Redcliffe labs

Healthy India Ki Trusted Lab

smart Health Report

An Insightful Health Analytics Report for Easier Understanding

Prepared For

Name

Gender

Patient ID

Age

Your Health at a Glance – A Personalized Journey

Report Sections

1. **Body Summary**
   A visual snapshot of your overall health, simple and easy to understand
2. **Quick Health Highlights**
   Your health scores and a single view of all abnormal results for quick attention
3. **Lab Report Overview**
   Understand at a glance which tests are normal and which are abnormal
4. **Personalized Health Advisory**
   Actionable insights and expert guidance tailored just for you
5. **Doctor's Reference Report**
   Complete lab results with interpretations to share with your healthcare provider

How to Read This Report

This comprehensive health report provides detailed insights into your test results. Each section offers different perspectives on your health status, from visual summaries to detailed analysis and personalized recommendations.

SMART HEALTH REPORT

ISO 9001 :2015

Redcliffe labs

Name

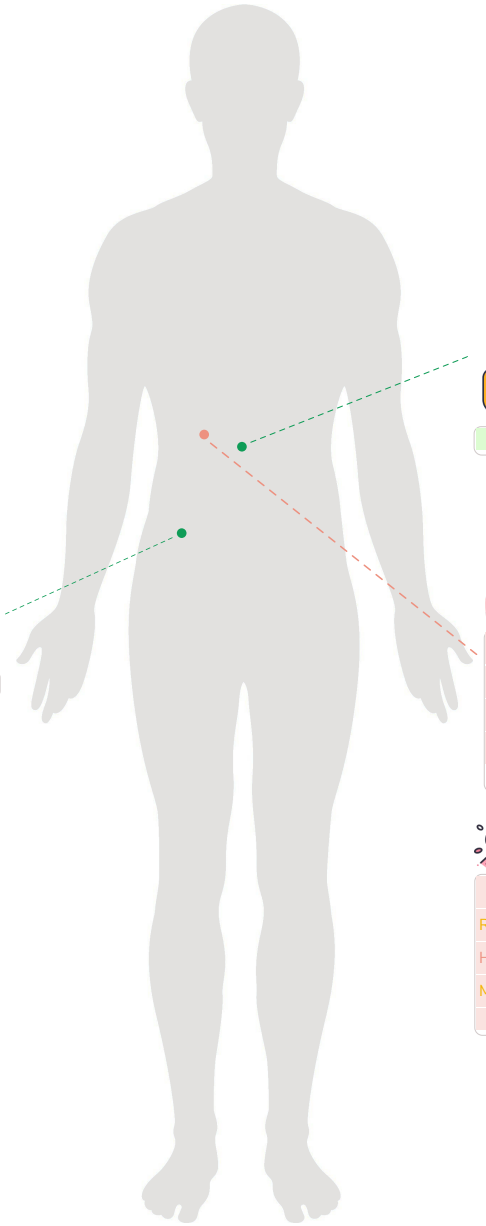
Gender

Patient ID

Age

All In Range Borderline Out Of Range

Health Summary



DIABETES MONITORING

Everything looks good

KIDNEY PROFILE

Everything looks good

LIVER PROFILE

Test Name	Result
Total Bilirubin	3.9
Direct Bilirubin	2.3
Indirect Bilirubin	1.6

Please Watchout

ANEMIA STUDIES

Test Name	Result
RBC count	3.7
Haematocrit	28.2
MCV	76.5

+ 1 tests Please Watchout

Name

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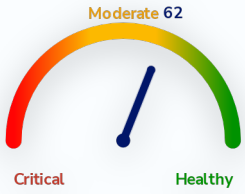
Age

Quick Health Summary

Personal Insights - Health Score

62



Overall, most parameters are within normal ranges, indicating a generally healthy status. The profiles for Anemia and Polycythemia may affect blood vitality, while Liver function appears to be within a manageable range. Consider maintaining a balanced diet rich in fruits, vegetables, and whole grains, engaging in regular activities like walking or yoga, and scheduling routine check-ups to support your well-being. Remember, small lifestyle changes can lead to meaningful improvements in your health.

Note - Higher scores tentatively indicate better health status

Summary of Key Health Indicators

Total Parameters Tested	Borderline Results	Out Of Range Results
67	7	11

Health Status by Body System

Profile	Total	Borderline	Out of Range	Key Results
Infectious Diseases	17	0	3	Dengue NS1 **(0.27)** Dengue IgM **(0.35)** Dengue IgG **(0.29)**
Liver Profile	7	0	3	Total Bilirubin **(3.9)** Direct Bilirubin **(2.3)** Indirect Bilirubin **(1.6)**
Inflammation	2	0	2	ESR **(56)** CRP **(53)**
Blood Disorder	17	4	2	Haemoglobin **(9.2)** Lymphocytes **(15)** Neutrophils **(82)**
Anemia Studies	8	3	1	Haematocrit **(28.2)** RBC count **(3.7)** MCV **(76.5)**
Urinalysis	11	0	0	All In Range
Diabetes Monitoring	1	0	0	All In Range

Profile	Total	Borderline	Out of Range	Key Results
Kidney Profile	4	0	0	All In Range

Name

Gender

Patient ID
1

Age

Report Summary

In Range | Borderline | Out Of Range | No color - Reference range not available

INFLAMMATION

Test Name	Result unit	Range
ESR - Erythrocyte Sedimentation Rate	**56** mm/hr	< 30
CRP (Quantitative)	**53** mg/L	< 5

INFECTIOUS DISEASES

Test Name	Result unit	Range
MP(PBF FOR MP)	Not Seen	
Plasmodium Vivax	Negative	
Plasmodium falciparum	Negative	
Salmonella typhi O (TO)	No Agglutination Titre	
Salmonella typhi H (TH)	No Agglutination Titre	
Salmonella paratyphi A(H)	No Agglutination Titre	
Salmonella Paratyphi B(H)	No Agglutination Titre	
TYPHI DOT/ SALMONELLA TYPHI IgM	Negative	
DENGUE NS1 ANTIGEN	**0.27**	
DENGUE FEVER ANTIBODY, IgM, SERUM	**0.35**	
DENGUE FEVER ANTIBODY, IgG, SERUM	**0.29**	
PCT	0.2 %	0.17 - 0.32
Deposit	Absent	
Leucocyte esterase	Negative	
Pus Cells (WBCs)	4-6 /hpf	
Yeast Cells	Absent	
Protozoa	Absent	

LIVER PROFILE

Test Name	Result unit	Range
Bilirubin Total	**3.9** mg/dL	< 1.2
Bilirubin Direct	**2.3** mg/dL	< 0.5
Bilirubin Indirect	**1.6** mg/dL	< 1
SGOT/AST	26.6 U/L	5 - 34
SGPT/ALT	47.1 U/L	< 55
Bilirubin Urine	Negative	
Urobilinogen	Normal	

Name

Gender

Patient ID

Age

Report Summary

In Range | Borderline | Out Of Range | No color - Reference range not available

BLOOD DISORDER

Test Name	Result unit	Range
Hemoglobin	**9.2** g/dL	13 - 17
TLC	7.9 10^3/µl	4 - 10
Neutrophils	**82** %	40 - 80
Lymphocytes	**15** %	20 - 40
Monocytes	2 %	2 - 10
Eosinophils	1 %	1 - 6
Basophils	0 %	< 2
Neutrophils.	6.48 10^3/µl	2 - 7
Lymphocytes.	1.19 10^3/µl	1 - 3
Monocytes.	**0.16** 10^3/µl	0.2 - 1
Eosinophils.	0.08 10^3/µl	0.02 - 0.5
Basophils.	0 10^3/µl	< 0.5
Platelet Count	157 10^3/µl	150 - 410
Mean Platelet Volume (MPV)	**13.7** fL	9.3 - 12.1
PDW	21.5 fL	8.3 - 25
P-LCR	**51.6** %	18 - 50
P-LCC	81 10^9/L	44 - 140

ANEMIA STUDIES

Test Name	Result unit	Range
RBC Count	**3.7** 10^6/µl	4.5 - 5.5
PCV	**28.2** %	40 - 50
MCV	**76.5** fl	83 - 101
MCH	**25.1** pg	27 - 32
MCHC	32.7 g/dL	31.5 - 34.5
RDW (CV)	14.0 %	11.6 - 14
RDW-SD	41.5 fl	35.1 - 43.9
Mentzer Index	20.68 %	

Name

Gender

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Age

Report Summary

In Range | Borderline | Out Of Range | No color - Reference range not available

URINALYSIS

Test Name	Result unit	Range
Volume	20 ml	
Colour	Pale yellow	
Transparency	Clear	
Reaction (pH)	6.5	4.5 - 8
Specific Gravity	1.010	1.01 - 1.03
Urine Ketones (Acetone)	Negative	
Nitrite	Negative	
Epithelial Cells	1-2 /hpf	
Red blood Cells	Absent /hpf	
Amorphous deposits	Absent	
Bacteria	Absent	

DIABETES MONITORING

Test Name	Result unit	Range
Urine Glucose (sugar)	Positive(++)	

KIDNEY PROFILE

Test Name	Result unit	Range
Urine Protein (Albumin)	Positive(+)	
Blood	Negative	
Crystals	Absent	
Cast	Absent	

Name
Mr CHITTARANJAN SHARMA

Gender
M

Patient ID
15608117

Age
70

Health Advisory

In Range | Borderline (BL) | Out Of Range

Inflammation

Inflammation is the body's immune system's response to an injury, surgery, or irritation. This natural defense process acts by removing injurious stimuli and initiating the healing process.Inflammation can be chronic (such as arthritis) or acute (like in case of trauma).

ESR - Erythrocyte Sedimentation Rate: 56 mm/hr

OUT OF RANGE

CRP (Quantitative): 53 mg/L

OUT OF RANGE

Liver Profile

One of the main functions of your liver is to make proteins that are secreted in your blood. It also makes enzymes which convert food into energy, and processes old muscles and cells. When your liver is damaged, enzymes leak into your blood and appear in the blood test

Bilirubin Total: 3.9 mg/dL

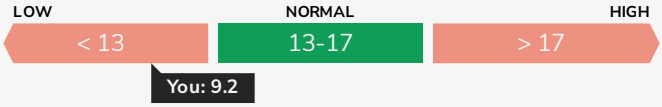
OUT OF RANGE

Blood Disorder

Blood disorders affect one or more components of blood such as red blood cells, white blood cells, platelets, or plasma. These tests help in diagnosing conditions like anemia, clotting disorders, infections, and other hematological abnormalities.

Hemoglobin: 9.2 g/dL

OUT OF RANGE



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Patient NAME			
DOB/Age/Gender		Report STATUS	
Patient ID / UHID		Barcode NO	
Referred BY		Sample Type	
Sample Collected		Report Date	

Fever Package Advance Plus

Complete Blood Count (CBC)

Test Description	Value(s)	Unit(s)	Reference Range
RBC Parameters			
Hemoglobin *colorimetric*	**9.2 L***	g/dL	13.0 - 17.0
RBC Count *Electrical impedance*	**3.7 L***	10^6/µl	4.5 - 5.5
PCV *Calculated*	**28.2 L***	%	40 - 50
MCV *Calculated*	**76.5 L***	fl	83 - 101
MCH *Calculated*	**25.1 L***	pg	27 - 32
MCHC *Calculated*	32.7	g/dL	31.5 - 34.5
RDW (CV) * *Calculated*	14.0	%	11.6 - 14.0
RDW-SD * *Calculated*	41.5	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance and microscopy*	7.9	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils	**82 H***	%	40-80
Lymphocytes	**15 L***	%	20-40
Monocytes	2	%	2-10
Eosinophils	1	%	1-6
Basophils	0	%	<2
Absolute Leukocyte Counts ***Calculated***			
Neutrophils.	6.48	10^3/µl	2 - 7
Lymphocytes.	1.19	10^3/µl	1 - 3
Monocytes.	**0.16 L***	10^3/µl	0.2 - 1.0
Eosinophils.	0.08	10^3/µl	0.02 - 0.5
Basophils.	**0**	10^3/µl	0.02 - 0.5
Platelet Parameters			
Platelet Count *Electrical impedance and microscopy*	157	10^3/µl	150 - 410
Mean Platelet Volume (MPV) * *Calculated*	**13.7 H***	fL	9.3 - 12.1
PCT * *Calculated*	0.2	%	0.17 - 0.32

Note :- (H* - High , L* - Low ,CL* - Critical Low,CH* - Critical High)

P. Datta

Dr. Pragyamita Datta
MBBS, MD (Pathology)
Consultant Pathologist

Patient NAME	:		
DOB/Age/Gender	:	Report STATUS	:
Patient ID / UHID	:	Barcode NO	:
Referred BY	:	Sample Type	:
Sample Collected	:	Report Date	:

Test Description	Value(s)	Unit(s)	Reference Range
PDW * *Calculated*	21.5	fL	8.3 - 25.0
P-LCR * *Calculated*	**51.6 H***	%	18 - 50
P-LCC * *Calculated*	81	10^9/L	44 - 140
Mentzer Index * *Calculated*	20.68	%	-

Interpretation:
CBC provides information about red cells, white cells and platelets. Results are useful in the diagnosis of anemia, infections, leukemias, clotting disorders and many other medical conditions.

Note :- (H* - High , L* - Low ,CL* - Critical Low,CH* - Critical High)

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Patient NAME			
DOB/Age/Gender		Report STATUS :	
Patient ID / UHID		Barcode NO :	
Referred BY		Sample Type :	
Sample Collected		Report Date :	

Test Description	Value(s)	Unit(s)	Reference Range

Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate *MODIFIED WESTERGREN*	**56 H***	mm/hr	0 - 30

Interpretation:
ESR is also known as Erythrocyte Sedimentation Rate. An ESR test is used to assess inflammation in the body. Many conditions can cause an abnormal ESR, so an ESR test is typically used with other tests to diagnose and monitor different diseases. An elevated ESR may occur in inflammatory conditions including infection, rheumatoid arthritis ,systemic vasculitis, anemia, multiple myeloma , etc. Low levels are typically seen in congestive heart failure, polycythemia ,sickle cell anemia, hypo fibrinogenemia , etc.

Reference- Dacie and lewis practical hematology

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Patient NAME	**: Mr CHITTARANJAN SHARMA**		
DOB/Age/Gender	: 70 Y/Male	Report STATUS	: Final Report
Patient ID / UHID	: 15608117/OF15608117	Barcode NO	: RL09391868
Referred BY	: Dr. DEEPJYOTI DAS MD, MEDICINE	Sample Type	: Whole blood EDTA
Sample Collected	: Feb 20, 2026, 09:43 AM	Report Date	: Feb 20, 2026, 01:00 PM.

Test Description	Value(s)	Unit(s)	Reference Range
Malarial Parasite (MP) Smear			
MP(PBF FOR MP) *MICROSCOPY*	Not Seen		NOT SEEN

Interpretation:

1. Malaria is a serious parasitic diseases characterized by fever, chills, and anemia and is caused by a parasite that is transmitted human to human by the bite of infected female Anopheles mosquitoes.
2. Malarial Parasite test is performed on the blood sample to find out the level of Malaria Parasite in the blood.
3. It is conducted to conclude on Malaria and also during the treatment and after the treatment of Malaria.
4. Most people will have symptoms within 14 days of being bitten by an infected mosquito. But symptoms can show up as soon as seven days afterward or can take as long as a year to appear.
5. Clinical decision should not be based on the results of this test, but should be made by the physician after all clinical and laboratory findings have been evaluated.

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Patient NAME	:		
DOB/Age/Gender	:	Report STATUS	
Patient ID / UHID	:	Barcode NO	
Referred BY	:	Sample Type	
Sample Collected	:	Report Date	

Test Description	Value(s)	Unit(s)	Reference Range
Malaria Antigen, Rapid Card			
Plasmodium Vivax	Negative		Negative
Plasmodium falciparum	Negative		Negative

Interpretation:
Immunochromatographic Assay done for *Plasmodium falciparum* using Histidine-Rich Protein-II (HRP-II) and *Plasmodium* species (*Plasmodium falciparum, P. vivax, P. ovale and P. malariae*) using lactate dehydrogenase (pLDH) in human whole blood.

