

Patient Name : Mr. BHANU PRATAP	Visit No : CHA250040553
Age/Gender : 61 Y/M	Registration ON : 06/Mar/2025 01:20PM
Lab No : 10137848	Sample Collected ON : 06/Mar/2025 01:22PM
Referred By : Dr. MANISH TANDON	Sample Received ON : 06/Mar/2025 01:34PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 06/Mar/2025 02:42PM
Doctor Advice : CRP (Quantitative), ESR, CBC (WHOLE BLOOD), USG WHOLE ABDOMEN, ABDOMEN ERECT AP	



Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	17.00		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	16.5	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: 06-03-2025 15:40:14

*Patient Identity Has Not Been Verified. Not For Medicolegal



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

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Doctor Advice : CRP (Quantitative), ESR, CBC (WHOLE BLOOD), USG WHOLE ABDOMEN, ABDOMEN ERECT AP	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	13.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.70	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	43.2	%	36 - 45	Pulse height detection
MCV	91.1	fL	80 - 96	calculated
MCH	28.9	pg	27 - 33	Calculated
MCHC	31.7	g/dL	30 - 36	Calculated
RDW	14.6	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7610	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	47	%	40 - 75	Flowcytometry
LYMPHOCYTES	43	%	25 - 45	Flowcytometry
EOSINOPHIL	4	%	1 - 6	Flowcytometry
MONOCYTE	6	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	109,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	140000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,577	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	3,272	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	304	/cmm	20-500	Calculated
Absolute Monocytes Count	457	/cmm	200-1000	Calculated
Mentzer Index	19			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic with anisocytosis+. Platelets are just adequate with gaint form. No immature cells or parasite seen.

*** End Of Report ***



[Checked By]



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DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Referred By : Dr.MANISH TANDON Sample Received ON :
Refer Lab/Hosp : CHARAK NA Report Generated ON : 06/Mar/2025 02:19PM

ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is mildly enlarged in size and shows mild altered 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 normal in size and shows anechoic lumen. 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.
- **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 90 x 40mm in size. Left kidney measures 91 x 39mm 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 enlarged in size measures 41 x 37 x 32mm with weight of 26gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- Abdomen shows dilated bowel loops, filled with semisolid content with air and hypokinetic bowel movement with mild interbowel collection in peritoneal cavity.

IMPRESSION:

- MILD HEPATOMEGALY WITH MILD ALTERED ECHOTEXTURE OF LIVER PARENCHYMA.
- PROSTATOMEGALY.
- ? SUBACUTE INTESTINAL OBSTRUCTION.

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed by R R...



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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. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP

*** End Of Report ***

