

**LABORATORY TEST REPORT**

Name	: Baby. G ANANYA		
Sample ID	: B2622324		
Age/Gender	: 5 Years/Female	Reg. No	: 0312504010021
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 01-Apr-2025 11:12 AM
Primary Sample	: Whole Blood	Received On	: 01-Apr-2025 12:53 PM
Sample Tested In	: Serum	Reported On	: 01-Apr-2025 02:46 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)**

1.4

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


  
**DR. LAVANYA LAGISETTY**  
 MD BIOCHEMISTRY

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Primary Sample	: Whole Blood	Received On	: 01-Apr-2025 12:53 PM
Sample Tested In	: Serum	Reported On	: 01-Apr-2025 02:08 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)

0.30

 < 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.

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



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

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Primary Sample	: Whole Blood	Received On	: 01-Apr-2025 12:53 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 01-Apr-2025 01:31 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>	11.0	g/dL	11-14.5
 RBC Count <small>(Method: Cell Impedance)</small>	4.00	10 <sup>12</sup> /L	4.0-5.2
 Haematocrit (HCT) <small>(Method: Calculated)</small>	<b>32.0</b>	%	34-40
 MCV <small>(Method: Calculated)</small>	80	fl	77-87
 MCH <small>(Method: Calculated)</small>	27.4	pg	24-30
 MCHC <small>(Method: Calculated)</small>	34.3	g/dL	31-37
 RDW-CV <small>(Method: Calculated)</small>	13.5	%	11.6-14.0
 Platelet Count (PLT) <small>(Method: Cell Impedance)</small>	301	10 <sup>9</sup> /L	200-490
 Total WBC Count <small>(Method: Impedance)</small>	9.5	10 <sup>9</sup> /L	5.0-15.0
 Neutrophils <small>(Method: Cell Impedance)</small>	<b>85</b>	%	32-61
 Absolute Neutrophils Count <small>(Method: Impedance)</small>	8.07	10 <sup>9</sup> /L	1.6-9.5
 Lymphocytes <small>(Method: Cell Impedance)</small>	<b>12</b>	%	32-60
 Absolute Lymphocyte Count <small>(Method: Impedance)</small>	<b>1.14</b>	10 <sup>9</sup> /L	1.6-9.3
 Monocytes <small>(Method: Microscopy)</small>	02	%	1-9
 Absolute Monocyte Count <small>(Method: Calculated)</small>	<b>0.19</b>	10 <sup>9</sup> /L	0.5-1.4
 Eosinophils <small>(Method: Microscopy)</small>	01	%	0-7
 Absolute Eosinophils Count <small>(Method: Calculated)</small>	0.1	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	Neutrophilia.
RBC	Normocytic normochromic
Platelets <small>(Method: Microscopy)</small>	Adequate.

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 Swarnabala - M  
 DR.SWARNA BALA  
 MD PATHOLOGY

**LABORATORY TEST REPORT**

Name	: Baby. G ANANYA		
Sample ID	: B2622323		
Age/Gender	: 5 Years/Female	Reg. No	: 0312504010021
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 01-Apr-2025 11:12 AM
Primary Sample	: Whole Blood	Received On	: 01-Apr-2025 12:53 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 01-Apr-2025 03:02 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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 Erythrocyte Sedimentation Rate (ESR) <small>(Method: Westergren method)</small>	12	mm/hr	3-13
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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 <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 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**

Name	: Baby. G ANANYA		
Sample ID	: B2622325		
Age/Gender	: 5 Years/Female	Reg. No	: 0312504010021
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 01-Apr-2025 11:12 AM
Primary Sample	:	Received On	: 01-Apr-2025 12:58 PM
Sample Tested In	: Urine	Reported On	: 01-Apr-2025 01:27 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	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: 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>	03-05	/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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Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 01-Apr-2025 11:12 AM
Primary Sample	: Whole Blood	Received On	: 01-Apr-2025 12:53 PM
Sample Tested In	: Plasma-NaF(R)	Reported On	: 01-Apr-2025 01:54 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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Glucose Random (RBS) 77 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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MD BIOCHEMISTRY

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Primary Sample	: Whole Blood	Received On	: 01-Apr-2025 12:53 PM
Sample Tested In	: Serum	Reported On	: 01-Apr-2025 05:11 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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**Liver Function Test (LFT)**

 Bilirubin(Total) (Method: Diazo)	0.3	mg/dL	0.3-1.2
 Bilirubin (Direct) (Method: Diazo)	0.1	mg/dL	0.0 - 0.3
 Bilirubin (Indirect) (Method: Calculated)	0.2	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))	12	U/L	0-55
 Alkaline Phosphatase(ALP) (Method: Kinetic PNPP-AMP)	148	U/L	< 500
 Gamma Glutamyl Transpeptidase (GGTP) (Method: IFCC)	13	U/L	5-55
 Protein - Total (Method: Biuret)	6.9	g/dL	6.4-8.2
 Albumin (Method: Bromocresol Green (BCG) )	3.9	g/dL	3.4-5.0
 Globulin (Method: Calculated)	3	g/dL	2.0-4.2
 A:G Ratio (Method: Calculated)	1.3	Ratio	0.8-2.0
 SGOT/SGPT Ratio (Method: Calculated )	<b>2.83</b>	Ratio	<1.0

**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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MD BIOCHEMISTRY

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Referred by	: Dr. SELF	Received On	: 01-Apr-2025 12:53 PM
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Reported On	: 01-Apr-2025 04:54 PM
Primary Sample	: Whole Blood	Report Status	: Final Report
Sample Tested In	: Serum		
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka		



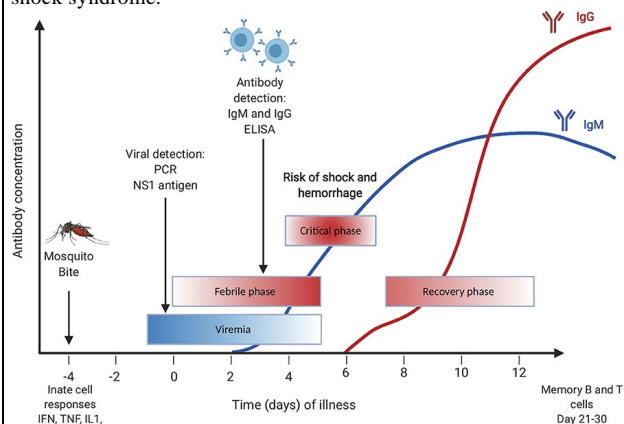
**IMMUNOLOGY & SEROLOGY**

**VCARE FEVER PROFILE-2**

Test Name	Results	Units	Biological Reference Interval
<b>Widal Test (Slide Test)</b>			
Salmonella typhi O Antigen	1:160		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
<b>Dengue Profile-Elisa</b>			
Dengue IgG Antibody (Method: ELISA)	0.21	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive
Dengue IgM Antibody (Method: ELISA)	<b>0.87</b>	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive
Dengue NS1 Antigen (Method: ELISA)	0.18	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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*[Signature]*

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