

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

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

Patient Name : Mr.YASHWANT PRAKASH

Age/Gender : 47 Y/M

Lab No : 10134561

Referred By : Dr.DHANESH YADAV**

Refer Lab/Hosp : CHARAK NA

Doctor Advice : ANA ,ESR,CBC (WHOLE BLOOD),CRP (Quantitative)

Visit No : CHA250037265

Registration ON : 01/Mar/2025 04:59PM

Sample Collected ON : 01/Mar/2025 05:01PM

Sample Received ON : 01/Mar/2025 05:33PM

Report Generated ON : 01/Mar/2025 07:18PM



Test Name Result Unit Bio. Ref. Range Method

ESR

PR.

Erythrocyte Sedimentation Rate ESR 22.00

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

0.8

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 inflammatory processes 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 CHARAK

All reports to be clinically corelated



Degrand.

DR. ADITI D AGARWAL PATHOLOGIST



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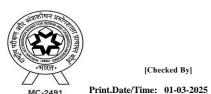
Report Generated ON : 01/Mar/2025 06:35PM

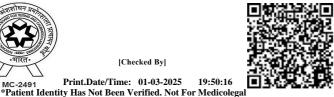


Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	12.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.80	mil/cmm	3.8 - 4.8	Electrical
				Impedence
PCV	41.2	%	36 - 45	Pulse hieght
				detection
MCV	84.9	fL	80 - 96	calculated
MCH	26.2	pg	27 - 33	Calculated
MCHC	30.8	g/dL	30 - 36	Calculated
RDW	14.2	%	11 - 15	RBC histogram
				derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	9340	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	43	%	40 - 75	Flowcytrometry
LYMPHOCYTES	48	%	25 - 45	Flowcytrometry
EOSINOPHIL	6	%	1 - 6	Flowcytrometry
MONOCYTE	3	%	2 - 10	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	266,000	/cmm	150000 - 450000	Elect Imped
PLATELET COUNT (MANUAL)	266000	/cmm	150000 - 450000	Microscopy.
Absolute Neutrophils Count	4,016	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	4,483	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	560	/cmm	20-500	Calculated
Absolute Monocytes Count	280	/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. ADITI D AGARWAL

PATHOLOGIST

19:50:16