

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

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CMO Reg. No. RMEE 2445133 NABLReg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Ms.YASMEEN

Age/Gender : 43 Y/F

Lab No : 10132565

Referred By : Dr.AJAZ AHMAD KHAN

Refer Lab/Hosp · CHARAK NA

. CRP (Quantitative),ESR,CBC (WHOLE BLOOD) Doctor Advice

Visit No : CHA250035269

Registration ON : 27/Feb/2025 10:37AM

Sample Collected ON : 27/Feb/2025 10:38AM

Sample Received ON : 27/Feb/2025 10:51AM

Report Generated ON : 27/Feb/2025 12:03PM



Test Name Bio. Ref. Range Method Unit Result

ESR

PR.

Erythrocyte Sedimentation Rate ESR 34.00 0 - 15

Westergreen

Note:

- 1. Test conducted on EDTA whole blood at 37°C.
- 2. ESR readings are auto-corrected with respect to Hematocrit (PCV) values.
- 3. It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever. It is also increased in multiple myeloma, hypothyroidism.

CRP-QUANTITATIVE

CRP-OUANTITATIVE TEST

7.92

MG/L

0.1 - 6

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 apparrently 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 High >3.0

CHARAK

All reports to be clinically corelated



DR. NISHANT SHARMA DR. SHADAB **PATHOLOGIST**

PATHOLOGIST

Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method		
CBC (COMPLETE BLOOD COUNT)						
Hb	11.5	g/dl	12 - 15	Non Cyanide		
R.B.C. COUNT	4.60	mil/cmm	3.8 - 4.8	Electrical		
				Impedence		
PCV	38.1	%	36 - 45	Pulse hieght		
				detection		
MCV	83.0	fL	80 - 96	calculated		
MCH	25.1	pg	27 - 33	Calculated		
MCHC	30.2	g/dL	30 - 36	Calculated		
RDW	13.5	%	11 - 15	RBC histogram		
				derivation		
RETIC	0.9 %	%	0.5 - 2.5	Microscopy		
TOTAL LEUCOCYTES COUNT	5780	/cmm	4000 - 10000	Flocytrometry		
DIFFERENTIAL LEUCOCYTE COUNT						
NEUTROPHIL	70	%	40 - 75	Flowcytrometry		
LYMPHOCYTES	27	%	25 - 45	Flowcytrometry		
EOSINOPHIL	0	%	1 - 6	Flowcytrometry		
MONOCYTE	3	%	2 - 10	Flowcytrometry		
BASOPHIL	0	%	00 - 01	Flowcytrometry		
PLATELET COUNT	231,000	/cmm	150000 - 450000	Elect Imped		
PLATELET COUNT (MANUAL)	231000	/cmm	150000 - 450000	Microscopy.		
Absolute Neutrophils Count	4,046	/cmm	2000 - 7000	Calculated		
Absolute Lymphocytes Count	1,561	/cmm	1000-3000	Calculated		
Absolute Monocytes Count	173	/cmm	200-1000	Calculated		
Mentzer Index	18					
Peripheral Blood Picture	:					

Red blood cells are normocytic normochromic. Platelets are adequate. No immature cells or parasite seen.

*** End Of Report ***





DR. NISHANT SHARMA DR. SHADAB