

**LABORATORY TEST REPORT**

Name	: Miss. S PAVANI		
Sample ID	: A1309014		
Age/Gender	: 18 Years/Female	Reg. No	: 0312501070003
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 07-Jan-2025 09:16 AM
Primary Sample	: Whole Blood	Received On	: 07-Jan-2025 12:34 PM
Sample Tested In	: Serum	Reported On	: 07-Jan-2025 02:49 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Biological Reference Interval
-----------	---------	-------	-------------------------------

C-Reactive protein-(CRP) 0.6 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



Page 1 of 8  
*Dr. Vaishnavi*  
**DR.VAISHNAVI**  
**MD BIOCHEMISTRY**

**LABORATORY TEST REPORT**

Name	: Miss. S PAVANI		
Sample ID	: A1309016		
Age/Gender	: 18 Years/Female	Reg. No	: 0312501070003
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 07-Jan-2025 09:16 AM
Primary Sample	: Whole Blood	Received On	: 07-Jan-2025 12:34 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 07-Jan-2025 03:04 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



**HAEMATOLOGY**

**FEVER PROFILE**

Test Name	Results	Units	Biological Reference Interval
-----------	---------	-------	-------------------------------

**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 secrete. 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 vivax infection is associated with high rate of infectivity and relapse. Differentiation between P.Falciparum and P.Vivax is utmost importance for better patient management and speedy recovery.

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



Page 2 of 8  
Swarnabala - M  
DR.SWARNA BALA  
MD PATHOLOGY




















**LABORATORY TEST REPORT**

Name	: Miss. S PAVANI		
Sample ID	: A1309016		
Age/Gender	: 18 Years/Female	Reg. No	: 0312501070003
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 07-Jan-2025 09:16 AM
Primary Sample	: Whole Blood	Received On	: 07-Jan-2025 12:34 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 07-Jan-2025 01:14 PM
Client Address	: Kimtee colony , Gokul Nagar, Tarnaka	Report Status	: Final Report


**HAEMATOLOGY**
**FEVER PROFILE**

Test Name	Results	Units	Biological Reference Interval
-----------	---------	-------	-------------------------------

**COMPLETE BLOOD COUNT (CBC)**

 Haemoglobin (Hb) <small>(Method: Cymeth Method)</small>	<b>9.6</b>	g/dL	12-15
 RBC Count <small>(Method: Cell Impedance)</small>	<b>4.06</b>	10 <sup>12</sup> /L	3.8-4.8
 Haematocrit (HCT) <small>(Method: Calculated)</small>	<b>35.0</b>	%	40-50
 MCV <small>(Method: Calculated)</small>	<b>86</b>	fl	81-101
 MCH <small>(Method: Calculated)</small>	<b>23.7</b>	pg	27-32
 MCHC <small>(Method: Calculated)</small>	<b>27.5</b>	g/dL	32.5-34.5
 RDW-CV <small>(Method: Calculated)</small>	<b>18.6</b>	%	11.6-14.0
 Platelet Count (PLT) <small>(Method: Cell Impedance)</small>	<b>380</b>	10 <sup>9</sup> /L	150-410
 Total WBC Count <small>(Method: Impedance)</small>	<b>5.2</b>	10 <sup>9</sup> /L	4.0-10.0
 Neutrophils <small>(Method: Cell Impedance)</small>	<b>70</b>	%	40-70
 Absolute Neutrophils Count <small>(Method: Impedance)</small>	<b>3.64</b>	10 <sup>9</sup> /L	2.0-7.0
 Lymphocytes <small>(Method: Cell Impedance)</small>	<b>23</b>	%	20-40
 Absolute Lymphocyte Count <small>(Method: Impedance)</small>	<b>1.2</b>	10 <sup>9</sup> /L	1.0-6.2
 Monocytes <small>(Method: Microscopy)</small>	<b>05</b>	%	2-10
 Absolute Monocyte Count <small>(Method: Calculated)</small>	<b>0.26</b>	10 <sup>9</sup> /L	0.2-1.0
 Eosinophils <small>(Method: Microscopy)</small>	<b>02</b>	%	1-6
 Absolute Eosinophils Count <small>(Method: Calculated)</small>	<b>0.1</b>	10 <sup>9</sup> /L	0.02-0.5
 Basophils <small>(Method: Microscopy)</small>	<b>00</b>	%	1-2
 Absolute Basophil ICount <small>(Method: Calculated)</small>	<b>0.00</b>	10 <sup>9</sup> /L	0.0-0.3

**Morphology**

WBC	Within Normal Limits
RBC	Anisocytosis with Microcytic hypochromic anemia
Platelets <small>(Method: Microscopy)</small>	Adequate.

