

LABORATORY TEST REPORT

Name	: Mr. SRINIVAS		
Sample ID	: A0451577		
Age/Gender	: 34 Years/Male	Reg. No	: 0312409280056
Referred by	: Dr. K KRISHNA RAO (MBBS,FCGP,DNB(osm))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Sep-2024 06:18 PM
Primary Sample	: Whole Blood	Received On	: 28-Sep-2024 10:58 PM
Sample Tested In	: Serum	Reported On	: 29-Sep-2024 12:17 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



IMMUNOLOGY & SEROLOGY

Test Name	Results	Units	Biological Reference Interval
Chikungunya IgG-Elisa (Method: ELISA)	0.31	S/Co	<0.9:Negative 0.91 - 0.99:Boderline >1.0:Positive

*** End Of Report ***



LABORATORY TEST REPORT

Name	: Mr. SRINIVAS		
Sample ID	: A0451578		
Age/Gender	: 34 Years/Male	Reg. No	: 0312409280056
Referred by	: Dr. K KRISHNA RAO (MBBS,FCGP,DNB(osm))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Sep-2024 06:18 PM
Primary Sample	: Whole Blood	Received On	: 28-Sep-2024 10:58 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 28-Sep-2024 11:16 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) (Method: Cymmeth Method)	14.5	g/dL	13-17
 Haematocrit (HCT) (Method: Calculated)	47.2	%	40-50
 RBC Count (Method: Cell Impedance)	5.50	10 ¹² /L	4.5-5.5
 MCV (Method: Calculated)	84	fl	81-101
 MCH (Method: Calculated)	27.6	pg	27-32
 MCHC (Method: Calculated)	32.5	g/dL	32.5-34.5
 RDW-CV (Method: Calculated)	12.9	%	11.6-14.0
 Platelet Count (PLT) (Method: Cell Impedance)	191	10 ⁹ /L	150-410
 Total WBC Count (Method: Impedance)	5.5	10 ⁹ /L	4.0-10.0

Differential Leucocyte Count (DC)

 Neutrophils (Method: Cell Impedance)	70	%	40-70
 Lymphocytes (Method: Cell Impedance)	20	%	20-40
 Monocytes (Method: Microscopy)	06	%	2-10
 Eosinophils (Method: Microscopy)	04	%	1-6
 Basophils (Method: Microscopy)	00	%	1-2
 Absolute Neutrophils Count (Method: Impedance)	3.85	10 ⁹ /L	2.0-7.0
 Absolute Lymphocyte Count (Method: Impedance)	1.1	10 ⁹ /L	1.0-3.0
 Absolute Monocyte Count (Method: Calculated)	0.33	10 ⁹ /L	0.2-1.0
 Absolute Eosinophils Count (Method: Calculated)	0.22	10 ⁹ /L	0.02-0.5
 Absolute Basophil ICount (Method: Calculated)	0.00	10 ⁹ /L	0.0-0.3

Morphology
(Method: PAPS Staining)

Normocytic Normochromic



LABORATORY TEST REPORT

Name	: Mr. SRINIVAS		
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Age/Gender	: 34 Years/Male	Reg. No	: 0312409280056
Referred by	: Dr. K KRISHNA RAO (MBBS,FCGP,DNB(osm))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Sep-2024 06:18 PM
Primary Sample	: Whole Blood	Received On	: 28-Sep-2024 10:58 PM
Sample Tested In	: Plasma-NaF(R)	Reported On	: 28-Sep-2024 11:47 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) 93 mg/dL 70-140
(Method: Hexokinase (HK))

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 ***

Excellence In Health Care



Dr. Vaishnavi
DR.VAISHNAVI
MD BIOCHEMISTRY

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Sep-2024 06:18 PM
Primary Sample	: Whole Blood	Received On	: 28-Sep-2024 10:58 PM
Sample Tested In	: Serum	Reported On	: 29-Sep-2024 12:01 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



IMMUNOLOGY & SEROLOGY

Test Name	Results	Units	Biological Reference Interval
Widal Test (Slide Test) (Method: (SLIDE AGGLUTINATION))			
Salmonella typhi O Antigen	1:80		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

Interpretation

Antigens Tested	RESULT	REMARKS
TO, TH,AH,BH	Titre 1:20 and Titre 1:40	Indicates absence of IgM & IgG antibodies against Salmonella species.
TO, TH,AH,BH	Titre 1:80	Indicates Presence of IgM & IgG antibodies against Salmonella species.
TO, TH,AH,BH	Titre 1:160	Indicates Presence of IgM & IgG antibodies against Salmonella species.
TO, TH,AH,BH	Titre 1:320	Indicates Presence of IgM & IgG antibodies against Salmonella species.

- This test measures Somatic O and Flagellar H antibodies against Typhoid and Paratyphoid bacilli.
- The agglutinins usually appear at the end of the first week of infection and increase steadily till third / fourth week after which the decline starts. A Positive Widal test may occur because of Typhoid vaccination or previous typhoid infection and in certain autoimmune diseases.
- False positive results/anamnestic response may be seen in patients with past enteric infection during unrelated fevers like Malaria, Influenzae etc in the form of transient rise in H antibody in Widal test.
- False negative results may be due to processing of sample collected early in the course of disease (1st week) and immunosuppression.

*** End Of Report ***



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[Signature]

DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST