCE FEVER PROFILE-ELISA

Test Name	Results	Units	Biological Reference Interval
	_	4	40
Frythrocyte Sedimentation Rate (FSR)	7	mm/hr	10 or less

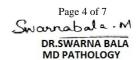
Comments: ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.















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LABORATORY TEST REPORT

Name : Mrs. B ANNIE JERUSHA

Sample ID : A0934522

Age/Gender : 31 Years/Female Reg. No : 0312409210018
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Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 21-Sep-2024 11:18 AM

Primary Sample : Whole Blood Received On : 21-Sep-2024 01:41 PM Sample Tested In : Plasma-NaF(R) Reported On : 21-Sep-2024 04:03 PM

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

CLINICAL BIOCHEMISTRY

GLUCOSE RANDOM (RBS)

Test Name Results Units Biological Reference Interval

Glucose Random (RBS) 79 mg/dL 70-140

Interpretation of Plasma Glucose based on ADA guidelines 2018

		2hrsPlasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	> = 126	> = 200	I	>=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.

*** End Of Report ***

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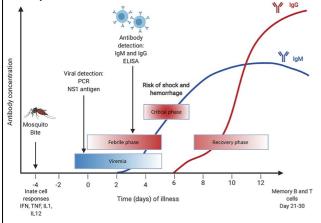
IMMUNOLOGY & SEROLOGY

ADVANCE FEVER PROFILE-ELISA

Test Name	Results	Units	Biological Reference Interval
Widal Test (Slide Test)			
Salmonella typhi O Antigen	1:80		1:80 & Above Significant
Salmonella typhi H Antigen	1:160		1:80 & Above Significant
Salmonella paratyphi AH Antigen	<1:20		1:80 & Above Significant
Salmonella paratyphi BH Antigen	<1:20		1:80 & Above Significant
Dengue Profile-Elisa			
Dengue IgG Antibody (Method: ELISA)	0.17	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive
Dengue IgM Antibody (Method: ELISA)	0.19	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive
Dengue NS1 Antigen (Method: ELISA)	0.24 Excel	S/Co	< 0.8~ : Negative 0.8-1.1 : Equivocal > 1.1~ : Positive

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









DR. RUTURAJ MANIKLAL KOLHAPURE MD, MICROBIOLOGIST