

**LABORATORY TEST REPORT**

Name	: Master. ADITYA		
Sample ID	: A0787983		
Age/Gender	: 5 Years/Male	Reg. No	: 0312410270015
Referred by	: Dr. C N REDDY (M.B.B.S.,D.C.H)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 27-Oct-2024 01:38 PM
Primary Sample	: Whole Blood	Received On	: 27-Oct-2024 02:30 PM
Sample Tested In	: Serum	Reported On	: 27-Oct-2024 03:30 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)**                      4.1                      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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Primary Sample	: Whole Blood	Received On	: 27-Oct-2024 02:30 PM
Sample Tested In	: Serum	Reported On	: 27-Oct-2024 04:56 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



**IMMUNOLOGY & SEROLOGY**

Test Name	Results	Units	Biological Reference Interval
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**Salmonella typhi IgM (Elisa)**

Salmonella typhi IgM (Elisa)  
(Method: ELISA)

0.23

< 0.9 :- Negative  
0.9 - 1.1 :-Borderline positive.  
> 1.1 :-Positive

**Interpreation**

- 1.Its positivity in serum indicates ongoing or recent infection by Salmonella typhi and the diagnosis should be confirmed by gold standard test such as Blood culture prior to start of antibiotics.
- 2.IgM antibodies are typically detectable 5-7 days post symptom onset, peaking in 2nd week and frequently remain elevated for 2-4 months following infection.
- 3.False positive results may be due to cross reactivity with other Salmonella spp., Dengue virus infection & in patients with high levels of Rheumatoid factor.
4. False negative reaction may be due to processing of sample collected early in the course of disease, antibiotic treatment during 1st week and immunosuppression.



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Primary Sample	: Whole Blood	Received On	: 27-Oct-2024 02:30 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 27-Oct-2024 05:23 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


**HAEMATOLOGY**
**VCARE FEVER PROFILE-1**

Test Name	Results	Units	Biological Reference Interval
Blood Grouping (A B O) <small>(Method: Tube Agglutination)</small>	B		
Rh Typing <small>(Method: Tube Agglutination)</small>	Positive		

**Comments:**

Blood group ABO & Rh test identifies your blood group & type of Rh factor. There are four major blood groups- A, B, AB, and O. It is important to know your blood group as you may need a transfusion of blood or blood components; you may want to donate your blood ; before or during a woman's pregnancy to determine the risk of Rh mismatch with the fetus.

**Note:** Both Forward and Reverse Grouping Performed .

**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 parasites are responsible for malaria infections in human viz. P.Falciparum, p.Vivax, P.Ovale & P.malariae. Falciparum infections are associated 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




















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Primary Sample	: Whole Blood	Received On	: 27-Oct-2024 02:30 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 27-Oct-2024 03:40 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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**COMPLETE BLOOD COUNT (CBC)**

 Haemoglobin (Hb) <small>(Method: Cynmeth Method)</small>	<b>10.6</b>	g/dL	11-14.5
 RBC Count <small>(Method: Cell Impedance)</small>	4.05	10 <sup>12</sup> /L	4.0-5.2
 Haematocrit (HCT) <small>(Method: Calculated)</small>	<b>32.5</b>	%	34-40
 MCV <small>(Method: Calculated)</small>	80	fl	77-87
 MCH <small>(Method: Calculated)</small>	26.1	pg	24-30
 MCHC <small>(Method: Calculated)</small>	32.6	g/dL	31-37
 RDW-CV <small>(Method: Calculated)</small>	13.9	%	11.6-14.0
 Platelet Count (PLT) <small>(Method: Cell Impedance)</small>	200	10 <sup>9</sup> /L	200-490
 Total WBC Count <small>(Method: Impedance)</small>	<b>4.2</b>	10 <sup>9</sup> /L	5.0-15.0
 Neutrophils <small>(Method: Cell Impedance)</small>	60	%	32-61
 Absolute Neutrophils Count <small>(Method: Impedance)</small>	2.52	10 <sup>9</sup> /L	1.6-9.5
 Lymphocytes <small>(Method: Cell Impedance)</small>	32	%	32-60
 Absolute Lymphocyte Count <small>(Method: Impedance)</small>	<b>1.34</b>	10 <sup>9</sup> /L	1.6-9.3
 Monocytes <small>(Method: Microscopy)</small>	05	%	1-9
 Absolute Monocyte Count <small>(Method: Calculated)</small>	<b>0.21</b>	10 <sup>9</sup> /L	0.5-1.4
 Eosinophils <small>(Method: Microscopy)</small>	03	%	0-7
 Absolute Eosinophils Count <small>(Method: Calculated)</small>	0.13	10 <sup>9</sup> /L	0.0-1.1
 Basophils <small>(Method: Microscopy)</small>	00	%	0-2
 Absolute Basophil ICount <small>(Method: Calculated)</small>	0.00	10 <sup>9</sup> /L	0.0-0.3

**Morphology**

WBC	Mild Leucopenia
RBC	Normocytic normochromic
Platelets <small>(Method: Microscopy)</small>	Adequate.

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



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**HAEMATOLOGY**

**VCARE FEVER PROFILE-1**

Test Name	Results	Units	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) <small>(Method: Westergren method)</small>	8	mm/hr	3-13

**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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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 27-Oct-2024 01:38 PM
Primary Sample	:	Received On	: 27-Oct-2024 02:30 PM
Sample Tested In	: Urine	Reported On	: 27-Oct-2024 03:54 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



**CLINICAL PATHOLOGY**

**VCARE FEVER PROFILE-1**

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>	Negative	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>	Positive	Negative
Specific Gravity <small>(Method: Strip Reflectance)</small>	1.020	1.000 - 1.030
Blood <small>(Method: Strip Reflectance)</small>	Positive	Negative
Reaction (pH) <small>(Method: Reagent Strip Reflectance)</small>	6.0	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>	01-02	/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

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



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

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Primary Sample	: Whole Blood	Received On	: 27-Oct-2024 02:30 PM
Sample Tested In	: Serum	Reported On	: 27-Oct-2024 03:07 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

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Sample Tested In	: Serum	Reported On	: 27-Oct-2024 05:14 PM
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**IMMUNOLOGY & SEROLOGY**

**VCARE FEVER PROFILE-1**

Test Name	Results	Units	Biological Reference Interval
Dengue NS1 Antigen (Method: ELISA)	0.25	S/Co	< 0.8~ : Negative 0.8-1.1 : Equivocal > 1.1~ : Positive

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



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**DR. RUTURAJ MANIKLAL KOLHAPURE**  
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