

Patient Name : Mr.NIHAL CHAUDHARY	Visit No : CHA250039004
Age/Gender : 47 Y/M	Registration ON : 04/Mar/2025 01:57PM
Lab No : 10136299	Sample Collected ON : 04/Mar/2025 01:58PM
Referred By : Dr.MANISH TANDON	Sample Received ON : 04/Mar/2025 02:23PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 04/Mar/2025 03:32PM
Doctor Advice : CRP (Quantitative),ESR,CBC (WHOLE BLOOD),DIGITAL 1	



Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	12.00		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	9.7	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 16:05:50

*Patient Identity Has Not Been Verified. Not For Medicolegal



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

Signature

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Lab No : 10136299	Sample Collected ON : 04/Mar/2025 01:58PM
Referred By : Dr.MANISH TANDON	Sample Received ON : 04/Mar/2025 02:13PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 04/Mar/2025 03:31PM
Doctor Advice : CRP (Quantitative),ESR,CBC (WHOLE BLOOD),DIGITAL 1	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	15.1	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.30	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	47.3	%	36 - 45	Pulse height detection
MCV	89.9	fL	80 - 96	calculated
MCH	28.7	pg	27 - 33	Calculated
MCHC	31.9	g/dL	30 - 36	Calculated
RDW	13.2	%	11 - 15	RBC histogram derivation
RETIC	0.5 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7440	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	63	%	40 - 75	Flowcytometry
LYMPHOCYTES	29	%	25 - 45	Flowcytometry
EOSINOPHIL	5	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	158,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	158000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,687	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,158	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	372	/cmm	20-500	Calculated
Absolute Monocytes Count	223	/cmm	200-1000	Calculated
Mentzer Index	17			
Peripheral Blood Picture	:			

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

*** End Of Report ***



[Checked By]



DR. NISHANT SHARMA
PATHOLOGIST

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SKIAGRAM CHEST PA VIEW

- Both lung fields show increased vascular markings.
- Bilateral hilar shadows are prominent.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Right minor fissure is opacified.
- Both domes of diaphragm are sharply defined.

IMPRESSION:

- **BRONCHITIS.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya

*** End Of Report ***

