

Patient Name : Mr.JP SHARMA	Visit No : CHA250038949
Age/Gender : 36 Y/M	Registration ON : 04/Mar/2025 01:04PM
<b>Lab No : 10136244</b>	Sample Collected ON : 04/Mar/2025 01:18PM
Referred By : Dr.MANISH TANDON	Sample Received ON : 04/Mar/2025 01:38PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 04/Mar/2025 02:49PM
Doctor Advice : CRP (Quantitative),ESR,CBC (WHOLE BLOOD),USG WHOLE ABDOMEN	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>ESR</b>				
Erythrocyte Sedimentation Rate ESR	10.00		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	0.2	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 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



[Checked By]

Print.Date/Time: 04-03-2025 15:25:43

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

DR. NISHANT SHARMA DR. SHADAB DR. ADITI D AGARWAL  
PATHOLOGIST PATHOLOGIST PATHOLOGIST

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<b>Lab No : 10136244</b>	Sample Collected ON : 04/Mar/2025 01:18PM
Referred By : Dr.MANISH TANDON	Sample Received ON : 04/Mar/2025 01:24PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 04/Mar/2025 02:49PM
Doctor Advice : CRP (Quantitative),ESR,CBC (WHOLE BLOOD),USG WHOLE ABDOMEN	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	13.8	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.80	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	42.3	%	36 - 45	Pulse hieght detection
MCV	88.9	fL	80 - 96	calculated
MCH	29.0	pg	27 - 33	Calculated
MCHC	32.6	g/dL	30 - 36	Calculated
RDW	12.3	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8360	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	68	%	40 - 75	Flowcytometry
LYMPHOCYTES	<b>23</b>	%	25 - 45	Flowcytometry
EOSINOPHIL	5	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	231,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	231000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	5,685	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,923	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	418	/cmm	20-500	Calculated
Absolute Monocytes Count	334	/cmm	200-1000	Calculated
Mentzer Index	19			
Peripheral Blood Picture	:			

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

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



[Checked By]



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### ULTRASOUND STUDY OF WHOLE ABDOMEN

#### **Excessive gaseous abdomen**

- **Liver** is mildly enlarged in size, and shows homogenously increased echotexture of liver parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is partially distended [post prandial ].Visualized part appears normal. No calculus / mass lesion is seen. GB walls are not thickened.
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- **Spleen** is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- **Both kidneys** are normal in size and position. No hydronephrosis is seen. No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 89 x 41 mm in size. Left kidney measures 94 x 44 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- Bilateral seminal vesicles are seen normally.
- **Prostate** is normal in size measures 26 x 36 x 34 mm with weight of 17 gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.

#### **OPINION:**

- **MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.**

(Possibility of acid peptic disease could not be ruled out).

[DR. R.K SINGH , MD]

transcribed by: anup

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

