

**LABORATORY TEST REPORT**

Name	: Mr. SAMSUDDIN		
Sample ID	: A0787376		
Age/Gender	: 27 Years/Male	Reg. No	: 0312410080028
Referred by	: Dr. K J N REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Oct-2024 10:01 AM
Primary Sample	: Whole Blood	Received On	: 08-Oct-2024 12:23 PM
Sample Tested In	: Serum	Reported On	: 08-Oct-2024 03:22 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



**CLINICAL BIOCHEMISTRY**

**VCARE FEVER PROFILE-1**

Test Name	Results	Units	Biological Reference Interval
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**C-Reactive protein-(CRP)** **140.5** 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



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

**LABORATORY TEST REPORT**

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Age/Gender	: 27 Years/Male	Reg. No	: 0312410080028
Referred by	: Dr. K J N REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Oct-2024 10:01 AM
Primary Sample	: Whole Blood	Received On	: 08-Oct-2024 12:23 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 08-Oct-2024 04:20 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



**HAEMATOLOGY**

**VCARE FEVER PROFILE-1**

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

Plasmodium Vivax Antigen <small>(Method: Immuno Chromatography)</small>	Positive		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*  
**DR.SWARNA BALA**  
MD PATHOLOGY

**LABORATORY TEST REPORT**

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**HAEMATOLOGY**

**VCARE FEVER PROFILE-1**

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

 Haemoglobin (Hb) <small>(Method: Cynmeth Method)</small>	14.0	g/dL	13-17
 RBC Count <small>(Method: Cell Impedance)</small>	<b>4.32</b>	10 <sup>12</sup> /L	4.5-5.5
 Haematocrit (HCT) <small>(Method: Calculated)</small>	41.5	%	40-50
 MCV <small>(Method: Calculated)</small>	96	fl	81-101
 MCH <small>(Method: Calculated)</small>	<b>32.3</b>	pg	27-32
 MCHC <small>(Method: Calculated)</small>	33.6	g/dL	32.5-34.5
 RDW-CV <small>(Method: Calculated)</small>	<b>15.1</b>	%	11.6-14.0
 Platelet Count (PLT) <small>(Method: Cell Impedance)</small>	<b>120</b>	10 <sup>9</sup> /L	150-410
 Total WBC Count <small>(Method: Impedance)</small>	<b>10.4</b>	10 <sup>9</sup> /L	4.0-10.0
 Neutrophils <small>(Method: Cell Impedance)</small>	<b>78</b>	%	40-70
 Absolute Neutrophils Count <small>(Method: Impedance)</small>	<b>8.11</b>	10 <sup>9</sup> /L	2.0-7.0
 Lymphocytes <small>(Method: Cell Impedance)</small>	<b>17</b>	%	20-40
 Absolute Lymphocyte Count <small>(Method: Impedance)</small>	1.77	10 <sup>9</sup> /L	1.0-3.0
 Monocytes <small>(Method: Microscopy)</small>	3	%	2-10
 Absolute Monocyte Count <small>(Method: Calculated)</small>	0.31	10 <sup>9</sup> /L	0.2-1.0
 Eosinophils <small>(Method: Microscopy)</small>	2	%	1-6
 Absolute Eosinophils Count <small>(Method: Calculated)</small>	0.21	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	Absolute neutrophilia
RBC	Normocytic normochromic. Few ring forms gametocytes and schizonts of Plasmodium vivax noted
Platelets <small>(Method: Microscopy)</small>	Mild thrombocytopenia with giant platelets and small platelet clumps
Others	NOTE- Giant platelets and Platelet clumps may affect exact estimation of platelet count

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



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*Swarnabala - M*  
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Sample Tested In	: Whole Blood EDTA	Reported On	: 08-Oct-2024 04:20 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



**HAEMATOLOGY**

**VCARE FEVER PROFILE-1**

Test Name	Results	Units	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) <small>(Method: Westergren method)</small>	<b>25</b>	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.



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MD PATHOLOGY



**LABORATORY TEST REPORT**

Name	: Mr. SAMSUDDIN		
Sample ID	: A0787545		
Age/Gender	: 27 Years/Male	Reg. No	: 0312410080028
Referred by	: Dr. K J N REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Oct-2024 10:01 AM
Primary Sample	: Whole Blood	Received On	: 08-Oct-2024 12:23 PM
Sample Tested In	: Plasma-NaF(R)	Reported On	: 08-Oct-2024 01:47 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



**CLINICAL BIOCHEMISTRY**

**VCARE FEVER PROFILE-1**

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*  
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**MD BIOCHEMISTRY**

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Sample Tested In	: Serum	Reported On	: 08-Oct-2024 01:58 PM
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**IMMUNOLOGY & SEROLOGY**

**VCARE FEVER PROFILE-1**

Test Name	Results	Units	Biological Reference Interval
<b>Widal Test (Slide Test)</b>			
<i>(Method: (SLIDE AGGLUTINATION))</i>			
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

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



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**IMMUNOLOGY & SEROLOGY**

**VCARE FEVER PROFILE-1**

Test Name	Results	Units	Biological Reference Interval
Dengue NS1 Antigen (Method: ELISA)	0.21	S/Co	< 0.8~ : Negative 0.8-1.1 : Equivocal > 1.1~ : Positive

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



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