Sagepath Labs Pvt. Ltd.

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	: Mr. VIPUL		
Sample ID	: A0934648		
Age/Gender	: 18 Years/Male	Reg. No	: 0312409230017
Referred by	: Dr. VARAPRASAD	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 23-Sep-2024 12:26 PM
Primary Sample	: Whole Blood	Received On	: 23-Sep-2024 01:17 PM
Sample Tested In	: Serum	Reported On	: 23-Sep-2024 04:37 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) *(Method: Immunoturbidimetry)*	3.8	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

DR.VAISHNAVI
MD BIOCHEMISTRY

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Primary Sample	: Whole Blood	Received On	: 23-Sep-2024 03:13 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 23-Sep-2024 03:30 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)*	Negative		Negative
Plasmodium Falciparum *(Method: Immuno Chromatography)*	Negative		Negative

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 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.

*** End Of Report ***

MC 3633

Swarnabala - M
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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: Cynmeth Method)*	15.2	g/dL	13-17
RBC Count *(Method: Cell Impedence)*	4.60	10^12/L	4.5-5.5
Haematocrit (HCT) *(Method: Calculated)*	40.5	%	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)*	12.9	%	11.6-14.0
Platelet Count (PLT) *(Method: Cell Impedance)*	184	10^9/L	150-410
Total WBC Count *(Method: Impedance)*	**2.4**	10^9/L	4.0-10.0
Neutrophils *(Method: Cell Impedence)*	51	%	40-70
Absolute Neutrophils Count *(Method: Impedence)*	**1.22**	10^9/L	2.0-7.0
Lymphocytes *(Method: Cell Impedence)*	40	%	20-40
Absolute Lymphocyte Count *(Method: Impedence)*	**0.96**	10^9/L	1.0-3.0
Monocytes *(Method: Microscopy)*	06	%	2-10
Absolute Monocyte Count *(Method: Calculated)*	**0.14**	10^9/L	0.2-1.0
Eosinophils *(Method: Microscopy)*	03	%	1-6
Absolute Eosinophils Count *(Method: Calculated)*	0.07	10^9/L	0.02-0.5
Basophils *(Method: Microscopy)*	00	%	1-2
Absolute Basophil lCount *(Method: Calculated)*	0.00	10^9/L	0.0-0.3
Morphology			
WBC	Moderate Leucopenia		
RBC	Normocytic normochromic		
Platelets *(Method: Microscopy)*	Adequate.		

*** End Of Report ***

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Primary Sample	: Whole Blood	Received On	: 23-Sep-2024 03:13 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 23-Sep-2024 04:58 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

ADVANCE FEVER PROFILE-ELISA

Test Name	Results	Units	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) *(Method: Westergren method)*	8	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.

MC 3633

Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

LABORATORY TEST REPORT

Name	: Mr. VIPUL		
Sample ID	: A0934650		
Age/Gender	: 18 Years/Male	Reg. No	: 0312409230017
Referred by	: Dr. VARAPRASAD	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 23-Sep-2024 12:26 PM
Primary Sample	: Whole Blood	Received On	: 23-Sep-2024 01:09 PM
Sample Tested In	: Plasma-NaF(R)	Reported On	: 23-Sep-2024 02:08 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) *(Method: Hexokinase (HK))*	105	mg/dL	70-140

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.

*** End Of Report ***

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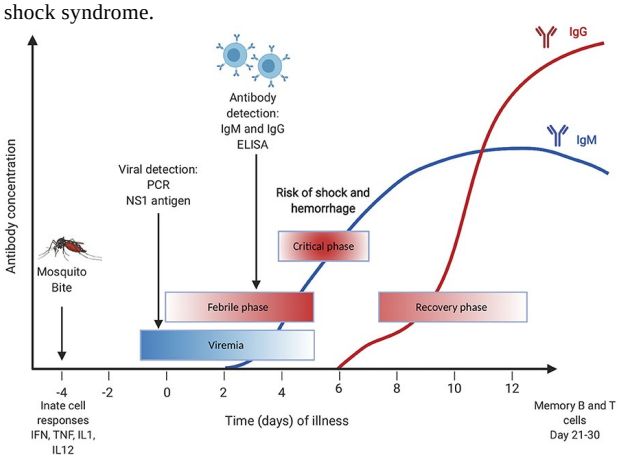
Primary Sample	: Whole Blood	Received On	: 23-Sep-2024 01:17 PM
Sample Tested In	: Serum	Reported On	: 23-Sep-2024 05:51 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

ADVANCE FEVER PROFILE-ELISA

Test Name	Results	Units	Biological Reference Interval
Widal Test (Slide Test) *(Method: (SLIDE AGGLUTINATION))*			
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
Dengue Profile-Elisa			
Dengue IgG Antibody *(Method: ELISA)*	**2.59**	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive
Dengue IgM Antibody *(Method: ELISA)*	0.16	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive
Dengue NS1 Antigen *(Method: ELISA)*	0.26	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

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IMMUNOLOGY & SEROLOGY

ADVANCE FEVER PROFILE-ELISA

Test Name	Results	Units	Biological Reference Interval

*** End Of Report ***

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