TATA 1mg | Labs
Tata 1mg Technologies Private Limited
Registered office: Level 3 Vasant Square Mall, Pocket V, Sector B Vasant Kunj New Delhi 110070
www.1mg.com/labs care@1mg.com CIN: U74140DL2015PTC279229
ISO 9001-2015



PO No :PO1912478320-606

| | | | |
|---|---|---|---|
| Name | : Ms.HRIDYA P DAS | Client Name | : TATA 1MG BANGALORE |
| Age/Gender | : 22/Female | Registration Date | : 23/Jul/2024 10:46AM |
| Patient ID | : MGB844294 | Collection Date | : 23/Jul/2024 10:45AM |
| Barcode ID/Order ID | : D12030959 / 10147309 | Sample Receive Date | : 23/Jul/2024 01:13PM |
| Referred By | : Dr. | Report Status | : Final Report |
| Sample Type | : Whole Blood-EDTA | Report Date | : 23/Jul/2024 04:56PM |

## HAEMATOLOGY

### FEVER PACKAGE ADVANCED

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|---|---|---|---|
| **Complete Blood Count** | | | | |
| Hemoglobin | 12.2 | g/dL | 12.0 - 15.0 | Cyanide-free SLS-Hemoglobin |
| RBC | **5.35** | mili/cu.mm | 3.8-4.8 | DC Impedence Method |
| HCT | 38.2 | % | 36 - 46 | Pulse height average |
| MCV | **71.5** | fL | 83 - 101 | Calculated |
| MCH | **22.8** | pg | 27 - 32 | Calculated |
| MCHC | 31.9 | g/dL | 31.5 - 34.5 | Calculated |
| RDW-CV | **14.2** | % | 11.6-14.0 | Calculated |
| Total Leucocyte Count | 6.25 | 10^3/µL | 4 - 10 | Impedence / Microscopy |
| **Differential Leucocyte Count** | | | | |
| Neutrophils | 61.9 | % | 40-80 | DHSS/Microscopy |
| Lymphocytes | 28.7 | % | 20-40 | DHSS/Microscopy |
| Monocytes | 8.9 | % | 2-10 | DHSS/Microscopy |
| Eosinophils | **0.4** | % | 1-6 | DHSS/Microscopy |
| Basophils | 0.1 | % | 0-2 | Double hydrodynamic sequential system/Microscopy |
| **Absolute Leucocyte Count** | | | | |
| Absolute Neutrophil Count | 3.87 | 10^3/µL | 2-7 | Calculated |
| Absolute Lymphocyte Count | 1.79 | 10^3/µL | 1-3 | Calculated |
| Absolute Monocyte Count | 0.56 | 10^3/µL | 0.2-1 | Calculated |
| Absolute Eosinophil Count | 0.03 | 10^3/µL | 0.02-0.5 | Calculated |
| Absolute Basophil Count | **0.01** | 10^3/µL | 0.02-0.1 | Calculated |
| Platelet Count | 265 | 10^3/µL | 150-410 | Impedence Variation /Microscopy |
| MPV | 9.6 | fL | 6.5 - 12 | Calculated |
| PDW | 14.5 | fL | 9-17 | Calculated |

**Comment:**

As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.

NABL certificate and scope

This test has been performed at
**TATA 1MG BANGALORE**
Address: No 607, Ground, 1st & 2nd Floor, 80 Feet Road, 6th Block, Koramangala, Bengaluru, 560095

Dr. Vinisha Nahata
MBBS, DCP (Pathology)
Consultant Pathologist
Reg No: 108310

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PO No :PO1912478320-606

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## HAEMATOLOGY

### FEVER PACKAGE ADVANCED

DHSS : Double Hydrodynamic Sequential System

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|---|---|---|---|
| **Erythrocyte Sedimentation Rate** | | | | |
| Erythrocyte Sedimentation Rate | **17** | mm/hour | <=12 | Modified Westergren at 18C |

