

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 : Mr.DWARIKA PRASAD Visit No : CHA250036359

Age/Gender : 80 Y/M Registration ON : 28/Feb/2025 03:40PM Lab No : 10133655 Sample Collected ON : 28/Feb/2025 03:43PM Referred By : Dr.ARCHANA SINGH : 28/Feb/2025 04:10PM Sample Received ON Refer Lab/Hosp : CHARAK NA Report Generated ON : 28/Feb/2025 05:14PM

. SGPT,SGOT,BOTH KNEE AP LAT,URIC ACID,ANTI CCP TITRE,RF FACTOR,CRP (Quantitative),CREATININE,ESR,CBC (WHOLE BLOOD) Doctor Advice

Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Frythrocyte Sedimentation Rate ESR	63.00		0 - 20	Westergreen

Note:

P.R.

- 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.







PATHOLOGIST



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Doctor Advice | SGPT,SGOT,BOTH KNEE AP LAT,URIC ACID,ANTI CCP TITRE,RF FACTOR,CRP (Quantitative),CREATININE,ESR,CBC (WHOLE BLOOD)

Test Name	Result	Unit	Bio. Ref. Range	Method
RF FACTOR				
RHEUMATOID FACTOR	5.80	IU/ml	0 - 14	

SUMMARY: Rheumatoid factors (RF) group of autoantibodies belonging to all immunoglobulin classes directed against the FC fragment of altered or complexed Igg. Diagnostic test for RF determination identify mainly RF of the IgM class which are detectable in several rheumatic diseases, mainly of inflammatory origin.

RF occur in approx 70 -80 % of patients with rheumatoid arthritis (RA), but they are not specific for RA as elevated concentrations are also observed in various non rheumatic disease & in approx 10 % of the elederly population without clinical symptoms of RA. High RF concentrations in RA are often associated with a more progressive clinical course of the disease . However, a positive RF value has to be confirmed by clinical & other laboratory findings.





Dogume .



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Test Name	Result	Unit	Bio. Ref. Range	Method
CRP-QUANTITATIVE				
CRP-QUANTITATIVE TEST	2	MG/L	0.1 - 6	

Method: Immunoturbidimetric

PR.

(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 >3.0 High

All reports to be clinically corelated

URIC ACID		TAR	AA	
Sample Type : SERUM				
SERUM URIC ACID	5.5	mg/dL	2.40 - 5.70	Uricase,Colorimetric
ANTI CCP TITRE				
Anti CCP TITRE	8.00	U/ML	7 - 17	



DR. ADITI D AGARWAL **PATHOLOGIST**



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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	13.2	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.00	mil/cmm	3.8 - 4.8	Electrical
				Impedence
PCV	39.5	%	36 - 45	Pulse hieght
				detection
MCV	97.5	fL	80 - 96	calculated
MCH	32.6	pg	27 - 33	Calculated
MCHC	33.4	g/dL	30 - 36	Calculated
RDW	12.9	%	11 - 15	RBC histogram
				derivation
RETIC	0.5 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6680	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	63	%	40 - 75	Flowcytrometry
LYMPHOCYTES	26	%	25 - 45	Flowcytrometry
EOSINOPHIL	6	%	1 - 6	Flowcytrometry
MONOCYTE	5	%	2 - 10	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	164,000	/cmm	150000 - 450000	Elect Imped
PLATELET COUNT (MANUAL)	164000	/cmm	150000 - 450000	Microscopy.
Absolute Neutrophils Count	4,208	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,737	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	401	/cmm	20-500	Calculated
Absolute Monocytes Count	334	/cmm	200-1000	Calculated
Mentzer Index	24			
Peripheral Blood Picture	:			

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









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Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CREATININE				
CREATININE	0.90	mg/dl	0.50 - 1.40	Alkaline picrate- kinetic
SGPT				
SGPT	29.0	U/L	5 - 40	UV without P5P
SGOT	A Comment			
SGOT	24.0	U/L	5 - 40	UV without P5P

*** End Of Report ***









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SKIAGRAM BOTH KNEE AP AND LATERAL (STANDING)

- Bone density is reduced.
- Articular surfaces show osteophytosis.
- Right knee joint space is reduced in medial tibio-femoral compartments.
- Tibial spines are prominent.
- Vascular calcification is seen around bilateral knee joints.

OPINION:

• OSTEOARTHRITIC CHANGES BOTH KNEE JOINTS.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya

*** End Of Report ***

