

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 : Ms.RUCHI SINGH

: 22 Y/F Age/Gender

PR.

Lab No : 10135283 Referred By : Dr.SHIVANI SINGH Refer Lab/Hosp : CGHS (BILLING)

PPD,CBC+ESR,CHEST PA Doctor Advice :

Visit No : CHA250037988

0 - 15

Registration ON : 03/Mar/2025 10:34AM Sample Collected ON : 03/Mar/2025 10:37AM

Sample Received ON : 03/Mar/2025 10:51AM

Report Generated ON : 03/Mar/2025 12:34PM



Westergreen

Test Name	Result	Unit	Bio. Ref. Range	Method	
CBC+ESR (COMPLETE BLOOD COUNT)					

22.00







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Test Name	Result	Unit	Bio. Ref. Range	Method
Hb	12.5	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.20	mil/cmm	3.8 - 4.8	Electrical
				Impedence
PCV	37.7	%	36 - 45	Pulse hieght
				detection
MCV	89.1	fL	80 - 96	calculated
MCH	29.6	pg	27 - 33	Calculated
MCHC	33.2	g/dL	30 - 36	Calculated
RDW	13.7	%	11 - 15	RBC histogram
				derivation
RETIC	0. <mark>7 %</mark>	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	<mark>7780</mark>	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	65	%	40 - 75	Flowcytrometry
LYMPHOCYTE	28	%	20-40	Flowcytrometry
EOSINOPHIL	4	%	1 - 6	Flowcytrometry
MONOCYTE	3	%	2 - 10	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	228,000	/cmm	150000 - 450000	Elect Imped
PLATELET COUNT (MANUAL)	228000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	21			
Peripheral Blood Picture	OIL	AD		

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

*** End Of Report ***





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 : 03/Mar/2025 10:34AM

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 : 10135283
 Sample Collected ON
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Referred By : Dr. SHIVANI SINGH Sample Received ON

Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 03/Mar/2025 12:55PM

SKIAGRAM CHEST PA VIEW

• Both lung fields are clear.

- Bilateral hilar shadows are normal.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

IMPRESSION:

• NO ACTIVE LUNG PARENCHYMAL LESION IS DISCERNIBLE.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

transcribed by: anup

*** End Of Report ***

