

Patient Name : Baby.ZAIMA	Visit No : CHA250034305
Age/Gender : 3 Y/F	Registration ON : 25/Feb/2025 07: 11PM
Lab No : 10131601	Sample Collected ON : 25/Feb/2025 07: 12PM
Referred By : Dr.U1	Sample Received ON : 25/Feb/2025 07: 19PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 25/Feb/2025 08: 04PM
Doctor Advice : CRP (Quantitative),TSH,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
CRP-QUANTITATIVE				
CRP-QUANTITATIVE TEST	21.5	MG/L	0.10 - 2.80	

Method: Immunoturbidimetric

(Method: Immunoturbidimetric on photometry system)

SUMMARY : C - reactive protien (CRP) is the best known among the acute phase protiens, a group of protien whose concentration increases in blood as a response to inflammatory disorders.CRP is normally present in low concentration in blood of healthy individuals (< 1mg/L). It is elevated up to 500 mg/L in acute inflammatory processes associated with bacterial infections, post operative conditions tissue damage already after 6 hours reaching a peak at 48 hours.. The measurment of CRP represents a useful aboratory test for detection of acute infection as well as for monitoring inflammtory proceses also in acute rheumatic & gastrointestinal disease. In recent studies it has been shows that in apparently healthy subjects there is a direct orrelation between CRP concentrations & the risk of developing oronary heart disease (CHD).

hsCRP cut off for risk assessment as per CDC/AHA

Level	Risk
<1.0	Low
1.0-3.0	Average
>3.0	High

All reports to be clinically corelated

CHARAK

[Checked By]

Print.Date/Time: 26-02-2025 00:01:12

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADABKHAN
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Refer Lab/Hosp : CHARAK NA	Report Generated ON : 25/Feb/2025 08: 17PM
Doctor Advice : CRP (Quantitative),TSH,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	7.9	g/dl	11 - 15	Non Cyanide
R.B.C. COUNT	4.50	mil/cmm	3.5 - 4.9	Electrical Impedence
PCV	27.1	%	30 - 40	Pulse hieght detection
MCV	60.4	fL	73 - 77	calculated
MCH	17.6	pg	23 - 25	Calculated
MCHC	29.2	g/dL	31 - 33	Calculated
RDW	22.3	%	11 - 15	RBC histogram derivation
RETIC	1.4 %	%	0.3 - 1	Microscopy
TOTAL LEUCOCYTES COUNT	8380	/cmm	6000 - 18000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	52	%	15 - 45	Flowcytometry
LYMPHOCYTES	41	%	45 - 75	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	6	%	2 - 8	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	424,000	/cmm	150000 - 500000	Elect Imped..
PLATELET COUNT (MANUAL)	424000	/cmm	150000 - 500000	Microscopy .
Absolute Neutrophils Count	4,358	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	3,436	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	84	/cmm	20-500	Calculated
Absolute Monocytes Count	503	/cmm	200-1000	Calculated
Mentzer Index	13			
Peripheral Blood Picture	:			

Red blood cells are microcytic hypochromic with normocytic normochromic, eliptocytes, anisocytosis++. WBCs show relative neutrophilia. Platelets are adequate. No parasite seen.



[Checked By]



Shadab Khan

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Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	1.30	uIU/ml	0.7 - 6.4	ECLIA

Note

- (1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism,cretinism,juvenile mysedema or autoimmune disorders.
- (2) Patients having low T3 & T4 levels but high TSH levels suffer from grave~s disease, toxic adenoma or sub-acute thyroiditis.
- (3) Patients having either low or normal T3 & T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- (4) Patients having high T3 & T4 levels but normal TSH levels may suffer from toxic multinodular goitre. This condition is mostly asymptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- (5) Patient with high or normal T3 & T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 Toxicosis respectively.
- (6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the cacabolic state and may revert tonormal when the patient recovers.
- (7) There are many drugs for eg.Glucocorticoids ,dopamine,Lithium,iodides ,oral radiographic dyes,ets.Which may affect the thyroid function tests.
- (8) Generally when total T3& T4 results are indecisive then Free T3 & Free T4 test are recommended for further confirmation along with
(1 Beckman Dxi-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

*** End Of Report ***

CHARAK



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MC-2491

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