Patient Name	: **Madhusudan V. Pandya**	Age	: 88 Years
Reffered by	: Dr. Chirag Sapariya	Sex	: Male
Ref No.	: 16114	Date	: 22/02/2023
Pat' Mobile No	: 9265534088	Hosp. ID	:

HAEMOGRAM REPORT

TEST		RESULT	UNITS	NORMALS
BLOOD COUNTS				
Haemoglobin	:	**11.9**	gm%	M:13.5-18 , F:12 - 16
Total R.B.C. Count	:	**4.32**	mill./cu.mm.	M: 4.5- 6.5, F: 4.2-5.4
Total W.B.C Count	:	**12370**	/cu.mm.	4000 to 10000
Platelet Count	:	248000	/cu.mm.	150000 to 450000
DIFFERENTIAL COUNT				
Polymorphs	:	**83**	%	50 - 70
Lymphocytes	:	**08**	%	20 - 40
Eosinophils	:	01	%	01 - 07
Monocytes	:	08	%	02 - 10
Basophils	:	00	%	00 - 02
BLOOD INDICES				
H.C.T.	:	**33.5**	%	M :40-54, F:36-45
M.C.V.	:	**77.6**	fl	82 to 92
M.C.H.	:	27.5	pg	27 to 32
M.C.H.C.	:	35.4	%	32 to 36
R.D.W.	:	**15.8**	%	11.6 -14.6

C - REACTIVE PROTEIN

Test	Result	Unit	Biological Ref. Interval
CRP	: **95.8**	mg/L	0 - 6.0 mg/L

Method : NEPHELOMETRY

C- reactive protein (CRP):- Invasive bacterial infection and extensive tissue damage Cause CRP levels to increase.

2).CRP levels rise rapidly, and increased values can be detected within 6 to 12 hours after An inflammatory process has begin.

3).The CRP concentration has been reported to be a sensitive indicator for use when monitoring the efficacy of antimicrobial therapy, for the follow up of bacterial Infections, and for controlling and monitoring infections. Monitoring CRP levels may contribute to the early recognition of intercurrent Complications occurring after myocardial infarction

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