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|--|---|
| Patient Name : Baby.JUVERIA | Visit No : CHA250042966 |
| Age/Gender : 7 Y/F | Registration ON : 10/Mar/2025 12:29PM |
| Lab No : 10140261 | Sample Collected ON : 10/Mar/2025 12:32PM |
| Referred By : Dr.AHSAN AJAZ | Sample Received ON : 10/Mar/2025 12:39PM |
| Refer Lab/Hosp : CHARAK NA | Report Generated ON : 10/Mar/2025 01:40PM |
| Doctor Advice : CRP (Quantitative),CBC (WHOLE BLOOD),CT THORAX | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------|--------|------|-----------------|--------|
| CRP-QUANTITATIVE | | | | |
| CRP-QUANTITATIVE TEST | 4.0 | MG/L | 0.10 - 2.80 | |

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 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

CHARAK

[Checked By]

Print.Date/Time: 10-03-2025 18:16:57

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------------------|-------------|---------|-----------------|--------------------------|
| CBC (COMPLETE BLOOD COUNT) | | | | |
| Hb | 11.5 | g/dl | 11 - 15 | Non Cyanide |
| R.B.C. COUNT | 4.50 | mil/cmm | 3.8 - 5.2 | Electrical Impedence |
| PCV | 36.1 | % | 31 - 43 | Pulse hieght detection |
| MCV | 80.9 | fL | 78 - 81 | calculated |
| MCH | 25.8 | pg | 26 - 28 | Calculated |
| MCHC | 31.9 | g/dL | 33 - 35 | Calculated |
| RDW | 14.2 | % | 11 - 15 | RBC histogram derivation |
| RETIC | 0.9 % | % | 0.3 - 1 | Microscopy |
| TOTAL LEUCOCYTES COUNT | 9140 | /cmm | 5000 - 15000 | Flocytrometry |
| DIFFERENTIAL LEUCOCYTE COUNT | | | | |
| NEUTROPHIL | 73 | % | 40 - 70 | Flowcytometry |
| LYMPHOCYTES | 25 | % | 25 - 55 | Flowcytometry |
| EOSINOPHIL | 0 | % | 1 - 6 | Flowcytometry |
| MONOCYTE | 2 | % | 0 - 8 | Flowcytometry |
| BASOPHIL | 0 | % | 00 - 01 | Flowcytometry |
| PLATELET COUNT | 262,000 | /cmm | 150000 - 450000 | Elect Imped.. |
| PLATELET COUNT (MANUAL) | 262000 | /cmm | 150000 - 450000 | Microscopy . |
| Absolute Neutrophils Count | 6,672 | /cmm | 2000 - 7000 | Calculated |
| Absolute Lymphocytes Count | 2,285 | /cmm | 1000-3000 | Calculated |
| Absolute Monocytes Count | 183 | /cmm | 200-1000 | Calculated |
| Mentzer Index | 18 | | | |
| Peripheral Blood Picture | : | | | |

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

*** End Of Report ***



[Checked By]



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PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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CT THORAX**HRCT STUDY OF THORAX (NCCT)**

- Both lung fields are clear and show normal pulmonary architecture. No evidence of any parenchymal opacity, area of consolidation or any mass lesion is seen.
- No pleural effusion or pleural thickening is seen on either side.
- No mediastinal lymphadenopathy is seen.
- Trachea is central.
- Heart size is normal.
- Esophagus is seen normally.
- Soft tissues are seen normally.
- On scout view pulmonary conus is prominent (pulmonary vessels not commentable on HRCT).

OPINION:

- **PROMINENT PULMONARY CONUS (NEEDS 2D ECHO EVALUATION).**
- **NO SIGNIFICANT PULMONARY OR PLEURAL ABNORMALITY DETECTED.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya

*** End Of Report ***

