

Patient Name : Ms.LAXMI SONKAR	Visit No : CHA250043220
Age/Gender : 25 Y/F	Registration ON : 10/Mar/2025 03: 32PM
Lab No : 10140515	Sample Collected ON : 10/Mar/2025 03: 33PM
Referred By : Dr.KGMU	Sample Received ON : 10/Mar/2025 03: 36PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 05: 37PM
Doctor Advice : CREATININE,SGPT,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	33.00		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	7.5	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 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

[Checked By]

Print.Date/Time: 10-03-2025 18:29:00

*Patient Identity Has Not Been Verified. Not For Medicolegal



Signature

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADABKHAN
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 05:39PM
Doctor Advice : CREATININE,SGPT,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	10.3	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.20	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	33.8	%	36 - 45	Pulse hieght detection
MCV	80.3	fL	80 - 96	calculated
MCH	24.5	pg	27 - 33	Calculated
MCHC	30.5	g/dL	30 - 36	Calculated
RDW	14.9	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6780	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	60	%	40 - 75	Flowcytometry
LYMPHOCYTES	27	%	25 - 45	Flowcytometry
EOSINOPHIL	11	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	284,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	284000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,068	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,831	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	746	/cmm	20-500	Calculated
Absolute Monocytes Count	136	/cmm	200-1000	Calculated
Mentzer Index	19			
Peripheral Blood Picture	:			

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



[Checked By]



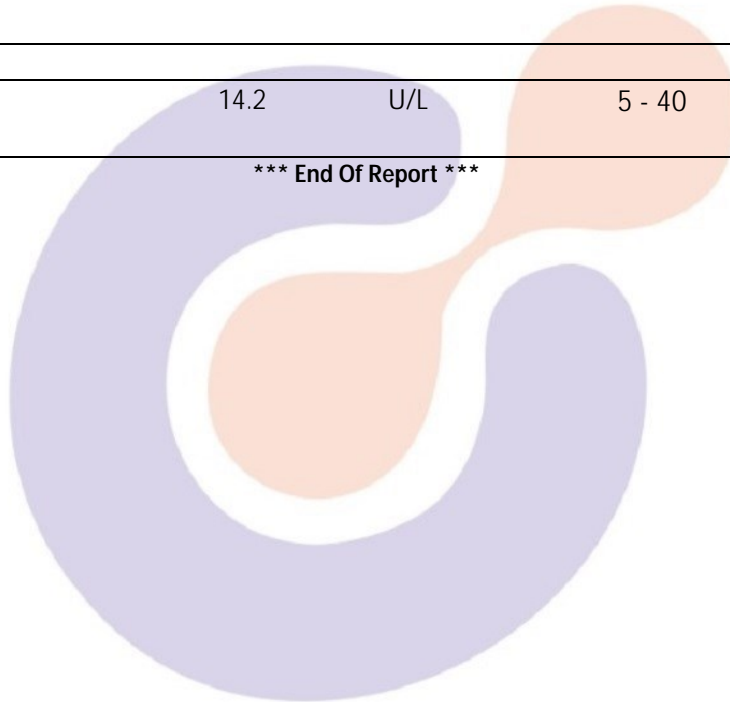
Shadab Khan

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Referred By : Dr.KGMU	Sample Received ON : 10/Mar/2025 03: 36PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 04: 53PM
Doctor Advice : CREATININE,SGPT,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SGPT				
SGPT	14.2	U/L	5 - 40	UV without P5P

*** End Of Report ***



CHARAK

