


**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>	<b>9.1</b>	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



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

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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	: 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
<b><u>MALARIA ANTIGEN (VIVAX &amp; FALCIPARUM)</u></b>			
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 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 \*\*\*

Excellence In Health Care



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Swarnabala - M  
DR.SWARNA BALA  
MD PATHOLOGY

LABORATORY TEST REPORT




















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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 <sup>12</sup> /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>	<b>14.1</b>	%	11.6-14.0
 Platelet Count (PLT) <small>(Method: Cell Impedance)</small>	203	10 <sup>9</sup> /L	150-410
 Total WBC Count <small>(Method: Impedance)</small>	6.7	10 <sup>9</sup> /L	4.0-10.0
 Neutrophils <small>(Method: Cell Impedance)</small>	62	%	40-70
 Absolute Neutrophils Count <small>(Method: Impedance)</small>	4.15	10 <sup>9</sup> /L	2.0-7.0
 Lymphocytes <small>(Method: Cell Impedance)</small>	33	%	20-40
 Absolute Lymphocyte Count <small>(Method: Impedance)</small>	2.21	10 <sup>9</sup> /L	1.0-3.0
 Monocytes <small>(Method: Microscopy)</small>	04	%	2-10
 Absolute Monocyte Count <small>(Method: Calculated)</small>	0.27	10 <sup>9</sup> /L	0.2-1.0
 Eosinophils <small>(Method: Microscopy)</small>	01	%	1-6
 Absolute Eosinophils Count <small>(Method: Calculated)</small>	0.07	10 <sup>9</sup> /L	0.02-0.5
 Basophils <small>(Method: Microscopy)</small>	00	%	1-2
 Absolute Basophil ICount <small>(Method: Calculated)</small>	0.00	10 <sup>9</sup> /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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**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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*Swarnabala - M*  
**DR.SWARNA BALA**  
MD PATHOLOGY

**LABORATORY TEST REPORT**

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Age/Gender	: 45 Years/Female	Reg. No	: 0312409230057
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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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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 \*\*\*

Excellence In Health Care



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

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Primary Sample	: Whole Blood	Received On	: 23-Sep-2024 10: 47 PM
Sample Tested In	: Serum	Reported On	: 24-Sep-2024 12: 37 AM
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**IMMUNOLOGY & SEROLOGY**


**ADVANCE FEVER PROFILE-ELISA**

Test Name	Results	Units	Biological Reference Interval
<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

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




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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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Sample Tested In	: Serum	Reported On	: 24-Sep-2024 01:07 AM
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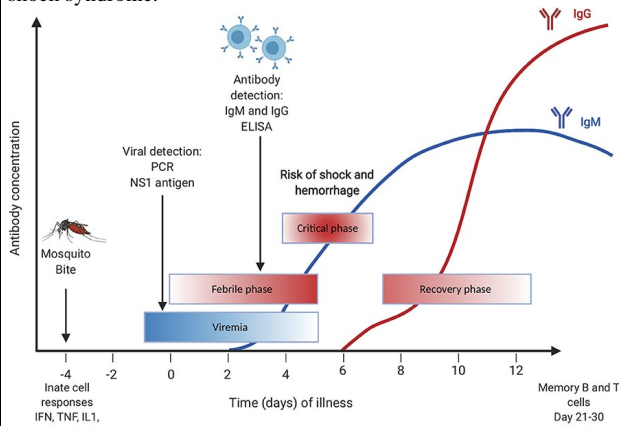
**IMMUNOLOGY & SEROLOGY**

**ADVANCE FEVER PROFILE-ELISA**

Test Name	Results	Units	Biological Reference Interval
 Chikungunya IgM <small>(Method: Immunochromatography)</small>	Positive		Negative
<b>Dengue Profile-Elisa</b>			
Dengue IgG Antibody <small>(Method: ELISA)</small>	<b>1.28</b>	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 \*\*\*