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Patient NAME			
DOB/Age/Gender		Report STATUS	:
Patient ID / UHID		Barcode NO	:
Referred BY		Sample Type	:
Sample Collected		Report Date	:

Test Description	Value(s)	Unit(s)	Reference Range
Bilirubin (Total, Direct, Indirect)			
Bilirubin Total *Diazo Reaction*	**3.9 H***	mg/dL	0.2 - 1.2
Bilirubin Direct * *Diazo Reaction*	**2.3 H***	mg/dL	0.0 - 0.5
Bilirubin Indirect * *Calculation (T Bil - D Bil)*	**1.6 H***	mg/dL	0.1 - 1.0

Interpretation:

Adults and children

Increased total bilirubin that is mainly unconjugated (indirect) bilirubin may be a result of:-

1. Hemolytic or pernicious anemia
2. Transfusion reaction
3. Cirrhosis
4. A relatively common inherited condition called Gilbert syndrome, due to low levels of the enzyme that produces conjugated bilirubin.

Newborns

An elevated bilirubin level in a newborn may be temporary and resolve itself within a few days to two weeks. However, if the bilirubin level is above a critical threshold or increases rapidly, an investigation of the cause is needed so appropriate treatment can be initiated. Increased bilirubin concentrations may result from the accelerated breakdown of red blood cells due to:

1. Blood type incompatibility between the mother and her newborn
2. Certain congenital infections
3. Lack of oxygen (hypoxia)
4. Diseases that can affect the liver

In most of these conditions, only unconjugated (indirect) bilirubin is increased.

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Patient NAME			
DOB/Age/Gender		Report STATUS :	
Patient ID / UHID		Barcode NO :	
Referred BY		Sample Type :	
Sample Collected		Report Date :	

Test Description	Value(s)	Unit(s)	Reference Range
SGOT / AST			
SGOT/AST *IFCC without P5P*	26.6	U/L	5 - 34

Interpretation:
Serum AST is used for differential diagnosis of diseases of hepatobiliary system and pancreas. Increased values are seen in liver diseases like acute viral hepatitis, cirrhosis, biliary obstruction, primary or metastatic cancer, granuloma, hepatic ischaemia.

SGPT / ALT			
SGPT/ALT *IFCC without P5P*	47.1	U/L	0 to 55

Interpretation:
Serum ALT is used for differential diagnosis of diseases of hepatobiliary system and pancreas. Increased in alcohalic hepatitis, cirrhosis, hepatocellular carcinoma, chronic hepatitis. Decreased in genito-urinary tract infection, malignancy, pyridoxal phosphate deficiency states (malnutrition, pregnancy, alcoholic liver disease).

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Referred BY	:	Sample Type	:
Sample Collected	:	Report Date	:

Test Description	Value(s)	Unit(s)	Reference Range

C-Reactive Protein (CRP), Quantitative

CRP (Quantitative) *Immunoturbidimetry*	**53 H***	mg/L	up to 5

Interpretation:
Increased CRP level:
1. A high or increasing amount of CRP in the blood suggests the presence of inflammation but will not identify its location or the cause.
2. Suspected bacterial infection—a high CRP level can provide indication that patient has an infection.
3. Chronic inflammatory disease—high levels of CRP suggest a flare-up if you have a chronic inflammatory disease or that treatment has not been effective.

If the CRP level is initially elevated and drops, it means that the inflammation or infection is subsiding and/or responding to treatment.

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Referred BY	:	Sample Type	
Sample Collected	:	Report Date	

Test Description	Value(s)	Unit(s)	Reference Range

WIDAL By Slide Agglutination

Salmonella typhi O (TO)	No Agglutination	Titre	< 1:80
Salmonella typhi H (TH)	No Agglutination	Titre	< 1:160
Salmonella paratyphi A(H)	No Agglutination	Titre	< 1:80
Salmonella Paratyphi B(H)	No Agglutination	Titre	< 1:80

Interpretation:

METHOD-(Slide Agglutination)

