

Patient Name : Mr. TAHZEEB	Visit No : CHA250043024
Age/Gender : 30 Y/M	Registration ON : 10/Mar/2025 01:01PM
Lab No : 10140319	Sample Collected ON : 10/Mar/2025 01:05PM
Referred By : Dr. MANISH TANDON	Sample Received ON : 10/Mar/2025 01:05PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 03:56PM
Doctor Advice : DIGITAL 1,LIPASE,AMYLASE,URINE COM. EXMAMINATION,RANDOM,NA+K+,CREATININE,LFT,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	15.00		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	13.6	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]

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

Signature

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Test Name	Result	Unit	Bio. Ref. Range	Method
AMYLASE				
SERUM AMYLASE	56.9	U/L	20.0-80.00	Enzymatic

Comments:

Amylase is produced in the Pancreas and most of the elevation in serum is due to increased rate of Amylase entry into the blood stream / decreased rate of clearance or both. Serum Amylase rises within 6 to 48 hours of onset of Acute pancreatitis in 80% of patients, but is not proportional to the severity of the disease. Activity usually returns to normal in 3-5 days in patients with milder edematous form of the disease. Values persisting longer than this period suggest continuing necrosis of pancreas or Pseudocyst formation. Approximately 20% of patients with Pancreatitis have normal or near normal activity. Hyperlipemic patients with Pancreatitis also show spuriously normal Amylase levels due to suppression of Amylase activity by triglyceride. Low Amylase levels are seen in Chronic Pancreatitis, Congestive Heart failure, 2nd & 3rd trimesters of pregnancy, Gastrointestinal cancer & bone fractures.
amylase amylase amylase

LIPASE				
LIPASE	34.5	U/L	Upto 60	colorimetric

COMMENTS:as, such as acute pancreatitis, chronic pancreatitis, and obstruction of the pancreatic duct. In acute pancreatitis serum lipase activity tends to become elevated & remains for about 7 - 10 days .Increased lipase activity rarely lasts longer than 14 days, and prolonged increases suggest a poor prognosis or the presence of a cyst. Serum lipase may also be elevated in patients with chronic pancreatitis, obstruction of the pancreatic duct and non pancreatic conditions including renal diseases, various abdominal diseases such as acute cholecystitis, intestinal obstruction or infarction, duodenal ulcer, and liver disease, as well as alcoholism & diabetic keto-acidosis & in patients who have undergone endoscopic r

Lipase measurements are used in the diagnosis and treatment of diseases of the pancre

etrograde cholangiopancreatography. Elevation of serum lipase activity in patients with mumps strongly suggests significant pancreatic as well as salivary gland involvement by the disease.....

CHARAK

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
URINE EXAMINATION REPORT				
Colour-U	YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.005		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	Absent	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	

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PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

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Referred By : Dr.MANISH TANDON	Sample Received ON : 10/Mar/2025 01:24PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 02:49PM
Doctor Advice : DIGITAL 1,LIPASE,AMYLASE,URINE COM. EXMAMINATION,RANDOM,NA+K+,CREATININE,LFT,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	14.4	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.00	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	45.6	%	36 - 45	Pulse hieght detection
MCV	90.5	fL	80 - 96	calculated
MCH	28.6	pg	27 - 33	Calculated
MCHC	31.6	g/dL	30 - 36	Calculated
RDW	13.7	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	12310	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	70	%	40 - 75	Flowcytometry
LYMPHOCYTES	15	%	25 - 45	Flowcytometry
EOSINOPHIL	12	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	197,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	197000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	8,617	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,846	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	1,477	/cmm	20-500	Calculated
Absolute Monocytes Count	369	/cmm	200-1000	Calculated
Mentzer Index	18			
Peripheral Blood Picture	:			

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



[Checked By]



Sham

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 : 10/Mar/2025 01:22PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 02:40PM
Doctor Advice : DIGITAL 1,LIPASE,AMYLASE,URINE COM. EXMAMINATION,RANDOM,NA+K+,CREATININE,LFT,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	101	mg/dl	70 - 170	Hexokinase
NA+K+				
SODIUM Serum	139.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.5	MEq/L	3.5 - 5.5	ISE Direct
SERUM CREATININE				
CREATININE	1.20	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.70	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.30	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.40	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	153.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	37.2	U/L	5 - 40	UV without P5P
SGOT	39.8	U/L	5 - 40	UV without P5P

*** End Of Report ***

CHARAK



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PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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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 Gausiya

*** End Of Report ***

