

Patient Name : Ms. ANNAPURNA	Visit No : CHA250044786
Age/Gender : 70 Y/F	Registration ON : 12/Mar/2025 04: 53PM
<b>Lab No : 10142081</b>	Sample Collected ON : 12/Mar/2025 04: 55PM
Referred By : Dr. MANISH TANDON	Sample Received ON : 12/Mar/2025 05: 02PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 12/Mar/2025 06: 19PM
Doctor Advice : CREATININE,LFT,RANDOM,CRP (Quantitative),ESR,CBC (WHOLE BLOOD),CHEST PA	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>ESR</b>				
Erythrocyte Sedimentation Rate ESR	<b>36.00</b>		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	1.3	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 apparantly 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 correlated

[Checked By]

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\*Patient Identity Has Not Been Verified. Not For Medicolegal



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PATHOLOGIST

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Dr. SYED SAIF AHMAD  
MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	11.8	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.40	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	37.3	%	36 - 45	Pulse hieght detection
MCV	85.4	fL	80 - 96	calculated
MCH	27.0	pg	27 - 33	Calculated
MCHC	31.6	g/dL	30 - 36	Calculated
RDW	13.4	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	9330	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	60	%	40 - 75	Flowcytometry
LYMPHOCYTES	36	%	25 - 45	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	315,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	315000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	5,598	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	3,359	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	93	/cmm	20-500	Calculated
Absolute Monocytes Count	280	/cmm	200-1000	Calculated
Mentzer Index	19			
Peripheral Blood Picture	:			

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



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MC-2491

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD SUGAR RANDOM</b>				
BLOOD SUGAR RANDOM	109	mg/dl	70 - 170	Hexokinase
<b>SERUM CREATININE</b>				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
<b>LIVER FUNCTION TEST</b>				
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	<b>130.00</b>	U/L	30 - 120	PNPP, AMP Buffer
SGPT	15.8	U/L	5 - 40	UV without P5P
SGOT	31.4	U/L	5 - 40	UV without P5P

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

CHARAK



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