

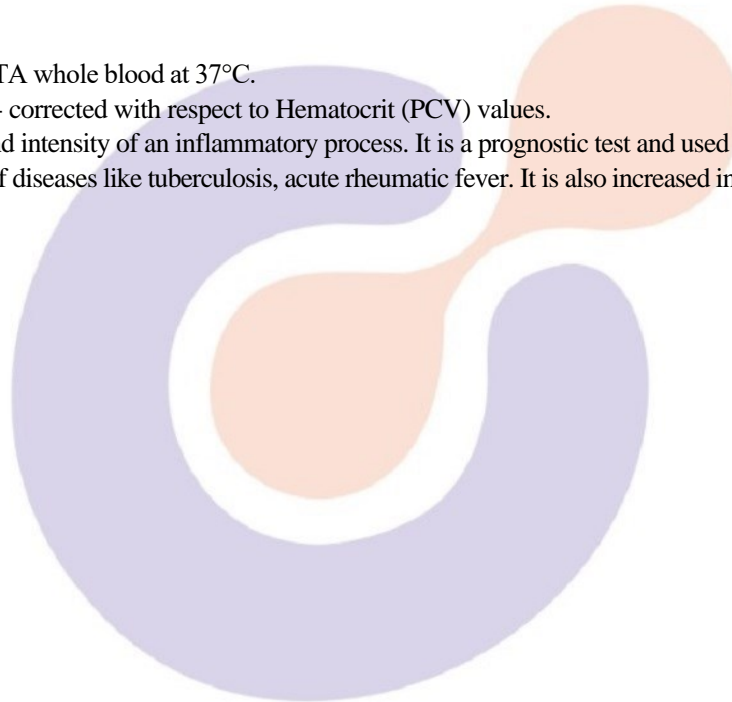
Patient Name : Mr.AMAN SINGH	Visit No : CHA250037351
Age/Gender : 22 Y/M	Registration ON : 01/Mar/2025 07: 16PM
<b>Lab No : 10134646</b>	Sample Collected ON : 01/Mar/2025 07: 18PM
Referred By : Dr.HARI OM SINGH	Sample Received ON : 01/Mar/2025 07: 26PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 01/Mar/2025 07: 56PM
Doctor Advice : CRP (Quantitative),TSH,ESR,MRI BRAIN	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>ESR</b>				
Erythrocyte Sedimentation Rate ESR	<b>27.00</b>		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.



**CHARAK**

[Checked By]

Print.Date/Time: 02-03-2025 14:50:08

\*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

  
DR. ADITI D AGARWAL  
PATHOLOGIST

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Referred By : Dr.HARI OM SINGH	Sample Received ON : 01/Mar/2025 07:26PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 02/Mar/2025 09:33AM
Doctor Advice : CRP (Quantitative),TSH,ESR,MRI BRAIN	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CRP-QUANTITATIVE</b>				
CRP-QUANTITATIVE TEST	40.1	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 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: 02-03-2025 14:50:11

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*Sharma*

DR. NISHANT SHARMA PATHOLOGIST    DR. SHADAB PATHOLOGIST    Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TSH</b>				
TSH	<b>5.80</b>	uIU/ml	0.47 - 4.52	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 TECHNIQUE BY ELECSYSYS -E411 )

\*\*\* End Of Report \*\*\*

CHARAK



*Sharma*

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## **MRI: BRAIN**

### **IMAGING SEQUENCES (NCMR)**

**AXIAL:** SWI, DWI, T1, FLAIR & TSE T2 Wis. **SAGITTAL:** T2 Wis. **CORONAL:** FLAIR Wis.

Cortical sulci are seen prominent in both cerebral hemispheres with prominence of bilateral lateral and third ventricle– Diffuse cerebral atrophy.

Diffuse cerebellar atrophy is noted with prominence of cerebellar folia.

Small T2 and TIRM hyperintensities are noted in the periventricular white matter in both cerebral hemispheres — Mild ischemic demyelinating changes.

Persistent caecum septum pellucidum et vergae is noted.

Rest of the cerebral hemispheres show normal MR morphology, signal intensity and gray - white matter differentiation. The basal nuclei, thalami and corpus callosum are showing normal signal intensity pattern. Septum pellucidum and falx cerebri are in midline. No mass effect or midline shift is seen. Supratentorial sulcal and cisternal spaces are normally visualized. No fresh infarct is seen on DWI.

Bilateral basal ganglia calcifications are seen.

Brain stem and rest of the cerebellar hemispheres are showing normal morphology, signal intensity and outline. Fourth ventricle is normal in size and midline in position.

Major intracranial dural venous sinuses are showing normal outline and flow void.

Sella, supra-sellar and para-sellar structures are normally visualized.

*Mucosal thickening is seen in bilateral maxillary sinuses -- sinusitis.*

### **IMPRESSION:**

- **Diffuse cerebral & cerebellar atrophy (age inappropriate) with Mild ischemic demyelinating changes.**

*Please correlate clinically.*

**DR. RAVENDRA SINGH  
MD**

Transcribed by Priyanka...



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