

LABORATORY TEST REPORT

Name	: Mr. AAPURI AJAY KUMAR		
Sample ID	: A1841990		
Age/Gender	: 22 Years/Male	Reg. No	: 0312503200001
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Mar-2025 07:39 AM
Primary Sample	: Whole Blood	Received On	: 20-Mar-2025 12:21 PM
Sample Tested In	: Serum	Reported On	: 20-Mar-2025 04:32 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) **79.8** 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

*** End Of Report ***




 DR. LAVANYA LAGISETTY
 MD BIOCHEMISTRY

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*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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Primary Sample	: Whole Blood	Received On	: 20-Mar-2025 12:21 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 20-Mar-2025 01:56 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) (Method: Cynmeth Method)	14.5	g/dL	13-17
RBC Count (Method: Cell Impedance)	5.07	10 ¹² /L	4.5-5.5
Haematocrit (HCT) (Method: Calculated)	47.4	%	40-50
MCV (Method: Calculated)	94	fl	81-101
MCH (Method: Calculated)	28.7	pg	27-32
MCHC (Method: Calculated)	30.7	g/dL	32.5-34.5
RDW-CV (Method: Calculated)	14.7	%	11.6-14.0
Platelet Count (PLT) (Method: Cell Impedance)	242	10 ⁹ /L	150-410
Total WBC Count (Method: Impedance)	10.8	10 ⁹ /L	4.0-10.0
Neutrophils (Method: Cell Impedance)	87	%	40-70
Absolute Neutrophils Count (Method: Impedance)	9.4	10 ⁹ /L	2.0-7.0
Lymphocytes (Method: Cell Impedance)	10	%	20-40
Absolute Lymphocyte Count (Method: Impedance)	1.08	10 ⁹ /L	1.0-3.0
Monocytes (Method: Microscopy)	02	%	2-10
Absolute Monocyte Count (Method: Calculated)	0.22	10 ⁹ /L	0.2-1.0
Eosinophils (Method: Microscopy)	01	%	1-6
Absolute Eosinophils Count (Method: Calculated)	0.11	10 ⁹ /L	0.02-0.5
Basophils (Method: Microscopy)	00	%	1-2
Absolute Basophil ICount (Method: Calculated)	0.00	10 ⁹ /L	0.0-0.3
Atypical cells	0.00	%	

Morphology

WBC	Neutrophilic Leucocytosis
RBC	Normocytic normochromic
Platelets (Method: Microscopy)	Adequate.

*** End Of Report ***



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Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

LABORATORY TEST REPORT


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Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Mar-2025 07:39 AM
Primary Sample	: Whole Blood	Received On	: 20-Mar-2025 12:21 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 20-Mar-2025 02:36 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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 Erythrocyte Sedimentation Rate (ESR) (Method: Westergren method)	35	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.

MALARIA ANTIGEN (VIVAX & FALCIPARUM)

Plasmodium Vivax Antigen (Method: Immuno Chromatography)	Negative	Negative
Plasmodium Falciparum (Method: Immuno Chromatography)	Negative	Negative

Note :

- In the gametogony stage, P.Falciparum may not be 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 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.



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Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

LABORATORY TEST REPORT

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Mar-2025 07:39 AM
Primary Sample	:	Received On	: 20-Mar-2025 12:21 PM
Sample Tested In	: Urine	Reported On	: 20-Mar-2025 01:38 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


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	HAZY	Clear

Chemical Examination

Glucose <small>(Method: Strip Reflectance)</small>	Negative	Negative
Protein <small>(Method: Strip Reflectance)</small>	(+)	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>	1.020	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>	02-04	/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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 Swarnabala - M
 DR.SWARNA BALA
 MD PATHOLOGY

LABORATORY TEST REPORT

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Sample ID	: A1841987		
Age/Gender	: 22 Years/Male	Reg. No	: 0312503200001
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Mar-2025 07:39 AM
Primary Sample	: Whole Blood	Received On	: 20-Mar-2025 12:21 PM
Sample Tested In	: Plasma-NaF(R)	Reported On	: 20-Mar-2025 02:36 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


CLINICAL BIOCHEMISTRY
GLUCOSE RANDOM (RBS)

Test Name	Results	Units	Biological Reference Interval
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Glucose Random (RBS) 120 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



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MD BIOCHEMISTRY

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Sample Tested In	: Serum	Reported On	: 20-Mar-2025 01:16 PM
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	1:80		1:80 & Above Significant
Salmonella typhi H Antigen	1:160		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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DR. RUTURAJ MANIKLAL KOLHAPURE
 MD, MICROBIOLOGIST