**Comment:**

- ESR provides an index of progress of the disease and is widely used as an indicator of inflammation, infection, trauma, or malignant diseases. Changes are more significant than a single abnormal test
- It is specifically indicated to monitor the course or response to the treatment of diseases like rheumatoid arthritis, tuberculosis bacterial endocarditis ,acute rheumatic fever ,Hodgkins disease,temporal arthritis , and systemic lupus erythematosis; and to diagnose and monitor giant cell arteritis and polymyalgia rheumatica.
- An elevated ESR may also be associated with many other conditions, including autoimmune disease, anemia, infection,malignancy,pregnancy, multiple myeloma, menstruation, and hypothyroidism.
- Although a normal ESR cannot be taken to exclude the presence of organic disease, its rate is dependent on various physiologic and pathologic factors.
- The most important component influencing ESR is the composition of plasma. High level of C-Reactive Protein, fibrinogen, haptoglobin, alpha-1antitrypsin, ceruloplasmin and immunoglobulins causes the elevation of Erythrocyte Sedimentation Rate.
- Drugs that may cause increase ESR levels include: dextran, methyldopa, oral contraceptives, penicillamine, procainamide, theophylline, and Vitamin A. Drugs that may cause decrease levels include: aspirin, cortisone, and quinine

| | | | |
|---|---|---|---|
| **Malarial Antigen (Vivax & Falciparum) Detection** | | | |
| Plasmodium falciparum Antigen | Negative | Negative | Immunochromatography |
| Plasmodium vivax Antigen | Negative | Negative | Immunochromatography |

**Comment:**

- Four species of the Plasmodium parasites are responsible for human malaria infection - P.falciparum, P.vivax, P.ovale and P.malariae. P.falciparum and P.vivax are the most prevalent . Falciparum infection is associated with Cerebral malaria and drug resistance whereas vivax infection is associated with high rate of infectivity and relapse. Differentiation between P.falciparum and P.vivax is of utmost importance for better patient management and speedy recovery.

NABL certificate and scope

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## HAEMATOLOGY

### FEVER PACKAGE ADVANCED

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|---|---|---|---|

- This is only a screening test. The results must always be correlated with clinical history and relevant epidemiological and therapeutic context.
- A Positive result indicates malarial infection. False Positives may be seen due to cross reactivity and persistence antigenemia.
- False negatives may be seen in patient's with very low parasitic index .

Malaria P.f/P.v Ag Test is an immunochromatographic assay for the differential detection between Plasmodium falciparum Histidine -Rich Protein-II (HRP-II) and pLDH (plasmodium lactate dehydrogenase) specific to Plasmodium vivax in human whole blood.



NABL certificate and scope

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| Barcode ID/Order ID | : D12030962 / 10147309 | Sample Receive Date | : 23/Jul/2024 01:08PM |
| Referred By | : Dr. | Report Status | : Final Report |
| Sample Type | : Serum | Report Date | : 23/Jul/2024 05:43PM |

## BIOCHEMISTRY

### FEVER PACKAGE ADVANCED

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|---|---|---|---|
| **Alanine Transaminase (SGPT)** | | | | |
| Alanine Transaminase (SGPT) | 24 | U/L | 0-34 | NADH w/o P-5'-P |

**Comment:**
**SGPT/ALT :**

- Present in large concentrations in liver, kidney; in smaller amounts, in skeletal muscle and heart.
- Released with tissue damage, particularly liver injury. ALT is the preferred enzyme for evaluation of liver injury.

**Increased in :** Acute viral hepatitis (ALT> AST)
: Biliary tract obstruction (cholangitis, choledocholithiasis)
: Alcoholic hepatitis and cirrhosis (AST> ALT)
: Other conditions - liver abscess, metastatic or primary liver cancer;right heart failure, ischemia or hypoxia, injury to liver ("shock liver"),extensive trauma. Drugs that cause cholestasis or atotoxicity.

**Decreased in:** Pyridoxine (vitamin B6) deficiency.

| | | | | |
|---|---|---|---|---|
| **Aspartate Aminotransferase** | | | | |
| Aspartate Transaminase (SGOT) | 33 | U/L | 5-34 | NADH w/o P-5'-P |

**Comment:**
**SGOT / AST :**

- Present in large concentrations in liver, skeletal muscle, brain, red cells, and heart.
- Released into the bloodstream when tissue is damaged, especially in liver injury.
- Test is not indicatted for diagnosis of myocardial infarction.
- AST/ALT ratio>1 suggests cirrhosis in patients wiyh hepatitis C.

