


LABORATORY TEST REPORT

Name	: Mrs. ASHA		
Sample ID	: A0934667		
Age/Gender	: 40 Years/Female	Reg. No	: 0312409230036
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 23-Sep-2024 06:01 PM
Primary Sample	: Whole Blood	Received On	: 23-Sep-2024 10:47 PM
Sample Tested In	: Serum	Reported On	: 24-Sep-2024 12:00 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
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C-Reactive protein-(CRP) **7.8** mg/L Upto:6.0

(Method: 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

*** End Of Report ***



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DR.VAISHNAVI
MD BIOCHEMISTRY

LABORATORY TEST REPORT

Name	: Mrs. ASHA		
Sample ID	: A0934668		
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Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 23-Sep-2024 06:01 PM
Primary Sample	: Whole Blood	Received On	: 23-Sep-2024 10:47 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 23-Sep-2024 11:18 PM
Client Address	: Kimtee colony , Gokul Nagar, Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Biological Reference Interval
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Complete Blood Picture(CBP)

Haemoglobin (Hb) <small>(Method: Cymeth Method)</small>	10.4	g/dL	12-15
Haematocrit (HCT) <small>(Method: Calculated)</small>	35.4	%	40-50
RBC Count <small>(Method: Cell Impedance)</small>	3.55	10 ¹² /L	3.8-4.8
MCV <small>(Method: Calculated)</small>	100	fl	81-101
MCH <small>(Method: Calculated)</small>	29.4	pg	27-32
MCHC <small>(Method: Calculated)</small>	33.2	g/dL	32.5-34.5
RDW-CV <small>(Method: Calculated)</small>	14.1	%	11.6-14.0
Platelet Count (PLT) <small>(Method: Cell Impedance)</small>	220	10 ⁹ /L	150-410
Total WBC Count <small>(Method: Impedance)</small>	9.1	10 ⁹ /L	4.0-10.0

Differential Leucocyte Count (DC)

Neutrophils <small>(Method: Cell Impedance)</small>	65	%	40-70
Lymphocytes <small>(Method: Cell Impedance)</small>	30.	%	20-40
Monocytes <small>(Method: Microscopy)</small>	04	%	2-10
Eosinophils <small>(Method: Microscopy)</small>	01	%	1-6
Basophils <small>(Method: Microscopy)</small>	00	%	1-2
Absolute Neutrophils Count <small>(Method: Impedance)</small>	5.92	10 ⁹ /L	2.0-7.0
Absolute Lymphocyte Count <small>(Method: Impedance)</small>	2.73	10 ⁹ /L	1.0-3.0
Absolute Monocyte Count <small>(Method: Calculated)</small>	0.36	10 ⁹ /L	0.2-1.0
Absolute Eosinophils Count <small>(Method: Calculated)</small>	0.09	10 ⁹ /L	0.02-0.5
Absolute Basophil ICount <small>(Method: Calculated)</small>	0.00	10 ⁹ /L	0.0-0.3

Morphology
(Method: PAPS Staining) Anisocytosis with Normocytic hypochromic anemia



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Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

LABORATORY TEST REPORT

Name	: Mrs. ASHA		
Sample ID	: A0934594		
Age/Gender	: 40 Years/Female	Reg. No	: 0312409230036
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 23-Sep-2024 06:01 PM
Primary Sample	:	Received On	: 23-Sep-2024 10:47 PM
Sample Tested In	: Urine	Reported On	: 23-Sep-2024 11:22 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



CLINICAL PATHOLOGY

Test Name	Results	Units	Biological Reference Interval
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Complete Urine Analysis (CUE)

Physical Examination

Colour	Pale Yellow	Straw to light amber
Appearance	Clear	Clear

Chemical Examination

Glucose <small>(Method: Strip Reflectance)</small>	Negative	Negative
Protein <small>(Method: Strip Reflectance)</small>	Absent	Negative
Bilirubin (Bile) <small>(Method: Strip Reflectance)</small>	Negative	Negative
Urobilinogen <small>(Method: Ehrlichs reagent)</small>	Negative	Negative
Ketone Bodies <small>(Method: Strip Reflectance)</small>	Negative	Negative
Specific Gravity <small>(Method: Strip Reflectance)</small>	1.005	1.000 - 1.030
Blood <small>(Method: Strip Reflectance)</small>	Negative	Negative
Reaction (pH) <small>(Method: Reagent Strip Reflectance)</small>	5.5	5.0 - 8.5
Nitrites <small>(Method: Strip Reflectance)</small>	Negative	Negative
Leukocyte esterase <small>(Method: Reagent Strip Reflectance)</small>	Negative	Negative

Microscopic Examination (Microscopy)

PUS(WBC) Cells <small>(Method: Microscopy)</small>	02-03	/hpf	00-05
R.B.C. <small>(Method: Microscopic)</small>	Nil	/hpf	Nil
Epithelial Cells <small>(Method: Microscopic)</small>	01-02	/hpf	00-05
Casts <small>(Method: Microscopic)</small>	Absent		Absent
Crystals <small>(Method: Microscopic)</small>	Absent		Absent
Bacteria	Nil		Nil
Budding Yeast Cells <small>(Method: Microscopy)</small>	Nil		Absent

Comments :Urine analysis is one of the most useful laboratory tests as it identifies a wide range of medical conditions including renal damage, urinary tract infections,diabetes, hypertension and drug toxicity.



