

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

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CMO Reg. No. RMEE 2445133 NABLReg. No.MC-2491 Certificate No. MIS-2023-0218

Patient Name : Ms.REENA DWIVEDI Visit No : CHA250039325

Age/Gender : 58 Y/F Registration ON : 04/Mar/2025 08:37PM Lab No : 10136620 Sample Collected ON : 04/Mar/2025 08:38PM Referred By : Dr.KGMU Sample Received ON : 04/Mar/2025 08:48PM Refer Lab/Hosp · CHARAK NA Report Generated ON : 05/Mar/2025 09:40AM

. CREATININE,SGPT,CRP (Quantitative),ESR,CBC (WHOLE BLOOD) Doctor Advice

Test	Name	Result	Unit	Bio. Ref. Range	Method
ESR					

**Erythrocyte Sedimentation Rate ESR** 0 - 20 35.00 Westergreen

## Note:

PR.

- 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-OUANTITATIVE TEST 2.4 MG/L 0.1 - 6

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

CHARAK

All reports to be clinically corelated





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Test Name	Result	Unit	Bio. Ref. Range	Method			
CBC (COMPLETE BLOOD COUNT)							
Hb	10.9	g/dl	12 - 15	Non Cyanide			
R.B.C. COUNT	3.50	mil/cmm	3.8 - 4.8	Electrical			
				Impedence			
PCV	35.2	%	36 - 45	Pulse hieght			
				detection			
MCV	99.4	fL	80 - 96	calculated			
MCH	30.8	pg	27 - 33	Calculated			
MCHC	31	g/dL	30 - 36	Calculated			
RDW	14.8	%	11 - 15	RBC histogram			
				derivation			
RETIC	0.7 %	%	0.5 - 2.5	Microscopy			
TOTAL LEUCOCYTES COUNT	4130	/cmm	4000 - 10000	Flocytrometry			
DIFFERENTIAL LEUCOCYTE COUNT		24					
NEUTROPHIL	66	%	40 - 75	Flowcytrometry			
LYMPHOCYTES	24	%	25 - 45	Flowcytrometry			
EOSINOPHIL	6	%	1 - 6	Flowcytrometry			
MONOCYTE	4	%	2 - 10	Flowcytrometry			
BASOPHIL	0	%	00 - 01	Flowcytrometry			
PLATELET COUNT	66,000	/cmm	150000 - 450000	Elect Imped			
PLATELET COUNT (MANUAL)	1,00,000	/cmm	150000 - 450000	Microscopy .			
Absolute Neutrophils Count	2,726	/cmm	2000 - 7000	Calculated			
Absolute Lymphocytes Count	991	/cmm	1000-3000	Calculated			
Absolute Eosinophils Count	248	/cmm	20-500	Calculated			
Absolute Monocytes Count	165	/cmm	200-1000	Calculated			
Mentzer Index	28						
Peripheral Blood Picture	:						

Red blood cells show cytopenia + with macrocytes. Platelets are reduced. No immature cells or parasite seen.





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Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CREATININE				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate- kinetic
SGPT				
SGPT	13.7	U/L	5 - 40	UV without P5P

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







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