

LABORATORY TEST REPORT

Name	: Mr. VEERA REDDY		
Sample ID	: A0788090		
Age/Gender	: 62 Years/Male	Reg. No	: 0312411020030
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 02-Nov-2024 09:17 PM
Primary Sample	: Whole Blood	Received On	: 02-Nov-2024 10:08 PM
Sample Tested In	: Serum	Reported On	: 02-Nov-2024 10:41 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



CLINICAL BIOCHEMISTRY

VCARE FEVER PROFILE-2

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

29.4

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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MD BIOCHEMISTRY

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Primary Sample	: Whole Blood	Received On	: 02-Nov-2024 10:08 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 02-Nov-2024 11:01 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



HAEMATOLOGY

VCARE FEVER PROFILE-2

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 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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Primary Sample	: Whole Blood	Received On	: 02-Nov-2024 10:08 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 02-Nov-2024 10:25 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


HAEMATOLOGY
VCARE FEVER PROFILE-2

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

 Haemoglobin (Hb) <small>(Method: Cynmeth Method)</small>	15.6	g/dL	13-17
 RBC Count <small>(Method: Cell Impedance)</small>	5.26	10 ¹² /L	4.5-5.5
 Haematocrit (HCT) <small>(Method: Calculated)</small>	45.5	%	40-50
 MCV <small>(Method: Calculated)</small>	86	fl	81-101
 MCH <small>(Method: Calculated)</small>	29.7	pg	27-32
 MCHC <small>(Method: Calculated)</small>	34.3	g/dL	32.5-34.5
 RDW-CV <small>(Method: Calculated)</small>	13.6	%	11.6-14.0
 Platelet Count (PLT) <small>(Method: Cell Impedance)</small>	182	10 ⁹ /L	150-410
 Total WBC Count <small>(Method: Impedance)</small>	6.6	10 ⁹ /L	4.0-10.0
 Neutrophils <small>(Method: Cell Impedance)</small>	70	%	40-70
 Absolute Neutrophils Count <small>(Method: Impedance)</small>	4.62	10 ⁹ /L	2.0-7.0
 Lymphocytes <small>(Method: Cell Impedance)</small>	20	%	20-40
 Absolute Lymphocyte Count <small>(Method: Impedance)</small>	1.32	10 ⁹ /L	1.0-3.0
 Monocytes <small>(Method: Microscopy)</small>	07	%	2-10
 Absolute Monocyte Count <small>(Method: Calculated)</small>	0.46	10 ⁹ /L	0.2-1.0
 Eosinophils <small>(Method: Microscopy)</small>	03	%	1-6
 Absolute Eosinophils Count <small>(Method: Calculated)</small>	0.2	10 ⁹ /L	0.02-0.5
 Basophils <small>(Method: Microscopy)</small>	00	%	1-2
 Absolute Basophil ICount <small>(Method: Calculated)</small>	0.00	10 ⁹ /L	0.0-0.3

Morphology

WBC	Within Normal Limits
RBC	Normocytic normochromic
Platelets <small>(Method: Microscopy)</small>	Adequate.

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HAEMATOLOGY

VCARE FEVER PROFILE-2

Test Name	Results	Units	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) <small>(Method: Westergren method)</small>	12	mm/hr	14 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.



LABORATORY TEST REPORT

Name	: Mr. VEERA REDDY		
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Age/Gender	: 62 Years/Male	Reg. No	: 0312411020030
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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 02-Nov-2024 09:17 PM
Primary Sample	:	Received On	: 02-Nov-2024 10:08 PM
Sample Tested In	: Urine	Reported On	: 02-Nov-2024 11:42 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


CLINICAL PATHOLOGY
VCARE FEVER PROFILE-2

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	HAZY	Clear

Chemical Examination

Glucose <small>(Method: Strip Reflectance)</small>	(+)	Negative
Protein <small>(Method: Strip Reflectance)</small>	Negative	Negative
Bilirubin (Bile) <small>(Method: Strip Reflectance)</small>	(+)	Negative
Urobilinogen <small>(Method: Ehrlichs reagent)</small>	Negative	Negative
Ketone Bodies <small>(Method: Strip Reflectance)</small>	(+)	Negative
Specific Gravity <small>(Method: Strip Reflectance)</small>	1.020	1.000 - 1.030
Blood <small>(Method: Strip Reflectance)</small>	Negative	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>	03-04	/hpf	00-05
R.B.C. <small>(Method: Microscopic)</small>	Nil	/hpf	Nil
Epithelial Cells <small>(Method: Microscopic)</small>	02-03	/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