LABORATORY TEST REPORT

Name	: Mrs. ASHA		
Sample ID	: A0934669		
Age/Gender	: 40 Years/Female	Reg. No	: 0312409230036
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 23-Sep-2024 06:01 PM
Primary Sample	: Whole Blood	Received On	: 23-Sep-2024 10:26 PM
Sample Tested In	: Plasma-NaF(R)	Reported On	: 23-Sep-2024 11:58 PM
Client Address	: Kimtee colony , Gokul Nagar, Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

GLUCOSE RANDOM (RBS)

Test Name	Results	Units	Biological Reference Interval
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Glucose Random (RBS) 75 mg/dL 70-140

(Method: Hexokinase (HK))

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	Fasting Plasma Glucose(mg/dL)	2hrs Plasma 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 ***

Excellence In Health Care




Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

LABORATORY TEST REPORT

Name	: Mrs. ASHA		
Sample ID	: A0934668		
Age/Gender	: 40 Years/Female	Reg. No	: 0312409230036
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 23-Sep-2024 06:01 PM
Primary Sample	: Whole Blood	Received On	: 23-Sep-2024 10:47 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 24-Sep-2024 12:00 AM
Client Address	: Kimtee colony , Gokul Nagar, Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY


Test Name	Results	Units	Biological Reference Interval
 Glycated Hemoglobin (HbA1c) <small>(Method: HPLC)</small>	4.6	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5
Mean Plasma Glucose <small>(Method: Calculated)</small>	85.32	mg/dL	

Glycated hemoglobins (GHb), also called glycohemoglobins, are substances formed when glucose binds to hemoglobin, and occur in amounts proportional to the concentration of serum glucose. Since red blood cells survive an average of 120 days, the measurement of GHb provides an index of a person's average blood glucose concentration (glycemia) during the preceding 2-3 months. Normally, only 4% to 6% of hemoglobin is bound to glucose, while elevated glycohemoglobin levels are seen in diabetes and other hyperglycemic states Mean Plasma Glucose(MPG):This Is Mathematical Calculations Where Glycated Hb Can Be Correlated With Daily Mean Plasma Glucose Level

NOTE: The above Given Risk Level Interpretation is not age specific and is an information resource only and is not to be used or relied on for any diagnostic or treatment purposes and should not be used as a substitute for professional diagnosis and treatment. Kindly Correlate clinically.

INTERPRETATION

Method: Analyzer Fully automated HPLC platform.

Average Blood Glucose (eAG) (mg/dL)	Level of Control	Hemoglobin A1c (%)	
421		14%	
386		13%	
350		12%	
314		11%	
279		10%	
243		9%	
208		8%	
172		POOR	7%
136		GOOD	6%
101		EXCELLENT	5%

HbA1c values of 5.0- 6.5 percent indicate good control or an increased risk for developing diabetes mellitus. HbA1c values greater than 6.5 percent are diagnostic of diabetes mellitus. Diagnosis should be confirmed by repeating the HbA1c test.

NOTE: Hb F higher than 10 percent of total Hb may yield falsely low results. Conditions that shorten red cell survival, such as the presence of unstable hemoglobins like Hb SS, Hb CC, and Hb SC, or other causes of hemolytic anemia may yield falsely low results. Iron deficiency anemia may yield falsely high results.

*** End Of Report ***



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Dr. Vaishnavi
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MD BIOCHEMISTRY

LABORATORY TEST REPORT

Name	: Mrs. RAMANAMMA		
Sample ID	: A0934670		
Age/Gender	: 45 Years/Female	Reg. No	: 0312409230057
Referred by	: Dr. T DURGA PRASAD	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 23-Sep-2024 09: 38 PM
Primary Sample	: Whole Blood	Received On	: 23-Sep-2024 10: 47 PM
Sample Tested In	: Serum	Reported On	: 24-Sep-2024 12:00 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



CLINICAL BIOCHEMISTRY

ADVANCE FEVER PROFILE-ELISA

Test Name	Results	Units	Biological Reference Interval
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C-Reactive protein-(CRP) <small>(Method: Immunoturbidimetry)</small>	9.1	mg/L	Upto:6.0
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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



