

Patient Name : Mr.ANUJ GUPTA	Visit No : CHA250038564
Age/Gender : 22 Y/M	Registration ON : 03/Mar/2025 08: 47PM
<b>Lab No : 10135859</b>	Sample Collected ON : 03/Mar/2025 08: 49PM
Referred By : Dr.RK SETH	Sample Received ON : 03/Mar/2025 08: 49PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 04/Mar/2025 10: 48AM
Doctor Advice : URINE COM. EXMAMINATION,CRP (Quantitative),URIC ACID,RANDOM,ESR,GBP,HB,DLC,TLC	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>ESR</b>				
Erythrocyte Sedimentation Rate ESR	13.00		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-QUANTITATIVE TEST	<b>32.6</b>	MG/L	0.1 - 6
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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 measurement of CRP represents a useful laboratory 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 apparantly 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**

Sample Type : SERUM

SERUM URIC ACID	5.6	mg/dL	2.40 - 5.70	Uricase,Colorimetric
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[Checked By]

Print.Date/Time: 04-03-2025 11:20:20

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

*Sharma*

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>URINE EXAMINATION REPORT</b>				
Colour-U	YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	<b>1.010</b>		1.005 - 1.025	
pH-Urine	Neutral (7.0)		4.5 - 8.0	
PROTEIN	Absent	mg/dl	ABSENT	Dipstick
Glucose	Absent			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	
<b>MICROSCOPIC EXAMINATION</b>				
Pus cells / hpf	Nil	/hpf	< 5/hpf	
Epithelial Cells	1-2	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

**CHARAK**

[Checked By]



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HAEMOGLOBIN</b>				
Hb	13.4	g/dl	12 - 15	Non Cyanide

**Comment:**

Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.

<b>TLC</b>				
TOTAL LEUCOCYTES COUNT	7500	/cmm	4000 - 10000	Floctometry

<b>DLC</b>				
NEUTROPHIL	64	%	40 - 75	Flowcytometry
LYMPHOCYTE	24	%	20-40	Flowcytometry
EOSINOPHIL	<b>8</b>	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry

**GENERAL BLOOD PICTURE (GBP)**

Peripheral Blood Picture :

Red blood cells are normocytic normochromic. WBCs show mild eosinophilia. Platelets are adequate. No immature cells or parasite seen.

<b>BLOOD SUGAR RANDOM</b>				
BLOOD SUGAR RANDOM	110.4	mg/dl	70 - 170	Hexokinase

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



[Checked By]



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