

LABORATORY TEST REPORT

Name	: Mr. M RAJESH		
Sample ID	: A0788142		
Age/Gender	: 19 Years/Male	Reg. No	: 0312411050058
Referred by	: Dr. PRAVEEN KUMAR KULAKARNI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-Nov-2024 06:51 PM
Primary Sample	: Whole Blood	Received On	: 05-Nov-2024 11:03 PM
Sample Tested In	: Serum	Reported On	: 05-Nov-2024 11:35 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
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C-Reactive protein-(CRP) **14.6** mg/L Upto:6.0

(Method: Immunoturbidimetry)

Interpretation:

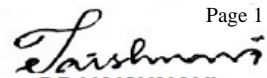
C-reactive protein (CRP) is produced by the liver. The level of CRP rises when there is inflammation throughout the body. It is one of a group of proteins called acute phase reactants that go up in response to inflammation. The levels of acute phase reactants increase in response to certain inflammatory 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
MD BIOCHEMISTRY

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Primary Sample	: Whole Blood	Received On	: 05-Nov-2024 11:03 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 06-Nov-2024 12:05 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



HAEMATOLOGY

FEVER PROFILE

Test Name	Results	Units	Biological Reference Interval
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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 paratities 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




















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Primary Sample	: Whole Blood	Received On	: 05-Nov-2024 11:03 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 05-Nov-2024 11:15 PM
Client Address	: Kimtee colony , Gokul Nagar, Tarnaka	Report Status	: Final Report


HAEMATOLOGY
FEVER PROFILE

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

 Haemoglobin (Hb) <small>(Method: Cynmeth Method)</small>	14.5	g/dL	13-17
 RBC Count <small>(Method: Cell Impedance)</small>	4.75	10 ¹² /L	4.5-5.5
 Haematocrit (HCT) <small>(Method: Calculated)</small>	41.3	%	40-50
 MCV <small>(Method: Calculated)</small>	87	fl	81-101
 MCH <small>(Method: Calculated)</small>	30.4	pg	27-32
 MCHC <small>(Method: Calculated)</small>	35.0	g/dL	32.5-34.5
 RDW-CV <small>(Method: Calculated)</small>	12.5	%	11.6-14.0
 Platelet Count (PLT) <small>(Method: Cell Impedance)</small>	175	10 ⁹ /L	150-410
 Total WBC Count <small>(Method: Impedance)</small>	6.0	10 ⁹ /L	4.0-10.0
 Neutrophils <small>(Method: Cell Impedance)</small>	66	%	40-70
 Absolute Neutrophils Count <small>(Method: Impedance)</small>	3.96	10 ⁹ /L	2.0-7.0
 Lymphocytes <small>(Method: Cell Impedance)</small>	25	%	20-40
 Absolute Lymphocyte Count <small>(Method: Impedance)</small>	1.5	10 ⁹ /L	1.0-3.0
 Monocytes <small>(Method: Microscopy)</small>	06	%	2-10
 Absolute Monocyte Count <small>(Method: Calculated)</small>	0.36	10 ⁹ /L	0.2-1.0
 Eosinophils <small>(Method: Microscopy)</small>	03	%	1-6
 Absolute Eosinophils Count <small>(Method: Calculated)</small>	0.18	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.

*** End Of Report ***


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 Swarnabala - M
 DR.SWARNA BALA
 MD PATHOLOGY

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HAEMATOLOGY

FEVER PROFILE

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 Erythrocyte Sedimentation Rate (ESR) <small>(Method: Westergren method)</small>	12	mm/hr	10 or less
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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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Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

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Primary Sample	:	Received On	: 05-Nov-2024 11:03 PM
Sample Tested In	: Urine	Reported On	: 05-Nov-2024 11:11 PM
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CLINICAL PATHOLOGY

FEVER PROFILE

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 (Method: Strip Reflectance)	Negative	Negative
Protein (Method: Strip Reflectance)	Absent	Negative
Bilirubin (Bile) (Method: Strip Reflectance)	Negative	Negative
Urobilinogen (Method: Ehrlich's reagent)	Negative	Negative
Ketone Bodies (Method: Strip Reflectance)	Negative	Negative
Specific Gravity (Method: Strip Reflectance)	1.025	1.000 - 1.030
Blood (Method: Strip Reflectance)	Negative	Negative
Reaction (pH) (Method: Reagent Strip Reflectance)	5.5	5.0 - 8.5
Nitrites (Method: Strip Reflectance)	Negative	Negative
Leukocyte esterase (Method: Reagent Strip Reflectance)	Negative	Negative

Microscopic Examination (Microscopy)

PUS(WBC) Cells (Method: Microscopy)	02-03	/hpf	00-05
R.B.C. (Method: Microscopic)	Nil	/hpf	Nil
Epithelial Cells (Method: Microscopic)	01-02	/hpf	00-05
Casts (Method: Microscopic)	Absent		Absent
Crystals (Method: Microscopic)	Absent		Absent
Bacteria	Nil		Nil
Budding Yeast Cells (Method: Microscopy)	Nil		Absent

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DR.SWARNA BALA
MD PATHOLOGY

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Liver Function Test (LFT)			
 Bilirubin(Total) (Method: Diazo)	0.6	mg/dL	0.1-1.2
 Bilirubin (Direct) (Method: Diazo)	0.1	mg/dL	0.0 - 0.3
 Bilirubin (Indirect) (Method: Calculated)	0.5	mg/dL	0.2-1.0
 Aspartate Aminotransferase (AST/SGOT) (Method: IFCC UV Assay)	34	U/L	15-37
 Alanine Aminotransferase (ALT/SGPT) (Method: IFCC with out (P-S-P))	23	U/L	0-55
 Alkaline Phosphatase(ALP) (Method: Kinetic PNPP-AMP)	75	U/L	30-120
 Gamma Glutamyl Transpeptidase (GGTP) (Method: IFCC)	22	U/L	15-85
 Protein - Total (Method: Biuret)	8.1	g/dL	6.4-8.2
 Albumin (Method: Bromocresol Green (BCG))	4.5	g/dL	3.4-5.0
 Globulin (Method: Calculated)	3.6	g/dL	2.0-4.2
 A:G Ratio (Method: Calculated)	1.25	%	0.8-2.0
 SGOT/SGPT Ratio	1.48		

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 ***



Dr. Vaishnavi
DR.VAISHNAVI
MD BIOCHEMISTRY

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Primary Sample	: Whole Blood	Received On	: 05-Nov-2024 10:49 PM
Sample Tested In	: Serum	Reported On	: 06-Nov-2024 01:01 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



IMMUNOLOGY & SEROLOGY

FEVER PROFILE

Test Name	Results	Units	Biological Reference Interval
Widal Test (Slide Test)			
<i>(Method: (SLIDE AGGLUTINATION))</i>			
Salmonella typhi O Antigen	1:160		1:80 & Above Significant
Salmonella typhi H Antigen	1:80		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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DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST