

**LABORATORY TEST REPORT**

Name	: Mrs. KOMAL J		
Sample ID	: A0787890		
Age/Gender	: 52 Years/Female	Reg. No	: 0312410220062
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 22-Oct-2024 09:01 PM
Primary Sample	: Whole Blood	Received On	: 22-Oct-2024 11:19 PM
Sample Tested In	: Serum	Reported On	: 23-Oct-2024 12:02 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)**

**7.3**

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**

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 22-Oct-2024 09:01 PM
Primary Sample	: Whole Blood	Received On	: 22-Oct-2024 11:19 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 22-Oct-2024 11:49 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 Negative Negative

(Method: Immuno Chromatography)

Plasmodium Falciparum Negative Negative

(Method: Immuno Chromatography)

**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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Primary Sample	: Whole Blood	Received On	: 22-Oct-2024 11:19 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 22-Oct-2024 11:31 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)**

 <b>Haemoglobin (Hb)</b> (Method: Cynmeth Method)	<b>10.5</b>	g/dL	12-15
 <b>RBC Count</b> (Method: Cell Impedance)	3.93	10 <sup>12</sup> /L	3.8-4.8
 <b>Haematocrit (HCT)</b> (Method: Calculated)	<b>33.0</b>	%	40-50
 <b>MCV</b> (Method: Calculated)	84	fl	81-101
 <b>MCH</b> (Method: Calculated)	27.0	pg	27-32
 <b>MCHC</b> (Method: Calculated)	32.5	g/dL	32.5-34.5
 <b>RDW-CV</b> (Method: Calculated)	13.9	%	11.6-14.0
 <b>Platelet Count (PLT)</b> (Method: Cell Impedance)	305	10 <sup>9</sup> /L	150-410
 <b>Total WBC Count</b> (Method: Impedance)	5.1	10 <sup>9</sup> /L	4.0-10.0
 <b>Neutrophils</b> (Method: Cell Impedance)	70	%	40-70
 <b>Absolute Neutrophils Count</b> (Method: Impedance)	3.57	10 <sup>9</sup> /L	2.0-7.0
 <b>Lymphocytes</b> (Method: Cell Impedance)	25	%	20-40
 <b>Absolute Lymphocyte Count</b> (Method: Impedance)	1.27	10 <sup>9</sup> /L	1.0-3.0
 <b>Monocytes</b> (Method: Microscopy)	03	%	2-10
 <b>Absolute Monocyte Count</b> (Method: Calculated)	<b>0.15</b>	10 <sup>9</sup> /L	0.2-1.0
 <b>Eosinophils</b> (Method: Microscopy)	02	%	1-6
 <b>Absolute Eosinophils Count</b> (Method: Calculated)	0.1	10 <sup>9</sup> /L	0.02-0.5
 <b>Basophils</b> (Method: Microscopy)	00	%	1-2
 <b>Absolute Basophil ICount</b> (Method: Calculated)	0.00	10 <sup>9</sup> /L	0.0-0.3

**Morphology**

WBC	Within Normal Limits
RBC	Normocytic normochromic
Platelets (Method: Microscopy)	Adequate.

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



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*Swarnabala - M*  
**DR.SWARNA BALA**  
MD PATHOLOGY

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Primary Sample	: Whole Blood	Received On	: 22-Oct-2024 11:19 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 22-Oct-2024 11:52 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



**HAEMATOLOGY**

**ADVANCE FEVER PROFILE-ELISA**

Test Name	Results	Units	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) <small>(Method: Westergren method)</small>	9	mm/hr	12 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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Primary Sample	: Whole Blood	Received On	: 22-Oct-2024 11:19 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 23-Oct-2024 01:11 AM
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**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Biological Reference Interval
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Glucose Random (RBS) 91 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.

Uric Acid 2.39 mg/dL 2.6-6.0  
 (Method: Uricase)

**Interpretation:**

- Uric acid is a chemical created when the body breaks down substances called purines. Purines are normally produced in the body and are also found in some foods and drinks. Foods with high content of purines include liver, anchovies, mackerel, dried beans and peas, and beer. Most uric acid dissolves in blood and travels to the kidneys. From there, it passes out in urine. If your body produces too much uric acid or does not remove enough of it, you can get sick. A high level of uric acid in the blood is called hyperuricemia. This test checks to see how much uric acid you have in your blood. Investigation and monitoring of inflammatory arthritis pain, particularly in big toe (gout)
- Useful in the investigation of kidney stones
- Aid in diagnosis, treatment, and monitoring of renal failure/disease
- Monitor patients receiving cytotoxic drugs (high nucleic acid turnover)
- Monitor diseases with nucleic acid metabolism and turnover (eg, leukemia, lymphoma, polycythemia)

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



DR. VAISHNAVI  
 MD BIOCHEMISTRY

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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	<1:20		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**

**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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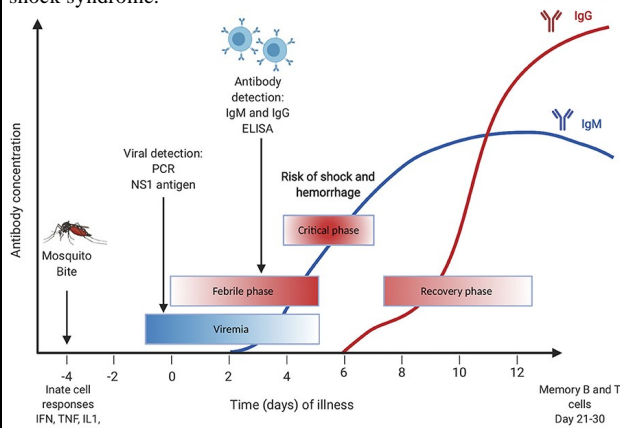
**IMMUNOLOGY & SEROLOGY**

**ADVANCE FEVER PROFILE-ELISA**

Test Name	Results	Units	Biological Reference Interval
Chikungunya IgM (Method: Immunochromatography)	Negative		Negative
<b>Dengue Profile-Elisa</b>			
Dengue IgG Antibody (Method: ELISA)	0.33	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive
Dengue IgM Antibody (Method: ELISA)	0.20	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive
Dengue NS1 Antigen (Method: ELISA)	0.26	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 \*\*\*



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*[Signature]*

**DR. RUTURAJ MANIKLAL KOLHAPURE**  
MD, MICROBIOLOGIST