LABORATORY TEST REPORT

Name	: Mrs. RAMANAMMA		
Sample ID	: A0934672		
Age/Gender	: 45 Years/Female	Reg. No	: 0312409230057
Referred by	: Dr. T DURGA PRASAD	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 23-Sep-2024 09:38 PM
Primary Sample	: Whole Blood	Received On	: 23-Sep-2024 10:47 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 23-Sep-2024 11:20 PM
Client Address	: Kimtee colony , Gokul Nagar, Tarnaka	Report Status	: Final Report

HAEMATOLOGY

ADVANCE FEVER PROFILE-ELISA

Test Name	Results	Units	Biological Reference Interval
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MALARIA ANTIGEN (VIVAX & FALCIPARUM)

Plasmodium Vivax Antigen <small>(Method: Immuno Chromatography)</small>	Negative		Negative
Plasmodium Falciparum <small>(Method: Immuno Chromatography)</small>	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 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 parasites 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 vivax infection is associated with high rate of infectivity and relapse. Differentiation between P.Falciparum and P.Vivax is utmost importance for better patient management and speedy recovery.


*** End Of Report ***

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MD PATHOLOGY

LABORATORY TEST REPORT




















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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 23-Sep-2024 09:38 PM
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HAEMATOLOGY

ADVANCE FEVER PROFILE-ELISA

Test Name	Results	Units	Biological Reference Interval
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COMPLETE BLOOD COUNT (CBC)

 Haemoglobin (Hb) <small>(Method: Cynmeth Method)</small>	13.3	g/dL	12-15
 RBC Count <small>(Method: Cell Impedance)</small>	4.47	10 ¹² /L	3.8-4.8
 Haematocrit (HCT) <small>(Method: Calculated)</small>	40.0	%	40-50
 MCV <small>(Method: Calculated)</small>	87	fl	81-101
 MCH <small>(Method: Calculated)</small>	29.6	pg	27-32
 MCHC <small>(Method: Calculated)</small>	34.0	g/dL	32.5-34.5
 RDW-CV <small>(Method: Calculated)</small>	14.1	%	11.6-14.0
 Platelet Count (PLT) <small>(Method: Cell Impedance)</small>	203	10 ⁹ /L	150-410
 Total WBC Count <small>(Method: Impedance)</small>	6.7	10 ⁹ /L	4.0-10.0
 Neutrophils <small>(Method: Cell Impedance)</small>	62	%	40-70
 Absolute Neutrophils Count <small>(Method: Impedance)</small>	4.15	10 ⁹ /L	2.0-7.0
 Lymphocytes <small>(Method: Cell Impedance)</small>	33	%	20-40
 Absolute Lymphocyte Count <small>(Method: Impedance)</small>	2.21	10 ⁹ /L	1.0-3.0
 Monocytes <small>(Method: Microscopy)</small>	04	%	2-10
 Absolute Monocyte Count <small>(Method: Calculated)</small>	0.27	10 ⁹ /L	0.2-1.0
 Eosinophils <small>(Method: Microscopy)</small>	01	%	1-6
 Absolute Eosinophils Count <small>(Method: Calculated)</small>	0.07	10 ⁹ /L	0.02-0.5
 Basophils <small>(Method: Microscopy)</small>	00	%	1-2
 Absolute Basophil ICount <small>(Method: Calculated)</small>	0.00	10 ⁹ /L	0.0-0.3

Morphology


WBC	Within Normal Limits
RBC	Anisocytosis with Normocytic normochromic
Platelets <small>(Method: Microscopy)</small>	Adequate.

*** End Of Report ***



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Swarnabala - M
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MD PATHOLOGY

LABORATORY TEST REPORT

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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
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 Erythrocyte Sedimentation Rate (ESR) <small>(Method: Westergren method)</small>	6	mm/hr	10 or less
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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.



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MD PATHOLOGY

LABORATORY TEST REPORT

Name	: Mrs. RAMANAMMA		
Sample ID	: a0934171		
Age/Gender	: 45 Years/Female	Reg. No	: 0312409230057
Referred by	: Dr. T DURGA PRASAD	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 23-Sep-2024 09:38 PM
Primary Sample	:	Received On	: 23-Sep-2024 10:47 PM
Sample Tested In	: Urine	Reported On	: 23-Sep-2024 11:22 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL PATHOLOGY

Test Name	Results	Units	Biological Reference Interval
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Complete Urine Analysis (CUE)

