

Patient Name : Mr.MAYANK PRATAP SINGH	Visit No : CHA250043635
Age/Gender : 32 Y/M	Registration ON : 11/Mar/2025 10:24AM
<b>Lab No : 10140930</b>	Sample Collected ON : 11/Mar/2025 10:27AM
Referred By : Dr.MANISH MAURYA	Sample Received ON : 11/Mar/2025 10:41AM
Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 11/Mar/2025 12:01PM
Doctor Advice : CRP (Quantitative),ESR,USG WHOLE ABDOMEN	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>ESR</b>				
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	<b>33.0</b>	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

\*\*\* End Of Report \*\*\*

[Checked By]

Print.Date/Time: 11-03-2025 12:38:28

\*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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### **ULTRASOUND STUDY OF WHOLE ABDOMEN**

- **Liver is mildly enlarged in size and shows increased echotexture of liver parenchyma.** No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is normal in size and shows anechoic lumen. No calculus / mass lesion is seen. GB walls are not thickened.
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- **Spleen is mildly enlarged in size** and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- **Both kidneys** are normal in size and position. No hydronephrosis is seen. No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 104 x 58 mm in size. Left kidney measures 109 x 56mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- Bilateral seminal vesicles are seen normally.
- **Prostate** is normal in size, measures 20 x 42 x 36 mm with weight of 16gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.

### **OPINION:**

- **Mild hepato-splenomegaly with fatty infiltration of liver grade-I.**

(Possibility of acid peptic disease could not be ruled out).

**Clinical correlation is necessary.**

**{ [DR. R.K. SINGH, MD] }**

Transcribed By: Purvi

\*\*\* End Of Report \*\*\*