**Increased in:** Acute viral hepatitis (ALT> AST),
: Biliary tract obstruction (cholangitis, choledocholithiasis),
: Alcoholic hepatitis and cirrhosis (AST> ALT)
: Other conditions - liver abscess, metastatic or primary liver cancer; right heart failure, ischemia or hypoxia, injury to liver("shock liver"), extensive trauma. Drugs that cause cholestasis or hepatotoxicity.

**Decreased in:** Pyridoxine (vitamin B6) deficiency.

**C-Reactive Protein Quantitative**

NABL certificate and scope

This test has been performed at
**TATA 1MG BANGALORE**
Address: No 607, Ground, 1st & 2nd Floor, 80 Feet Road, 6th Block, Koramangala, Bengaluru, 560095

**Dr Ashwin Kumar A.S**
**MBBS M.D (Biochemistry)**
**Consultant Biochemist**
**Reg No:68123**

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## BIOCHEMISTRY

### FEVER PACKAGE ADVANCED

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|---|---|---|---|
| C-Reactive Protein (Quantitative) | **22.80** | mg/L | <5.0 | Turbidimetry |

**Comment:**

•C-Reactive Protein [CRP] is an acute phase reactant ,hepatic secretion of which is stimulated in response to inflammatory cytokines.
•CRP is a very sensitive but nonspecific marker of inflammation and infection.
•The CRP test is useful in patient with Inflammatory bowel disease, arthritis, Autoimmune diseases, Pelvic inflammatory disease (PID), tissue injury or necrosis and infections.
•CRP levels can be elevated in the later stages of pregnancy as well as with use of birth control pills or hormone replacement therapy i.e. estrogen. Higher levels of CRP have also been observed in the obese.
•As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, he intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia.



NABL certificate and scope

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**Dr Ashwin Kumar A.S**
**MBBS M.D (Biochemistry)**
**Consultant Biochemist**
**Reg No:68123**

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| Sample Type | : Serum | Report Date | : 23/Jul/2024 03:26PM |

## SEROLOGY

### FEVER PACKAGE ADVANCED

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|---|---|---|---|
| **Typhi Dot/Salmonella Typhi IgG & IgM** | | | | |
| Typhidot - IgM | Negative | | Negative | Immunocromatography |
| Typhidot - IgG | Negative | | Negative | Immunocromatography |

**Comment:**

Typhoid fever is an infection caused by a bacterium, Salmonella Typhi. Timely diagnosis of typhoid fever at an early stage is not only important for etiological diagnosis but also to identify and treat the potential carrier state in order to prevent acute typhoid fever outbreaks. TYPHIDOT is an immunochromatographic assay designed for the qualitative detection and differentiation of specific IgM and IgG antibodies against specific Salmonella Typhi antigen in human serum or plasma. This test is an aid in the early diagnosis of typhoid infection.

**Note**:-

- It is a rapid, qualitative, screening test for early detection of antibodies to Salmonella Typhi in human serum/plasma. All positive results should be confirmed by supplement tests.
- A negative result does not rule out recent infection, as positive result is influenced by the time elapsed after the onset of fever and immuno- competence of the patient.



NABL certificate and scope

This test has been performed at
**TATA 1MG BANGALORE**
Address: No 607, Ground, 1st & 2nd Floor, 80 Feet Road, 6th Block, Koramangala, Bengaluru, 560095

Dr. Trupthi Gowda
MBBS, M.D (Microbiology)
Consultant Microbiologist
Reg No: 87170

