Charak dhar DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.**: 8688360360
E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: MasterHASSAN	Visit No	: CHA250038126
Age/Gender	: 1 Y/M	Registration ON	: 03/Mar/2025 12:23PM
Lab No	**: 10135421**	Sample Collected ON	: 03/Mar/2025 12:25PM
Referred By	: Dr.AHSAN AJAZ	Sample Received ON	: 03/Mar/2025 12:34PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 03/Mar/2025 02:38PM
Doctor Advice	: CT HEAD,EEG,CRP (Quantitative),CBC (WHOLE BLOOD)		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CRP-QUANTITATIVE				
CRP-QUANTITATIVE TEST	2.61	MG/L	0.10 - 2.80	

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
>3.0	High

All reports to be clinically corelated

[Checked By]

Print.Date/Time: 03-03-2025 17:00:10
*Patient Identity Has Not Been Verified. Not For Medicolegal

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

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Lab No	**: 10135421**	Sample Collected ON	: 03/Mar/2025 12:25PM
Referred By	: Dr.AHSAN AJAZ	Sample Received ON	: 03/Mar/2025 12:30PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 03/Mar/2025 01:21PM
Doctor Advice	: CT HEAD,EEG,CRP (Quantitative),CBC (WHOLE BLOOD)		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	**9.8**	g/dl	11 - 15	Non Cyanide
R.B.C. COUNT	4.80	mil/cmm	3.4 - 5	Electrical Impedence
PCV	33.2	%	30 - 40	Pulse hieght detection
MCV	**68.9**	fL	72 - 74	calculated
MCH	**20.3**	pg	22 - 25	Calculated
MCHC	**29.5**	g/dL	32 - 34	Calculated
RDW	**17.1**	%	11 - 15	RBC histogram derivation
RETIC	1.2 %	%	0.3 - 1	Microscopy
TOTAL LEUCOCYTES COUNT	14450	/cmm	6000 - 18000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	38	%	15 - 45	Flowcytrometry
LYMPHOCYTES	58	%	45 - 80	Flowcytrometry
EOSINOPHIL	**0**	%	1 - 6	Flowcytrometry
MONOCYTE	4	%	0 - 8	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	422,000	/cmm	150000 - 500000	Elect Imped..
PLATELET COUNT (MANUAL)	422000	/cmm	150000 - 500000	Microscopy .
Absolute Neutrophils Count	5,491	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	8,381	/cmm	1000-3000	Calculated
Absolute Monocytes Count	578	/cmm	200-1000	Calculated
Mentzer Index	14			
Peripheral Blood Picture	:			

.Red blood cells are microcytic hypochromic, anisocytosis. Platelets are adequate. No immature cells or parasite seen.

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

MC-2491

[Checked By]

Print.Date/Time: 03-03-2025 17:00:15

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

Patient Name	: MasterHASSAN	Visit No	: CHA250038126
Age/Gender	: 1 Y/M	Registration ON	: 03/Mar/2025 12:23PM
Lab No	**: 10135421**	Sample Collected ON	: 03/Mar/2025 12:23PM
Referred By	: Dr.AHSAN AJAZ	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 03/Mar/2025 04:25PM

PR.

EEG EXAMINATION REPORT

- **This 16 channel Sleep EEG record done under 10-20 international system of electrode placement shows organized background rhythm of 10 Hz, 40 to 80 mV in occipital leads.**

- **Spike slow wave present.**

OPINION :

ABNORMAL EEG RECORD.

ADVISED : CLINICAL CORRELATION.

DR. PAWAN KUMAR
MD.DM NEUROLOGIST

not meant for medicolegal purposes

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PR.

CT STUDY OF HEAD PLAIN and CONTRAST

Contrast study performed by using non ionic contrast media

Infratentorial

- Cerebellopontine angle and prepontine cisterns are seen normally.
- Fourth ventricle is normal in size and midline in location.
- Cerebellar parenchyma and brain stem appears to be normal.

Supratentorial

- Both the cerebral hemispheres show normal gray and white matter differentiation.
- Basal cisterns are seen normally.
- Third and both lateral ventricles are seen normally.
- No midline shift is seen.
- No abnormal enhancing lesion is seen.

IMPRESSION:

- **NO EVIDENCE SUGGESTIVE OF ANY FOCAL / DIFFUSE PARENCHYMAL DISEASE OR ANY SPACE OCCUPYING LESION IS IDENTIFIED.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya

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