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 | : Mrs. SPANDANA | | |
| Sample ID | : A0787495 | | |
| Age/Gender | : 27 Years/Female | Reg. No | : 0312410050050 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 05-Oct-2024 08:18 PM |
| Primary Sample | : Whole Blood | Received On | : 05-Oct-2024 11:16 PM |
| Sample Tested In | : Serum | Reported On | : 06-Oct-2024 12:46 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 |
|---|---|---|---|
| C-Reactive protein-(CRP) *(Method: Immunoturbidimetry)* | 2.6 | 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



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## 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



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## HAEMATOLOGY

## ADVANCE FEVER PROFILE-ELISA

| Test Name | Results | Units | Biological Reference Interval |
|---|---|---|---|
| **COMPLETE BLOOD COUNT (CBC)** | | | |
| Haemoglobin (Hb) *(Method: Cynmeth Method)* | **10.8** | g/dL | 12-15 |
| RBC Count *(Method: Cell Impedence)* | **4.91** | 10^12/L | 3.8-4.8 |
| Haematocrit (HCT) *(Method: Calculated)* | **35.5** | % | 40-50 |
| MCV *(Method: Calculated)* | **72** | fl | 81-101 |
| MCH *(Method: Calculated)* | **22.0** | pg | 27-32 |
| MCHC *(Method: Calculated)* | **30.4** | g/dL | 32.5-34.5 |
| RDW-CV *(Method: Calculated)* | **15.3** | % | 11.6-14.0 |
| Platelet Count (PLT) *(Method: Cell Impedance )* | 213 | 10^9/L | 150-410 |
| Total WBC Count *(Method: Impedance)* | 4.0 | 10^9/L | 4.0-10.0 |
| Neutrophils *(Method: Cell Impedence)* | 70 | % | 40-70 |
| Absolute Neutrophils Count *(Method: Impedence)* | 2.8 | 10^9/L | 2.0-7.0 |
| Lymphocytes *(Method: Cell Impedence)* | 22 | % | 20-40 |
| Absolute Lymphocyte Count *(Method: Impedence)* | **0.88** | 10^9/L | 1.0-3.0 |
| Monocytes *(Method: Microscopy)* | 06 | % | 2-10 |
| Absolute Monocyte Count *(Method: Calculated)* | 0.24 | 10^9/L | 0.2-1.0 |
| Eosinophils *(Method: Microscopy)* | 02 | % | 1-6 |
| Absolute Eosinophils Count *(Method: Calculated)* | 0.08 | 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 | Within Normal Limits | | |
| RBC | Anisocytosis With Microcytic Hypochromic Anemia | | |
| Platelets *(Method: Microscopy)* | Adequate. | | |

*** End Of Report ***

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## HAEMATOLOGY

### ADVANCE FEVER PROFILE-ELISA

| Test Name | Results | Units | Biological Reference Interval |
|---|---|---|---|
| Erythrocyte Sedimentation Rate (ESR) *(Method: Westergren method)* | 7 | 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.

*** End Of Report ***

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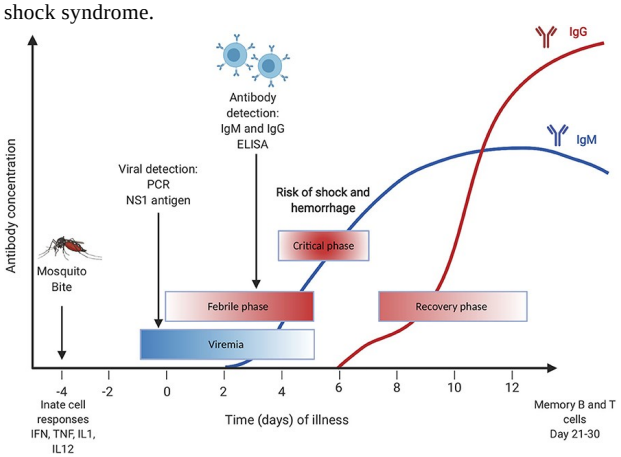
## IMMUNOLOGY & SEROLOGY

### ADVANCE FEVER PROFILE-ELISA

| Test Name | Results | Units | Biological Reference Interval |
|---|---|---|---|
| **Widal Test (Slide Test)** | | | |
| 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)* | 0.30 | S/CO | < 0.8 : Negative<br>0.8-1.1 : Equivocal<br>≥ 1.1 : Positive |
| Dengue IgM Antibody *(Method: ELISA)* | 0.17 | S/CO | < 0.8 : Negative<br>0.8-1.1 : Equivocal<br>≥ 1.1 : Positive |
| Dengue NS1 Antigen *(Method: ELISA)* | 0.26 | S/Co | < 0.8~ : Negative<br>0.8-1.1 : Equivocal<br>> 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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MD, MICROBIOLOGIST

*** End Of Report ***