1.Titres >1:80 of “O” antigen & >1:160 of “H” antigen for Salmonella typhi and titres >1:80 of “H” antigen for Salmonella paratyphi A & B are reactive.
2. Rising titres in paired samples taken 7-10 days apart are more significant than a single test.
3. Reactive results indicates ongoing or recent infection by Salmonella spp. and the diagnosis should be confirmed by gold standard test such as Blood culture.
4. The reactivity will vary with stage of the disease with appearance in 1st week to increase in titres till end of 4th week post which it starts decreasing.
5. In TAB vaccinated patients, high titres of H antibody of ≥1:160 to each of Salmonellae is observed. They tend to persist for many months and even years while O antibody shows lower titres and disappears within 6 months.
6. Antibiotic treatment during 1st week before the appearance of antibodies tend to supress the immune response in the form of no or decreasing antibody levels.
7. False positive results/anamnestic response may be seen in patients with past enteric infection and during unrelated fevers like Malaria, Influenzae etc. in the form of transient rise in H antibody in Widal test.
8. False negative results may be due to processing of sample collected early in the course of disease (1st week) and immunosuppression.
9. Test conducted on serum.

Uses
To diagnose infection due to Salmonella spp. (Enteric fever).
To monitor the progression of disease.
To assess the response to therapy (decreasing titres) in patients being treated for Enteric fever

Dr. Sagnik Bhattacharjee
MBBS, MD (Microbiology)
Consultant Microbiologist

Patient NAME			
DOB/Age/Gender		Report STATUS	
Patient ID / UHID		Barcode NO	
Referred BY		Sample Type	
Sample Collected		Report Date	

Test Description	Value(s)	Unit(s)	Reference Range

Typhidot IgM, Rapid Card

TYPHI DOT/ SALMONELLA TYPHI IgM *Qualilative immunoassay,rapid card*	Negative	-	Negative

Interpretation:

RESULTS	REMARKS
Positive	Indicates presence of IgM antibodies against Salmonella typhi.
Negative	Indicates absence of IgM antibodies against Salmonella typhi.

Note:
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.
5. Test conducted on serum.

Use
To diagnose infection due to Salmonella typhi (Enteric fever).

Dr. Sagnik Bhattacharjee
MBBS, MD (Microbiology)
Consultant Microbiologist

Patient NAME			
DOB/Age/Gender		Report STATUS	:
Patient ID / UHID		Barcode NO	:
Referred BY		Sample Type	:
Sample Collected		Report Date	: [illegible]

Test Description	Value(s)	Unit(s)	Reference Range

Dengue Ns1 Antigen Test, EIA

DENGUE NS1 ANTIGEN *(Serum,EIA)*	0.27	-	Negative (<1.0) Positive (more than or Equal to 1.0)

Interpretation:

Negative (< 1.0)
Positive (≥1.0)

Note: As per regulation, specimen collecting Laboratory is responsible for reporting positive Dengue cases to Municipal corporation.

Indication: The Dengue (NS1) Antigen assay is a Enzyme linked immunoassay (EIA) for the detection of Dengue virus NS1 Antigen in human serum or plasma(heparin).
The serological detection of the highly specific dengue virus NS1antigen in patients with a dengue virus infection is possible at the onset of clinical symptoms in primary as well as secondary infections. Thus determination of Dengue (NS1) Antigen is an important supportive aid for diagnosis of acute dengue virus infections.

Clinical background: Dengue virus (serotypes Den 1, Den 2, Den 3, Den 4) is a flavivirus with global distribution and is transmitted by mosquitoes (Aedes aegyptii, Aedes albopictus etc). It may cause Dengue fever, Dengue haemorrhagic fever or Dengue Shock syndrome.
Following the dengue infection, an incubation period of 3 to7 days, some infections maybe asymptomatic. Symptomatic patients develop fever with or without rash, severe musculoskeletal pain, headache, retro-orbital pain, petechiae etc. In most individuals there is resolution of illness without complications. In some individuals the Dengue fever may progress to Dengue haemorrhagic fever or Dengue Shock syndrome especially during repeat infection with a new Dengue Virus serotype.

Dengue virus antigen usually appears in blood within 24 hours of onset of symptoms to symptoms till 9 days post onset of symptoms.