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## SEROLOGY

## FEVER PACKAGE ADVANCED

### Widal Test (Slide Agglutination)

| ANTIGEN | OBSERVED TITRE | BIOLOGICAL REFERENCE INTERVAL | METHOD |
|---|---|---|---|
| Salmonella Typhi 'O' | <1:20 | <1:80 | Slide Agglutination |
| Salmonella Typhi 'H' | <1:20 | <1:80 | Slide Agglutination |
| Salmonella Paratyphi 'AH' | <1:20 | <1:80 | Slide Agglutination |
| Salmonella Paratyphi 'BH' | <1:20 | <1:80 | Slide Agglutination |

**NOTE:**

- Widal test is a serological test, used for invitro detection and quantitative estimation of specific antibodies to Salmonella antigen (O, H, AH, & BH) in the serum.
- A positive Widal test confirms Enteric fever (typhoid fever or paratyphoid fever) caused by Gram negative bacteria, Salmonella enterica sub spp typhi or paratyphi A, B. However, A false positive result can sometimes be obtained by slide Widal test, which needs to be confirmed by Tube Widal test.
- The Widal test uses 'O' and 'H' antigens of S.typhi, S. paratyphi A and S. paratyphi B.
- Titers ≥ 1:80 of O antigen, H antigen of S. typhi S. paratyphi A & B are significant.
- In the case of Low titres, it is suggested to perform a repeat test after a week. A four fold rise in titre with gap of 1 week confirms the Widal test.

**LIMITATION:**

1. **False Positive:** Anamnestic response is seen in people who have had prior enteric infection or immunisation with TAB vaccine. This response is seen during an unrelated fever like- Malaria, Tuberculosis, Dengue, Influenza, Brucellosis, Rheumatic fever etc. A transient rise in H antibody titre is seen in such cases, whereas in the patients with enteric fever a sustained rise is observed.
2. **In endemic areas,** people may show moderately elevated levels of 'O' and 'H' agglutinins.
3. **False negative:** seen in early course of disease (1st week) and in immunosuppression.
4. **False negative** results can be seen in patient where antibiotic treatment is started before the sample is collected.

**COMMENTS:**

NABL certificate and scope

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## SEROLOGY

### FEVER PACKAGE ADVANCED

Widal Test detects antibodies against common somatic 'O' antigen and flagellar 'H' 'AH' 'BH' antigens of Salmonella typhi, paratyphi A and paratyphi B, respectively. The antigens appear at the end of the first week and an increase in titre of antibodies is observed after 1-2 weeks and then the decline. If there is no rise in antibody titres in the consecutive weeks, it could be due to Anamnestic reaction.Therefore, it is recommended to test for Blood culture in first week of infection and Widal test at the end of first week or in the beginning of second week of infection.



NABL certificate and scope

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## SEROLOGY

### FEVER PACKAGE ADVANCED

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|---|---|---|---|
| **DENGUE FEVER NS1 ANTIGEN, EIA** | | | | |
| **Dengue NS1 Antigen** | | | | |
| Result | **5.5050** | Index | <0.8 | ELISA |
| Dengue NS1 | **Positive** | | Negative | |

Advised clinical correlation and close monitoring of platelet count.

**Critical Result-(Dengue NS1 ) . Please consult your doctor immediately.**
**Advice -Kindly correlate clinically.Repeat testing may be done on a fresh sample, if clinically indicated.**

**Comment:**

| RESULT IN INDEX | REMARKS |
|---|---|
| Negative (<0.8) | No detectable dengue NS1 antigen. |
| Equivocal (0.8- <1.1) | Repeat sample after 1 week. |
| Positive (≥1.1) | Presence of detectable dengue NS1 antigen. |

**Note:**

- The referring centre/ Lab is responsible for informing concerned Local authorities on notifiable disease.
- 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 virus antibodies IgG & IgM by ELISA.
- NS1 Positive diagnosis to be confirmed by IgM Capture ELISA.

**Comments:**
Dengue viruses belong to the family Flaviviridae and have 4 serotypes ( 1-4).It is transmitted by the mosquito Aedes aegypti and Aedes albopictus and is widely distributed in Tropical and Subtropical areas of the world. The disease may be subclinical, self limiting, febrile or may progress to a severe form of Dengue hemorrhagic fever or Dengue shock syndrome.

