

Patient Name : Mr.ARZOO	Visit No : CHA250042954
Age/Gender : 55 Y/M	Registration ON : 10/Mar/2025 12:20PM
Lab No : 10140249	Sample Collected ON : 10/Mar/2025 12:22PM
Referred By : Dr.MANISH TANDON	Sample Received ON : 10/Mar/2025 12:22PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 02:38PM
Doctor Advice : URINE C/S, URINE COM. EXAMINATION, CHEST PA, GAMA GT, LFT, T3T4TSH, RANDOM, CREATININE, CRP (Quantitative), ESR, CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	14.00		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	21.5	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 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

GAMA GT

GAMA GT	24	U/L	2 - 38	G-glutamyl-carboxy-nitoanilide
---------	----	-----	--------	--------------------------------



[Checked By]

Print.Date/Time: 10-03-2025 15:12:11

*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.ARZOO	Visit No : CHA250042954
Age/Gender : 55 Y/M	Registration ON : 10/Mar/2025 12:20PM
Lab No : 10140249	Sample Collected ON : 10/Mar/2025 12:22PM
Referred By : Dr.MANISH TANDON	Sample Received ON : 10/Mar/2025 12:22PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 02:38PM
Doctor Advice : URINE C/S,URINE COM. EXMAMINATION,CHEST PA,GAMA GT,LFT,T3T4TSH,RANDOM,CREATININE,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
URINE EXAMINATION REPORT				
Colour-U	DARK YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.010		1.005 - 1.025	
pH-Urine	Alkaline (7.5)		4.5 - 8.0	
PROTEIN	10 mg/dl	mg/dl	ABSENT	Dipstick
Glucose	Absent			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	Occasional	/hpf	< 5/hpf	
Epithelial Cells	Occasional	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

CHARAK

[Checked By]



Print.Date/Time: 10-03-2025 15:12:12

*Patient Identity Has Not Been Verified. Not For Medicolegal

Sharma

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

Patient Name : Mr.ARZOO	Visit No : CHA250042954
Age/Gender : 55 Y/M	Registration ON : 10/Mar/2025 12:20PM
Lab No : 10140249	Sample Collected ON : 10/Mar/2025 12:22PM
Referred By : Dr.MANISH TANDON	Sample Received ON : 10/Mar/2025 12:34PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 01:37PM
Doctor Advice : URINE C/S, URINE COM. EXAMINATION, CHEST PA, GAMA GT, LFT, T3T4TSH, RANDOM, CREATININE, CRP (Quantitative), ESR, CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	14.5	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.00	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	44.6	%	36 - 45	Pulse height detection
MCV	88.3	fL	80 - 96	calculated
MCH	28.7	pg	27 - 33	Calculated
MCHC	32.5	g/dL	30 - 36	Calculated
RDW	13.2	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8600	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	54	%	40 - 75	Flowcytometry
LYMPHOCYTES	31	%	25 - 45	Flowcytometry
EOSINOPHIL	11	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	137,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	150,000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,644	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,666	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	946	/cmm	20-500	Calculated
Absolute Monocytes Count	344	/cmm	200-1000	Calculated
Mentzer Index	18			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. WBCs show eosinophilia. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



Sham

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

Patient Name : Mr.ARZOO	Visit No : CHA250042954
Age/Gender : 55 Y/M	Registration ON : 10/Mar/2025 12:20PM
Lab No : 10140249	Sample Collected ON : 10/Mar/2025 12:22PM
Referred By : Dr.MANISH TANDON	Sample Received ON : 10/Mar/2025 12:30PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 01:30PM
Doctor Advice : URINE C/S, URINE COM. EXMAMINATION, CHEST PA, GAMA GT, LFT, T3T4TSH, RANDOM, CREATININE, CRP (Quantitative), ESR, CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	105.8	mg/dl	70 - 170	Hexokinase
SERUM CREATININE				
CREATININE	1.00	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.50	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.20	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.30	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	98.10	U/L	30 - 120	PNPP, AMP Buffer
SGPT	25.3	U/L	5 - 40	UV without P5P
SGOT	31.2	U/L	5 - 40	UV without P5P

CHARAK



[Checked By]



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

Patient Name : Mr.ARZOO	Visit No : CHA250042954
Age/Gender : 55 Y/M	Registration ON : 10/Mar/2025 12:20PM
Lab No : 10140249	Sample Collected ON : 10/Mar/2025 12:22PM
Referred By : Dr.MANISH TANDON	Sample Received ON : 10/Mar/2025 12:30PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 01:39PM
Doctor Advice : URINE C/S,URINE COM. EXMAMINATION,CHEST PA,GAMA GT,LFT,T3T4TSH,RANDOM,CREATININE,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.60	nmol/L	1.49-2.96	ECLIA
T4	106.00	n mol/l	63 - 177	ECLIA
TSH	4.70	uIU/ml	0.47 - 4.52	ECLIA

Note

- (1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism,cretinism,juvenile mysedema or autoimmune disorders.
- (2) Patients having low T3 & T4 levels but high TSH levels suffer from grave~s disease, toxic adenoma or sub-acute thyroiditis.
- (3) Patients having either low or normal T3 & T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- (4) Patients having high T3 & T4 levels but normal TSH levels may suffer from toxic multinodular goitre. This condition is mostly asymptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- (5) Patient with high or normal T3 & T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 Toxicosis respectively.
- (6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the cacabolic state and may revert tonormal when the patient recovers.
- (7) There are many drugs for eg.Glucocorticoids ,dopamine,Lithium,iodides ,oral radiographic dyes,ets.Which may affect the thyroid function tests.
- (8) Generally when total T3& T4 results are indecisive then Free T3 & Free T4 test are recommended for further confirmation along with

(1 Beckman Dxl-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

*** End Of Report ***

CHARAK



[Checked By]



Sham

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

Patient Name	: Mr.ARZOO	Visit No	: CHA250042954
Age/Gender	: 55 Y/M	Registration ON	: 10/Mar/2025 12:20PM
Lab No	: 10140249	Sample Collected ON	: 10/Mar/2025 12:20PM
Referred By	: Dr.MANISH TANDON	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 10/Mar/2025 01:49PM

SKIAGRAM CHEST PA VIEW

- Fibrotic opacities are seen in right upper zone.
- 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.

To be correlated with previous records.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed By: Priyanka

*** End Of Report ***

