

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

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

Patient Name : Mr.LAL JI Visit No : CHA250042939

Age/Gender : 32 Y/M Registration ON 10/Mar/2025 12:11PM Lab No : 10140234 Sample Collected ON 10/Mar/2025 12:13PM Referred By : Dr.MANISH TANDON Sample Received ON 10/Mar/2025 12:13PM Refer Lab/Hosp · CHARAK NA Report Generated ON 10/Mar/2025 02: 27PM

Doctor Advice : CHEST PA,MF BY CARD,MF,MP,MP BY CARD,URINE COM. EXMAMINATION,URINE C/S,LFT,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)

Test Name	Result	Unit	Bio. Ref. Range	Method
MALARIAL PARASITE (MP)				
MALARIAL PARASITE (MP)	Negative		NEGATIVE	<u> </u>
MICROFILARIA (MF)				
MICROFILARIA (MF)	Negative		NEGATIVE	<u> </u>
ESR				
Erythrocyte Sedimentation Rate I	SR 88.00		0 - 15 Wes	tergreen

Note:

P.R.

- 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.

MF BY CARD			
MICROFILARIA ANTIBODY (MF)	Negative	NEGATIVE	by card
MP BY CARD			
Plasmodium vivax	Negative		
Plasmodium falciparum antigen	Negative	Negative	





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Test Name	Result	Unit	Bio. Ref. Range	Method
CRP-QUANTITATIVE				
CRP-QUANTITATIVE TEST	177.3	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 measurment of CRP represents a useful aboratory test for detection of acute infection after 6 hours reaching a peak at 48 hours.. The 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

Risk Level <1.0 Low 1.0-3.0 Average High >3.0

All reports to be clinically corelated

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Test Name		Resul	t	Unit		Bio. Re	ef. Range	Method
URINE EXAMINATION REPORT								
Colour-U	DAF	RK YELLOW			Ligh	nt Yellow		
Appearance (Urine)		CLEAR				Clear		
Specific Gravity		1.015			1.00	5 - 1.025		
pH-Urine	Ne	utral (7.0)			4.	5 - 8.0		
PROTEIN	1	.0 gm/dl	mg/c	dl	A	BSENT	<mark>Di</mark> pstick	
Glucose		Absent						
Ketones		Absent			А	bsent		
Bilirubin-U		Absent			А	bsent		
Blood-U		Absent			A	bsent		
Urobilinogen-U		0.20	EU/d		0.	2 - 1.0		
Leukocytes-U		Absent			A	bsent		
NITRITE		Absent			Α	bsent		
MICROSCOPIC EXAMINATION								
Pus cells / hpf		Nil	/hpf	7	<	5/hpf		
Epithelial Cells		Nil	/hpf	. 3		0 - 5		
RBC / hpf	0	ccasional			<	3/hpf		
Triple phosphate crystals-PRESEN	Т							

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 Lab No
 : 10140234
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 : 10/Mar/2025 12:13PM

Referred By : Dr.MANISH TANDON Sample Received ON : 10/Mar/2025 12:18PM Refer Lab/Hosp : CHARAK NA Report Generated ON : 10/Mar/2025 01:33PM

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Test Name Result Unit Bio. Ref. Range Method

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	9.9	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.30	mil/cmm	3.8 - 4.8	Electrical
				Impedence
PCV	30.8	%	36 - 45	Pulse hieght
				detection
MCV	94.2	fL	80 - 96	calculated
MCH	30.3	pg	27 - 33	Calculated
MCHC	32.1	g/dL	30 - 36	Calculated
RDW	15.8	%	11 - 15	RBC histogram
				derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	14280	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	84	%	40 - 75	Flowcytrometry
LYMPHOCYTES	14	%	25 - 45	Flowcytrometry
EOSINOPHIL	1	%	1 - 6	Flowcytrometry
MONOCYTE	1	%	2 - 10	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	177,000	/cmm	150000 - 450000	Elect Imped
PLATELET COUNT (MANUAL)	177000	/cmm	150000 - 450000	Microscopy.
Absolute Neutrophils Count	11,995	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,999	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	143	/cmm	20-500	Calculated
Absolute Monocytes Count	143	/cmm	200-1000	Calculated
Mentzer Index	29			
Peripheral Blood Picture	:			

Red blood cells show cytopenia with normocytic normochromic. WBCs show neutrophilic leucocytosis. Platelets are adequate. No parasite seen.









PR.

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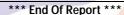
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.65	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.18	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.47	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	205.70	U/L	30 - 120	PNPP, AMP Buffer
SGPT	27.0	U/L	5 - 40	UV without P5P
SGOT	231.0	U/L	5 - 40	UV without P5P











15:12:01

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Referred By : Dr.MANISH TANDON Sample Received ON

Refer Lab/Hosp : CHARAK NA Report Generated ON : 10/Mar/2025 01:38PM

SKIAGRAM CHEST PA VIEW

- Both lung fields are clear.
- Bilateral hilar shadows are normal.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

OPINION

• NO ACTIVE LUNG PARENCHYMAL LESION IS DISCERNIBLE.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed By: Priyanka

*** End Of Report ***

