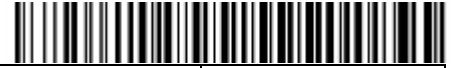


Patient Name : Mr.MUNNA	Visit No : CHA250040099
Age/Gender : 18 Y/M	Registration ON : 05/Mar/2025 07: 15PM
<b>Lab No : 10137394</b>	Sample Collected ON : 05/Mar/2025 07: 20PM
Referred By : Dr.MANISH TANDON	Sample Received ON : 05/Mar/2025 07: 36PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 05/Mar/2025 08: 50PM
Doctor Advice : CRP (Quantitative),ESR,CBC (WHOLE BLOOD),DIGITAL 1,USG WHOLE ABDOMEN	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>ESR</b>				
Erythrocyte Sedimentation Rate ESR	9.00		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	2.9	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 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

All reports to be clinically corelated

[Checked By]

Print.Date/Time: 06-03-2025 00:01:06

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



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

Patient Name : Mr.MUNNA	Visit No : CHA250040099
Age/Gender : 18 Y/M	Registration ON : 05/Mar/2025 07: 15PM
<b>Lab No : 10137394</b>	Sample Collected ON : 05/Mar/2025 07: 20PM
Referred By : Dr.MANISH TANDON	Sample Received ON : 05/Mar/2025 07: 24PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 05/Mar/2025 08: 06PM
Doctor Advice : CRP (Quantitative),ESR,CBC (WHOLE BLOOD),DIGITAL 1,USG WHOLE ABDOMEN	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	15.3	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.20	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	46.6	%	36 - 45	Pulse hieght detection
MCV	90.3	fL	80 - 96	calculated
MCH	29.7	pg	27 - 33	Calculated
MCHC	32.8	g/dL	30 - 36	Calculated
RDW	13.8	%	11 - 15	RBC histogram derivation
RETIC	1.2 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8500	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	72	%	40 - 75	Flowcytometry
LYMPHOCYTES	23	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	145,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	153000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	6,120	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,955	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	170	/cmm	20-500	Calculated
Absolute Monocytes Count	255	/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]



*Shadab Khan*

Patient Name	: Mr.MUNNA	Visit No	: CHA250040099
Age/Gender	: 18 Y/M	Registration ON	: 05/Mar/2025 07:15PM
<b>Lab No</b>	<b>: 10137394</b>	Sample Collected ON	: 05/Mar/2025 07:15PM
Referred By	: Dr.MANISH TANDON	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 05/Mar/2025 08:27PM

### ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is normal in size, and shows 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. 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 mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 90x49mm in size. Left kidney measures 93x47mm in size. **Tiny calculus of size ~2.7mm is seen in lower pole of right kidney.**
- **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.
- **Prostate** is normal in size measures 30x25x24mm with weight of 9.63gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.

#### OPINION:

- **GRADE I FATTY LIVER.**
- **TINY RIGHT RENAL CALCULUS.**

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

[DR. K K SINGH , RADIOLOGIST]

[DR. R.K SINGH , MD]



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Age/Gender	: 18 Y/M	Registration ON	: 05/Mar/2025 07:15PM
<b>Lab No</b>	<b>: 10137394</b>	Sample Collected ON	: 05/Mar/2025 07:15PM
Referred By	: Dr.MANISH TANDON	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 05/Mar/2025 08:44PM

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**SKIAGRAM ABDOMEN (ERECT) AP VIEW**

- No free gas is seen under both dome of diaphragm.
- No abnormal air fluid levels are seen.

Clinical correlation is necessary.

[DR. K K SINGH , RADIOLOGIST]

[DR. R.K SINGH , MD]

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

