

LABORATORY TEST REPORT

Name	: Master. REHANSH		
Sample ID	: A0451547		
Age/Gender	: 4 Years 1 Months 24 Days/Male	Reg. No	: 0312409270045
Referred by	: Dr. LAXMI PRASANNA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 27-Sep-2024 09:08 PM
Primary Sample	: Whole Blood	Received On	: 27-Sep-2024 10:40 PM
Sample Tested In	: Serum	Reported On	: 27-Sep-2024 11:32 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
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C-Reactive protein-(CRP) <small>(Method: Immunoturbidimetry)</small>	1.3	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	: 27-Sep-2024 09:08 PM
Primary Sample	: Whole Blood	Received On	: 27-Sep-2024 10:39 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 27-Sep-2024 11:05 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 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 ***



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Swarnabala - M
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MD PATHOLOGY




















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Primary Sample	: Whole Blood	Received On	: 27-Sep-2024 10:39 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 27-Sep-2024 10:58 PM
Client Address	: Kimtee colony , Gokul Nagar, Tarnaka	Report Status	: Final Report


HAEMATOLOGY
ADVANCE FEVER PROFILE-ELISA

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

 Haemoglobin (Hb) <small>(Method: Cynmeth Method)</small>	10.8	g/dL	11-14.5
 RBC Count <small>(Method: Cell Impedance)</small>	4.64	10 ¹² /L	4.0-5.2
 Haematocrit (HCT) <small>(Method: Calculated)</small>	36.6	%	34-40
 MCV <small>(Method: Calculated)</small>	79	fl	77-87
 MCH <small>(Method: Calculated)</small>	23.3	pg	24-30
 MCHC <small>(Method: Calculated)</small>	29.5	g/dL	31-37
 RDW-CV <small>(Method: Calculated)</small>	14.5	%	11.6-14.0
 Platelet Count (PLT) <small>(Method: Cell Impedance)</small>	266	10 ⁹ /L	200-490
 Total WBC Count <small>(Method: Impedance)</small>	7.3	10 ⁹ /L	5.0-15.0
 Neutrophils <small>(Method: Cell Impedance)</small>	60	%	32-61
 Absolute Neutrophils Count <small>(Method: Impedance)</small>	4.38	10 ⁹ /L	1.6-9.5
 Lymphocytes <small>(Method: Cell Impedance)</small>	33	%	32-60
 Absolute Lymphocyte Count <small>(Method: Impedance)</small>	2.41	10 ⁹ /L	1.6-9.3
 Monocytes <small>(Method: Microscopy)</small>	05	%	1-9
 Absolute Monocyte Count <small>(Method: Calculated)</small>	0.37	10 ⁹ /L	0.5-1.4
 Eosinophils <small>(Method: Microscopy)</small>	02	%	0-7
 Absolute Eosinophils Count <small>(Method: Calculated)</small>	0.15	10 ⁹ /L	0.0-1.1
 Basophils <small>(Method: Microscopy)</small>	00	%	0-2
 Absolute Basophil ICount <small>(Method: Calculated)</small>	0.00	10 ⁹ /L	0.0-0.3

Morphology

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

*** End Of Report ***



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Primary Sample	: Whole Blood	Received On	: 27-Sep-2024 10:39 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 28-Sep-2024 12:42 AM
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>	10	mm/hr	3-13
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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

Name	: Master. REHANSH		
Sample ID	: a0934512		
Age/Gender	: 4 Years 1 Months 24 Days/Male	Reg. No	: 0312409270045
Referred by	: Dr. LAXMI PRASANNA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 27-Sep-2024 09:08 PM
Primary Sample	:	Received On	: 27-Sep-2024 10:42 PM
Sample Tested In	: Urine	Reported On	: 27-Sep-2024 11:11 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>	6.5	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>	03-04	/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.

*** End Of Report ***



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 Swarnabala - M
 DR.SWARNA BALA
 MD PATHOLOGY

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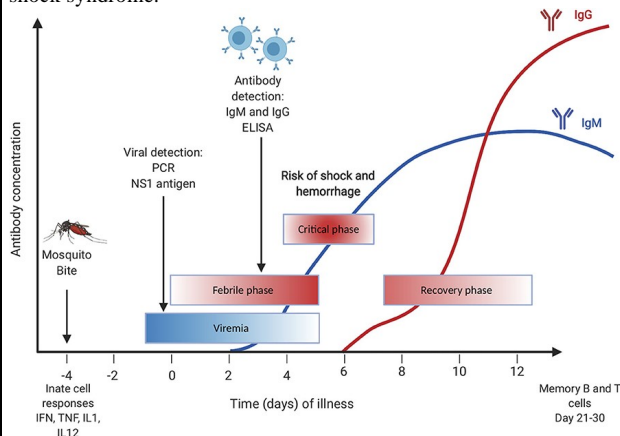
IMMUNOLOGY & SEROLOGY

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)	0.29	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive
Dengue IgM Antibody (Method: ELISA)	0.22	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive
Dengue NS1 Antigen (Method: ELISA)	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



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IMMUNOLOGY & SEROLOGY

ADVANCE FEVER PROFILE-ELISA

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*** End Of Report ***



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DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST