

Patient Name : Ms.SUNITA SINGH	Visit No : CHA250039061
Age/Gender : 55 Y/F	Registration ON : 04/Mar/2025 02: 49PM
Lab No : 10136356	Sample Collected ON : 04/Mar/2025 02: 51PM
Referred By : Dr.GURMEET RAM	Sample Received ON : 04/Mar/2025 03: 09PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 04/Mar/2025 05: 23PM
Doctor Advice : BOTH KNEE AP LAT,CALCIUM,25 OH vit. D,CRP (Quantitative),URIC ACID,ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	13.00		0 - 20	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	1.6	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	5.4	mg/dL	2.40 - 5.70	Uricase,Colorimetric
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[Checked By]

Print.Date/Time: 04-03-2025 17:55:38

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADABKHAN
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CALCIUM				
CALCIUM	10.1	mg/dl	8.8 - 10.2	dapta / arsenazo III

25 OH vit. D				
25 Hydroxy Vitamin D	18.12	ng/ml		ECLIA
Deficiency < 10				
Insufficiency 10 - 30				
Sufficiency 30 - 100				
Toxicity > 100				

DONE BY: ELECTROCHEMILUMINESCENCE IMMUNOASSAY(Cobas e 411,Unicel DxI600,vitros ECI)

*** End Of Report ***

CHARAK

[Checked By]

Print.Date/Time: 04-03-2025 17:55:39

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SKIAGRAM BOTH KNEE AP AND LATERAL

- Articular surfaces show early osteophytosis.
- Joint spaces are maintained.
- Tibial spines are prominent.

IMPRESSION:

- **EARLY OSTEOARTHRITIC CHANGES BOTH KNEE JOINT.**

CLINICAL CORRELATION IS NECESSARY .

[DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP

*** End Of Report ***