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Sample Tested In	: Plasma-NaF(R)	Reported On	: 02-Nov-2024 10:41 PM
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CLINICAL BIOCHEMISTRY

VCARE FEVER PROFILE-2

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



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CLINICAL BIOCHEMISTRY
VCARE FEVER PROFILE-2

Test Name	Results	Units	Biological Reference Interval
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Liver Function Test (LFT)

 Bilirubin(Total) <small>(Method: Diazo)</small>	0.9	mg/dL	0.2-1.2
 Bilirubin (Direct) <small>(Method: Diazo)</small>	0.2	mg/dL	0.0 - 0.3
 Bilirubin (Indirect) <small>(Method: Calculated)</small>	0.7	mg/dL	0.2-1.0
 Aspartate Aminotransferase (AST/SGOT) <small>(Method: IFCC UV Assay)</small>	22	U/L	5-48
 Alanine Aminotransferase (ALT/SGPT) <small>(Method: IFCC with out (P-S-P))</small>	29	U/L	0-55
 Alkaline Phosphatase(ALP) <small>(Method: Kinetic PNPP-AMP)</small>	51	U/L	30-120
 Gamma Glutamyl Transpeptidase (GGTP) <small>(Method: IFCC)</small>	14	U/L	15-85
 Protein - Total <small>(Method: Biuret)</small>	6.9	g/dL	6.4-8.2
 Albumin <small>(Method: Bromocresol Green (BCG))</small>	4.4	g/dL	3.4-5.0
 Globulin <small>(Method: Calculated)</small>	2.5	g/dL	2.0-4.2
 A:G Ratio <small>(Method: Calculated)</small>	1.76	%	0.8-2.0
 SGOT/SGPT Ratio	0.76		

Alanine Aminotransferase(ALT) is an enzyme found in liver and kidneys cells. ALT helps create energy for liver cells. Damaged liver cells release ALT into the bloodstream, which can elevate ALT levels in the blood.

Aspartate Aminotransferase (AST) is an enzyme in the liver and muscles that helps metabolizes amino acids. Similarly to ALT, elevated AST levels may be a sign of liver damage or liver disease.

Alkaline phosphate (ALP) is an enzyme present in the blood. ALP contributes to numerous vital bodily functions, such as supplying nutrients to the liver, promoting bone growth, and metabolizing fat in the intestines.

Gamma-glutamyl Transpeptidase (GGTP) is an enzyme that occurs primarily in the liver, but it is also present in the kidneys, pancreas, gallbladder, and spleen. Higher than normal concentrations of GGTP in the blood may indicate alcohol-related liver damage. Elevated GGTP levels can also increase the risk of developing certain types of cancer.

Bilirubin is a waste product that forms when the liver breaks down red blood cells. Bilirubin exits the body as bile in stool. High levels of bilirubin can cause jaundice - a condition in which the skin and whites of the eyes turn yellow- and may indicate liver damage.

Albumin is a protein that the liver produces. The liver releases albumin into the bloodstream, where it helps fight infections and transport vitamins, hormones, and enzymes throughout the body. Liver damage can cause abnormally low albumin levels.

*** End Of Report ***



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Sample Tested In	: Serum	Reported On	: 03-Nov-2024 12:29 AM
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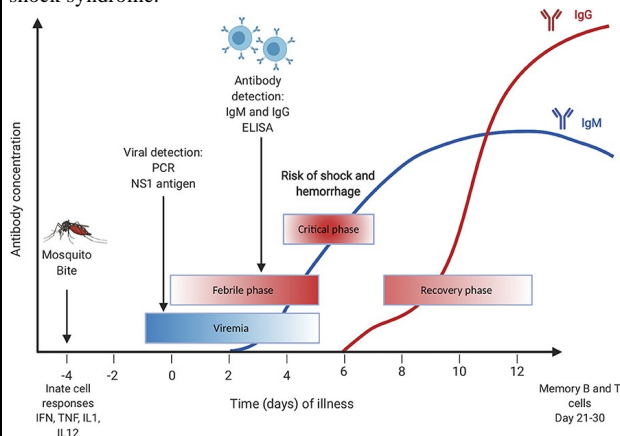
IMMUNOLOGY & SEROLOGY

VCARE FEVER PROFILE-2

Test Name	Results	Units	Biological Reference Interval
Widal Test (Slide Test) (Method: (SLIDE AGGLUTINATION))			
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 0.8-1.1 : Equivocal ≥ 1.1 : Positive
Dengue IgM Antibody (Method: ELISA)	0.19	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive
Dengue NS1 Antigen (Method: ELISA)	0.25	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



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IMMUNOLOGY & SEROLOGY

VCARE FEVER PROFILE-2

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