Positive: The presence of Dengue nonstructural protein 1 (NS1) antigen is consistent with acute infection with dengue virus. The 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: Uncommonly, false positive Dengue NS1 antigen results may be seen in individuals with other flaviviruses west nile virus as well as Yellow fever. Negative NS1 antigen results may occur if the specimen was collected greater than 7 days following symptom onset. Serologic testing for the presence of IgM and IgG antibodies to Dengue Virus is recommended in such cases.

Negative (< 1.0)
Positive (≥1.0)

Note: As per regulation, specimen collecting Laboratory is responsible for reporting positive Dengue cases to Municipal corporation.

Indication: The Dengue (NS1) Antigen assay is a Enzyme linked immunoassay (EIA) for the detection of Dengue virus NS1 Antigen in human serum or plasma(heparin).
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(*) Parameter(s) are outside the scope of tests recognized under the NABL M(EL)T Scheme.

Dr. Sagnik Bhattacharjee
MBBS, MD (Microbiology)
Consultant Microbiologist

Patient NAME	:		
DOB/Age/Gender	:	Report STATUS	:
Patient ID / UHID	:	Barcode NO	:
Referred BY	:	Sample Type	:
Sample Collected	:	Report Date	:

Test Description	Value(s)	Unit(s)	Reference Range

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Positive: The presence of Dengue nonstructural protein 1 (NS1) antigen is consistent with acute infection with dengue virus. The 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: Uncommonly, false positive Dengue NS1 antigen results may be seen in individuals with other flaviviruses west nile virus as well as Yellow fever. Negative NS1 antigen results may occur if the specimen was collected greater than 7 days following symptom onset. Serologic testing for the presence of IgM and IgG antibodies to Dengue Virus is recommended in such cases.

Negative (< 1.0)
Positive (≥1.0)

Note: As per regulation, specimen collecting Laboratory is responsible for reporting positive Dengue cases to Municipal corporation.

Indication: The Dengue (NS1) Antigen assay is a Enzyme linked immunoassay (EIA) for the detection of Dengue virus NS1 Antigen in human serum or plasma(heparin).
The serological detection of the highly specific dengue virus NS1antigen in patients with a dengue virus infection is possible at the onset of clinical symptoms in primary as well as secondary infections. Thus determination of Dengue (NS1) Antigen is an important supportive aid for diagnosis of acute dengue virus infections.

Clinical background: Dengue virus (serotypes Den 1, Den 2, Den 3, Den 4) is a flavivirus with global distribution and is transmitted by mosquitoes (Aedes aegyptii, Aedes albopictus etc). It may cause Dengue fever, Dengue haemorrhagic fever or Dengue Shock syndrome.
Following the dengue infection, an incubation period of 3 to7 days, some infections maybe asymptomatic. Symptomatic patients develop fever with or without rash, severe musculoskeletal pain, headache, retro-orbital pain, petechiae etc. In most individuals there is resolution of illness without complications. In some individuals the Dengue fever may progress to Dengue haemorrhagic fever or Dengue Shock syndrome especially during repeat infection with a new Dengue Virus serotype.

Dengue virus antigen usually appears in blood within 24 hours of onset of symptoms to symptoms till 9 days post onset of symptoms.

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Consultant Microbiologist

Patient NAME			
DOB/Age/Gender		Report STATUS	
Patient ID / UHID		Barcode NO	
Referred BY		Sample Type	
Sample Collected		Report Date	: Feb 20, 2026, 08:04 PM.

Test Description	Value(s)	Unit(s)	Reference Range

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Patient NAME	
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Patient ID / UHID	Barcode NO
Referred BY	Sample Type
Sample Collected	Report Date

Test Description	Value(s)	Unit(s)	Reference Range

Dengue IgM Antibodies, EIA

DENGUE FEVER ANTIBODY, IgM, SERUM *SERUM, EIA*	0.35	-	Negative (<1.0) Positive (more than or Equal to 1.0)

Interpretation:

Resut (Ratio**)**	**Remark**
Negative (<1.0)	No detectable IgM antibody. Result does not rule out Dengue infection. Additional sample to be tested after 7- 14 days if infection is suspected.
Positive (≥1.0)	IgG antibody detected. Suggestive of Primary / Secondary Dengue infection

