Charak dhar
DIAGNOSTICS Pvt. Ltd.

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9415577933, 9336154100, Tollfree No.: 8688360360
E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Mr.RAJMANI TRIPATHI	Visit No	: CHA250044004
Age/Gender	: 80 Y/M	Registration ON	: 11/Mar/2025 03:19PM
Lab No	**: 10141299**	Sample Collected ON	: 11/Mar/2025 03:21PM
Referred By	: Dr.MANISH TANDON	Sample Received ON	: 11/Mar/2025 03:21PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 11/Mar/2025 06:20PM
Doctor Advice	: LFT,USG WHOLE ABDOMEN,T3T4TSH,URINE C/S,URINE COM. EXMAMINATION,RANDOM,NA+K+,CREATININE,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	**28.00**		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	0.1	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 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 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

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PATHOLOGIST

DR. SHADABKHAN
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Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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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	**1.010**		1.005 - 1.025	
pH-Urine	Alkaline (8.0)		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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Lab No	**: 10141299**	Sample Collected ON	: 11/Mar/2025 03:21PM
Referred By	: Dr.MANISH TANDON	Sample Received ON	: 11/Mar/2025 04:23PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 11/Mar/2025 06:00PM
Doctor Advice	: LFT,USG WHOLE ABDOMEN,T3T4TSH,URINE C/S,URINE COM. EXMAMINATION,RANDOM,NA+K+,CREATININE,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	**11.6**	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.10	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	**35.6**	%	36 - 45	Pulse hieght detection
MCV	86.6	fL	80 - 96	calculated
MCH	28.2	pg	27 - 33	Calculated
MCHC	32.6	g/dL	30 - 36	Calculated
RDW	14.3	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	5810	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	74	%	40 - 75	Flowcytrometry
LYMPHOCYTES	**22**	%	25 - 45	Flowcytrometry
EOSINOPHIL	1	%	1 - 6	Flowcytrometry
MONOCYTE	3	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	164,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	164000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,299	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,278	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	58	/cmm	20-500	Calculated
Absolute Monocytes Count	174	/cmm	200-1000	Calculated
Mentzer Index	21			
Peripheral Blood Picture	:			

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

MC-2491

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Lab No	**: 10141299**	Sample Collected ON	: 11/Mar/2025 03:21PM
Referred By	: Dr.MANISH TANDON	Sample Received ON	: 11/Mar/2025 03:42PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 11/Mar/2025 05:24PM
Doctor Advice	: LFT,USG WHOLE ABDOMEN,T3T4TSH,URINE C/S,URINE COM. EXMAMINATION,RANDOM,NA+K+,CREATININE,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	85.7	mg/dl	70 - 170	Hexokinase
NA+K+				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.7	MEq/L	3.5 - 5.5	ISE Direct
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.40	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.20	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.20	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	87.90	U/L	30 - 120	PNPP, AMP Buffer
SGPT	**74.9**	U/L	5 - 40	UV without P5P
SGOT	**102.0**	U/L	5 - 40	UV without P5P

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.80	nmol/L	1.49-2.96	ECLIA
T4	141.16	n mol/l	63 - 177	ECLIA
TSH	4.43	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 DxI-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

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

MC-2491

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DR. SHADAB PATHOLOGIST

DR. ADITI D AGARWAL PATHOLOGIST