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


 Page 3 of 8  
 Swarnabala - M  
 DR.SWARNA BALA  
 MD PATHOLOGY

**LABORATORY TEST REPORT**

Name	: Miss. S PAVANI		
Sample ID	: A1309016		
Age/Gender	: 18 Years/Female	Reg. No	: 0312501070003
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 07-Jan-2025 09:16 AM
Primary Sample	: Whole Blood	Received On	: 07-Jan-2025 12:34 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 07-Jan-2025 03:04 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



**HAEMATOLOGY**

**FEVER PROFILE**

Test Name	Results	Units	Biological Reference Interval
-----------	---------	-------	-------------------------------

 Erythrocyte Sedimentation Rate (ESR) <small>(Method: Westergren method)</small>	<b>15</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.



Page 4 of 8  
*Swarnabala - M*  
**DR.SWARNA BALA**  
MD PATHOLOGY



**LABORATORY TEST REPORT**

Name	: Miss. S PAVANI		
Sample ID	: A1308606		
Age/Gender	: 18 Years/Female	Reg. No	: 0312501070003
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 07-Jan-2025 09:16 AM
Primary Sample	:	Received On	: 07-Jan-2025 12:34 PM
Sample Tested In	: Urine	Reported On	: 07-Jan-2025 01:49 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


**CLINICAL PATHOLOGY**
**FEVER PROFILE**

Test Name	Results	Units	Biological Reference Interval
-----------	---------	-------	-------------------------------

**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	Negative
Protein <small>(Method: Strip Reflectance)</small>	Negative	Negative
Bilirubin (Bile) <small>(Method: Strip Reflectance)</small>	Negative	Negative
Urobilinogen <small>(Method: Ehrlich's reagent)</small>	Negative	Negative
Ketone Bodies <small>(Method: Strip Reflectance)</small>	Negative	Negative
Specific Gravity <small>(Method: Strip Reflectance)</small>	1.030	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>	02-04	/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



**LABORATORY TEST REPORT**

Name	: Miss. S PAVANI		
Sample ID	: A1309013		
Age/Gender	: 18 Years/Female	Reg. No	: 0312501070003
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 07-Jan-2025 09:16 AM
Primary Sample	: Whole Blood	Received On	: 07-Jan-2025 12:34 PM
Sample Tested In	: Plasma-NaF(R)	Reported On	: 07-Jan-2025 02:44 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


**CLINICAL BIOCHEMISTRY**
**GLUCOSE RANDOM (RBS)**

Test Name	Results	Units	Biological Reference Interval
-----------	---------	-------	-------------------------------

Glucose Random (RBS)	75	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)

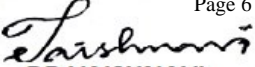
Reference: Diabetes care 2018;41(suppl.1):S13-S27

- 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.

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

Excellence In Health Care



  
**DR. VAISHNAVI**  
**MD BIOCHEMISTRY**

Page 6 of 8








**LABORATORY TEST REPORT**

Name	: Miss. S PAVANI		
Sample ID	: A1309014		
Age/Gender	: 18 Years/Female	Reg. No	: 0312501070003
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 07-Jan-2025 09:16 AM
Primary Sample	: Whole Blood	Received On	: 07-Jan-2025 12:34 PM
Sample Tested In	: Serum	Reported On	: 07-Jan-2025 05:04 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Biological Reference Interval
-----------	---------	-------	-------------------------------

**Kidney Profile-KFT**

 Creatinine (Method: Jaffes Kinetic)	0.62	mg/dL	0.60-1.10
 Urea-Serum (Method: Calculated)	18.6	mg/dL	12.8-42.8
 Blood Urea Nitrogen (BUN) (Method: Calculated)	8.69	mg/dL	7.0-18.0
BUN / Creatinine Ratio	14.02	Ratio	6 - 22
 Uric Acid (Method: UriCase)	2.9	mg/dL	2.6-6.0
 Sodium (Method: ISE Direct)	142	mmol/L	135-150
 Potassium (Method: ISE Direct)	3.8	mmol/L	3.5-5.0
 Chloride (Method: ISE Direct)	99	mmol/L	94-110

**Interpretation:**

- The kidneys, located in the retroperitoneal space in the abdomen, are vital for patient health. They process several hundred liters of fluid a day and remove around two liters of waste products from the bloodstream. The volume of fluid that passes through the kidneys each minute is closely linked to cardiac output. The kidneys maintain the body's balance of water and concentration of minerals such as sodium, potassium, and phosphorus in blood and remove waste by-products from the blood after digestion, muscle activity and exposure to chemicals or medications. They also produce renin which helps regulate blood pressure, produce erythropoietin which stimulates red blood cell production, and produce an active form of vitamin D, needed for bone health.

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



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

Page 7 of 8

**LABORATORY TEST REPORT**

Name	: Miss. S PAVANI		
Sample ID	: A1309014		
Age/Gender	: 18 Years/Female	Reg. No	: 0312501070003
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 07-Jan-2025 09:16 AM
Primary Sample	: Whole Blood	Received On	: 07-Jan-2025 12:34 PM
Sample Tested In	: Serum	Reported On	: 07-Jan-2025 01:45 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



**IMMUNOLOGY & SEROLOGY**

**FEVER PROFILE**

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 \*\*\*



Page 8 of 8

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