Note :
1. The test should be used for detection of IgM antibodies of dengue in human serum/plasma.
2. This is only a screening test and will only indicate the presence or absence of Dengue antibodies in the specimen. All reactive sample should be confirmed by confirmatory test. Therefore for a definitive diagnosis, the patients clinical history , symptomatology as well as serological data should be considered. The results should be reported only after complying with the above prrocedure.
3. False positive results can be obtained due to cross reaction with Epstein-BARR virus, RA, Rubella, Anti-nulcear antibody, Japanese encephatlites, westnile virus diseased. This occurs in less then 1% of the sample tested.
4. Immuno-despressive treatments presumably after the immune response to infection, inducing negative results in IgG in dengue patients.

Comments :
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.

Dengue IgG Antibodies, EIA

DENGUE FEVER ANTIBODY, IgG, SERUM	0.29	-	Negative (<1.0) Positive (more than or Equal to 1.0)

Interpretation:

Resut (Ratio**)**	**Remark**
Negative (<1.0)	No detectable IgM antibody. Result does not rule out Dengue infection. Additional sample to be tested after 7- 14 days if infection is suspected.
Positive (≥1.0)	IgG antibody detected. Suggestive of Primary / Secondary Dengue infection

Note :

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Consultant Microbiologist

Patient NAME	
DOB/Age/Gender	Report STATUS :
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Test Description	Value(s)	Unit(s)	Reference Range

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Patient NAME			
DOB/Age/Gender		Report STATUS :	
Patient ID / UHID		Barcode NO :	
Referred BY		Sample Type :	
Sample Collected		Report Date :	

Urine Routine and Microscopic Examination

Test Description	Value(s)	Unit(s)	Reference Range
Physical Examination			
Volume *	20	ml	-
Colour *	Pale yellow	-	Pale yellow
Transparency *	Clear	-	Clear
Deposit *	Absent	-	Absent
Chemical Examination			
Reaction (pH) *Double Indicator*	6.5	-	4.5 - 8.0
Specific Gravity *Ion Exchange*	1.010	-	1.010 - 1.030
Urine Glucose (sugar) *Oxidase / Peroxidase*	**Positive(++) H***	-	Negative
Urine Protein (Albumin) *Acid / Base Colour Excahnge*	**Positive(+) H***	-	Negative
Urine Ketones (Acetone) *Legals Test*	Negative	-	Negative
Blood *Peroxidase Hemoglobin*	Negative	-	Negative
Leucocyte esterase *Enzymatic Reaction*	Negative	-	Negative
Bilirubin Urine *Coupling Reaction*	Negative	-	Negative
Nitrite *Griless Test*	Negative	-	Negative
Urobilinogen *Ehrlichs Test*	Normal	-	Normal
Microscopic Examination			
Pus Cells (WBCs) *	**4-6**	/hpf	0 - 5
Epithelial Cells *	1-2	/hpf	0 - 4
Red blood Cells *	Absent	/hpf	Absent
Crystals *	Absent	-	Absent
Cast *	Absent	-	Absent
Yeast Cells *	Absent	-	Absent
Amorphous deposits *	Absent	-	Absent
Bacteria *	Absent	-	Absent
Protozoa *	Absent	-	Absent

Interpretation:
URINALYSIS- Routine urine analysis assists in screening and diagnosis of various metabolic, urological, kidney and liver disorders.

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

Note :- (H* - High , L* - Low ,CL* - Critical Low,CH* - Critical High)

P. Datta

Dr. Pragyamita Datta
MBBS, MD (Pathology)
Consultant Pathologist

Patient NAME			
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Sample Collected		Report Date	:

Test Description	Value(s)	Unit(s)	Reference Range

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine. Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.

Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.

pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/ alkalosis or ingestion of certain type of food can affect the pH of urine.

Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of haemolytic anaemia.

*** End Of Report ***

Note :- (H* - High , L* - Low ,CL* - Critical Low,CH* - Critical High)

P. Datta

Dr. Pragyamita Datta
MBBS, MD (Pathology)
Consultant Pathologist

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