**Positive**: The presence of Dengue nonstructural protein 1 (NS1) antigen is typically detectable within 1 to 2 days following infection and up to 9 days following symptom onset.NS1 antigen may also be detectable during secondary dengue virus infection, but for a shorter duration of time (1-4 days following symptom onset).

**Negative:** The absence of dengue NS1 antigen is suggestive of absence of acute phase of the infection. The NS1 antigen may be negative if specimen is collected too early such as immediately following dengue virus infection (<24-48 hours) or is collected following 9 to 10 days of symptoms. Results should always be interpreted in conjunction with clinical presentation and exposure history.

**Limitations:**

NABL certificate and scope

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## SEROLOGY

### FEVER PACKAGE ADVANCED

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
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- Cross reactivity is seen in the Flavivirus group between Dengue virus,Zika virus, Murray Valley encephalitis, Japanese encephalitis, Yellow fever & West Nile viruses.
- Negative NS1 antigen results may occur if the specimen was collected after 7 days following symptom onset. Serologic testing for the presence of IgM and IgG antibodies to Dengue Virus is recommended in such cases.



NABL certificate and scope

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| Referred By | : Dr. | Report Status | : Final Report |
| Sample Type | : Urine | Report Date | : 23/Jul/2024 08:04PM |

## CLINICAL PATHOLOGY

### FEVER PACKAGE ADVANCED

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|---|---|---|---|
| **Urine Routine & Microscopy** | | | | |
| Colour | Yellow | | Pale Yellow | |
| Appearance | **Slightly Turbid** | | Clear | Visual |
| Specific gravity | 1.025 | | 1.003 - 1.035 | pKa change |
| pH | 6.0 | | 4.6 - 8.0 | Double Indicator |
| Glucose | Negative | | Negative | GOD-POD |
| Protein | **2+** | | Negative | Protein Error Principle |
| Ketones | **Positive (+++)** | | Negative | Nitroprusside |
| Blood | **1+** | | Negative | Peroxidase |
| Bilirubin | Negative | | Negative | Diazonium |
| Urobilinogen | Normal | | Normal | Ehrlich |
| Leucocyte Esterase | Negative | | Negative | Pyrrole |
| Nitrite | Negative | | Negative | Diazonium Compound |
| Pus cells | 3-4 | /hpf | 0-5 | Microscopy |
| Red Blood Cells | **6-8** | /hpf | 0-2 | Microscopy |
| Epithelial cells | **10-15** | /hpf | Few | Microscopy |
| Casts | Nil | /lpf | Nil | Microscopy |
| Crystals | Nil | | Nil | Microscopy |
| Yeast | Nil | | Nil | Microscopy |
| Bacteria | Nil | | Nil | Microscopy |

Urine Bilirubin confirmed by manual confirmatory method.

Urine Ketone confirmed by the manual confirmatory method.

Urine protein confirmed by manual confirmatory method

**Critical Result-(Ketones ) . Please consult your doctor immediately.**
**Advice -Kindly correlate clinically.Repeat testing may be done on a fresh sample, if clinically indicated.**

**Comment:**

NABL certificate and scope

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## CLINICAL PATHOLOGY

### FEVER PACKAGE ADVANCED

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|---|---|---|---|

•Note: Pre-test condition to be observed while submitting the sample-first void, mid stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, Avoid prolonged transit time & undue exposure to sunlight.

•During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections. Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes, ascorbic acid and certain drugs.• Urine microscopy is done in centrifuged urine specimens

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



NABL certificate and scope

This test has been performed at

**TATA 1MG BANGALORE**

Address: No 607, Ground, 1st & 2nd Floor, 80 Feet Road, 6th Block, Koramangala, Bengaluru, 560095

Dr. Trupthi Gowda
MBBS, M.D (Microbiology)
Consultant Microbiologist
Reg No: 87170

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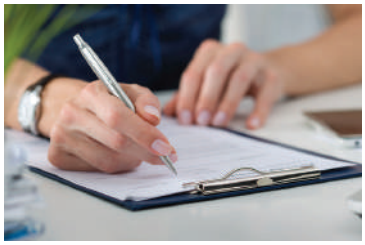

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