Physical Examination

Colour	Pale Yellow		Straw to light amber
Appearance	HAZY		Clear

Chemical Examination

Glucose <small>(Method: Strip Reflectance)</small>	Negative		Negative
Protein <small>(Method: Strip Reflectance)</small>	(+)		Negative
Bilirubin (Bile) <small>(Method: Strip Reflectance)</small>	Negative		Negative
Urobilinogen <small>(Method: Ehrlichs reagent)</small>	Negative		Negative
Ketone Bodies <small>(Method: Strip Reflectance)</small>	Negative		Negative
Specific Gravity <small>(Method: Strip Reflectance)</small>	1.025		1.000 - 1.030
Blood <small>(Method: Strip Reflectance)</small>	Negative		Negative
Reaction (pH) <small>(Method: Reagent Strip Reflectance)</small>	6.0		5.0 - 8.5
Nitrites <small>(Method: Strip Reflectance)</small>	Negative		Negative
Leukocyte esterase <small>(Method: Reagent Strip Reflectance)</small>	(+)		Negative

Microscopic Examination (Microscopy)


PUS(WBC) Cells <small>(Method: Microscopy)</small>	04-05	/hpf	00-05
R.B.C. <small>(Method: Microscopic)</small>	Nil	/hpf	Nil
Epithelial Cells <small>(Method: Microscopic)</small>	01-02	/hpf	00-05
Casts <small>(Method: Microscopic)</small>	Absent		Absent
Crystals <small>(Method: Microscopic)</small>	Absent		Absent
Bacteria	Nil		Nil
Budding Yeast Cells <small>(Method: Microscopy)</small>	Nil		Absent

Comments :Urine analysis is one of the most useful laboratory tests as it identifies a wide range of medical conditions including renal damage, urinary tract infections,diabetes, hypertension and drug toxicity.



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MD PATHOLOGY

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Name	: Mrs. RAMANAMMA		
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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 23-Sep-2024 09:38 PM
Primary Sample	: Whole Blood	Received On	: 23-Sep-2024 10:26 PM
Sample Tested In	: Plasma-NaF(R)	Reported On	: 24-Sep-2024 12:21 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

GLUCOSE RANDOM (RBS)

Test Name	Results	Units	Biological Reference Interval
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Glucose Random (RBS) 101 mg/dL 70-140
(Method: Hexokinase (HK))

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	Fasting Plasma Glucose(mg/dL)	2hrs Plasma 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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Dr. Vaishnavi
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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 23-Sep-2024 09: 38 PM
Primary Sample	: Whole Blood	Received On	: 23-Sep-2024 10: 47 PM
Sample Tested In	: Serum	Reported On	: 24-Sep-2024 12: 37 AM
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)			
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

*** End Of Report ***




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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 23-Sep-2024 09:38 PM
Primary Sample	: Whole Blood	Received On	: 23-Sep-2024 10:47 PM
Sample Tested In	: Serum	Reported On	: 24-Sep-2024 01:09 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

ADVANCE FEVER PROFILE-ELISA

Test Name	Results	Units	Biological Reference Interval
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 **Chikungunya IgG**
(Method: Immunochromatography)


Negative

Negative

*** End Of Report ***





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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 23-Sep-2024 09:38 PM
Primary Sample	: Whole Blood	Received On	: 23-Sep-2024 10:47 PM
Sample Tested In	: Serum	Reported On	: 24-Sep-2024 01:07 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

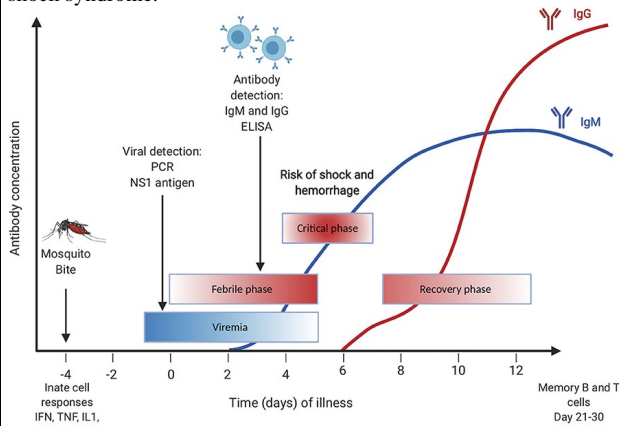
IMMUNOLOGY & SEROLOGY

ADVANCE FEVER PROFILE-ELISA

Test Name	Results	Units	Biological Reference Interval
 Chikungunya IgM <small>(Method: Immunochromatography)</small>	Positive		Negative
Dengue Profile-Elisa			
Dengue IgG Antibody <small>(Method: ELISA)</small>	1.28	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive
Dengue IgM Antibody <small>(Method: ELISA)</small>	0.19	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive
Dengue NS1 Antigen <small>(Method: ELISA)</small>	0.27	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

*** End Of Report ***

