

Name : OMKAR PATIL	Age : 39 Years
Lab No. : 394288729	Gender : Male
Ref By : vandana shivdas	Reported : 4/7/2025 4:21:29PM
Collected : 4/7/2025 12:04:00PM	Report Status : Interim
A/c Status : P	Processed at : G B ROAD LAB, THANE WEST
Collected at : WALKIN - G B ROAD LAB, THANE WEST	

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	14.3	13.0 - 17.0 g/dL	Spectrophotometri
RBC	4.9	4.5 - 5.5 mil/cmm	Elect. Impedance
PCV	41.9	40.0 - 50.0 %	Calculated
MCV	84.9	81.0 - 101.0 fL	Measured
MCH	28.9	27.0 - 32.0 pg	Calculated
MCHC	34.0	31.5 - 34.5 g/dL	Calculated
RDW	11.9	11.6 - 14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7140	4000 - 10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	19.2	20.0 - 40.0 %	
Absolute Lymphocytes	1370.9	1000.0 - 3000.0 /cmm	Calculated
Monocytes	7.3	2.0 - 10.0 %	
Absolute Monocytes	521.2	200.0 - 1000.0 /cmm	Calculated
Neutrophils	68.7	40.0 - 80.0 %	
Absolute Neutrophils	4905.2	2000.0 - 7000.0 /cmm	Calculated
Eosinophils	4.7	1.0 - 6.0 %	
Absolute Eosinophils	335.6	20.0 - 500.0 /cmm	Calculated
Basophils	0.1	0.1 - 2.0 %	
Absolute Basophils	7.1	20.0 - 100.0 /cmm	Calculated



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Immature Leukocytes

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PLATELET PARAMETERS

Platelet Count	192000	150000 - 410000 /cmm	Elect. Impedance
MPV	8.7	6.0 - 11.0 fL	Measured
PDW	11.7	11.0 - 18.0 %	Calculated

RBC MORPHOLOGY

Hypochromia	--
Microcytosis	--
Macrocytosis	--
Anisocytosis	--
Poikilocytosis	--
Polychromasia	--
Target Cells	--
Basophilic Stippling	--
Normoblasts	--
Others	Normocytic Normochromic

WBC MORPHOLOGY

PLATELET MORPHOLOGY

COMMENT

Specimen: EDTA whole blood



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KIDNEY FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
BLOOD UREA, Serum	21.75	12.80 - 42.80 mg/dL	Urease GLDH
BUN, Serum	10.16	6.00 - 20.00 mg/dL	Calculated
CREATININE, Serum	0.79	0.67 - 1.17 mg/dL	Enzymatic
eGFR, Serum	115.70	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease:30-44 Severe decrease: 15-29 Kidney failure:<15	Calculated
TOTAL PROTEINS, Serum	6.90	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.58	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	2.32	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.98	1.00 - 2.00	Calculated
URIC ACID, Serum	6.28	3.50 - 7.20 mg/dL	Enzymatic
PHOSPHORUS, Serum	2.68	2.70 - 4.50 mg/dL	Molybdate UV
CALCIUM, Serum	9.37	8.60 - 10.00 mg/dL	N-BAPTA
SODIUM, Serum	142.96	135.00 - 148.00 mmol/L	Indirect ISE
POTASSIUM, Serum	4.3	3.50 - 5.30 mmol/L	Indirect ISE
CHLORIDE Serum	100.52	98.00 - 107.00 mmol/L	Indirect ISE

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation



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RAPID CHIKUNGUNYA SCREENING TEST

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
CHIKUNGUNYA IgM, Serum	Positive	Negative	Immunochromatography

Intended Use: In-vitro screening test for the qualitative detection of IgM antibodies against Chikungunya virus in human serum.

Clinical Significance:

- Chikungunya is an arboviral disease caused by Chikungunya virus .
- The Chikungunya virus belongs to genus Alphavirus and is primarily transmitted to people through the bite of an infected mosquito, mainly Aedes aegypti and Ae. Albopictus
- Chikungunya should be suspected in patients with acute onset of fever, polyarthralgia rash & arthritis and or recent history of travel to an area endemic with chikungunya virus.
- Chikungunya virus antibodies normally develop toward the end of the first week of illness. The clinical features are indistinguishable from dengue. However, unlike dengue, hemorrhagic manifestations are rare & the disease is usually self limiting within 7-10 days. Dual infection of chikungunya & dengue has been reported in India.

Relative Sensitivity: 100 % Relative Specificity: 97.68 %

Limitations:

- Any positive test result with the Chikungunya IgM Rapid Test must be confirmed with alternative testing method(s) and clinical findings and should not be used as the sole criteria for the diagnosis of Chikungunya virus infection.
- The Chikungunya Rapid Test is limited to the qualitative detection of IgM anti-CHIK in human serum
- A negative test result does not preclude the possibility of exposure to or infection with chikungunya.
- A negative result can occur if the quantity of IgM anti-chikungunya present in the specimen is below the detection limits of the assay, or the antibodies to be detected are not present during the stage of disease in which sample is collected.
- Some specimens containing usually high titres of heterophile antibodies or rheumatoid factor may affect expected results.
- For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

References:

- Shah KV, Gibbs CJ Jr, Banerjee G. Virological investigation of the epidemic of haemorrhagic fever in Calcutta: isolation of three strains of Chikungunya virus. Indian J Med Res 1964; 52 :676-83.
- Powers AM, Brault AC, Tesh RB, Weaver SC. Re-emergence of Chikungunya and O'nyong-nyong viruses: evidence for distinct geographical lineages and distant evolutionary relationships. J Gen Virol 2000;81:471-9.



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<ul style="list-style-type: none"> Pack insert CDC guidelines 			

Dr Jyot Thakker
MD,DPB Pathology
Head - Lab Operations

Dr Imran Mujawar
MD Pathology
Chief of Lab



Result/s to follow:
DENGUE IgM

IMPORTANT INSTRUCTIONS

The published test results relate to the submitted specimen. All test results are dependent on the quality of the sample received by the laboratory. Laboratory tests should be clinically correlated by a physician and are merely a tool to help arrive at a diagnosis. Unforeseen circumstances may cause a delay in the delivery of the report. Inconvenience is regretted. Certain tests may require further testing at an additional cost for derivation of exact value. Kindly submit the request within 72 hours post-reporting. The Court/Forum at Mumbai shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of the test(s). Test results are not valid for medico-legal purposes. This computer-generated medical diagnostic report has been verified by a doctor or an authorized medical professional. A physical signature is not required for this report. (#) sample drawn from an external source.

If test results are alarming or unexpected, the client is advised to contact customer care immediately for possible remedial action.

Tel: 022-61700000, Email: customerservice@suburbandiagnostic.com <<mailto:customerservice@suburbandiagnostic.com>>

West Reference Lab, Mumbai, is a CAP (8036028) Accredited laboratory.



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Certificate Issued By:	Vendor User One Date: 10.08.2025 10:54:30 PM
Certificate Reviewed By:	Engg User One Date: 10.08.2025 10:55:28 PM Engg / User Department (Cipla Ltd.)
Certificate Approved By:	QA User One Date: 10.08.2025 10:56:02 PM Quality Assurance (Cipla Ltd.)