

PATIENT NAME : MATHEW JOSEPH

REF. DOCTOR : DR.KAMINI MEHTA

KHARGHAR

9870331316

ACCESSION NO : 0040XF000941

PATIENT ID : MATHM16030540

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 19 Years Male

DRAWN : 05/06/2024 07:58:20

RECEIVED : 05/06/2024 08:02:17

REPORTED : 05/06/2024 13:29:57

Test Report Status [Final](#)

Results

Biological Reference Interval

Units

**HAEMATOLOGY****ERYTHROCYTE SEDIMENTATION RATE (ESR),EDTA BLOOD**

E.S.R

11

0 - 14

mm at 1 hr

METHOD : MODIFIED WESTERGREN

**Interpretation(s)****ERYTHROCYTE SEDIMENTATION RATE (ESR),EDTA BLOOD-TEST DESCRIPTION :-**

Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition. CRP is superior to ESR because it is more sensitive and reflects a more rapid change.

**TEST INTERPRETATION**

**Increase** in: Infections, Vasculitis, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.

Finding a very accelerated ESR(>100 mm/hour) in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).

In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.

**Decreased** in: Polycythaemia vera, Sickle cell anemia

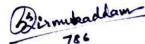
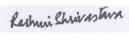
**LIMITATIONS**

**False elevated** ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia

**False Decreased** : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

**REFERENCE :**

1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition;2. Paediatric reference intervals, AAC Press, 7th edition. Edited by S. Soldin;3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis,10th edition.

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**Dr. Swapnil Sirmukaddam**  
Consultant Pathologist

**Dr.Rashmi Shrivastava**  
Consultant Pathologist



View Details

View Report

**PERFORMED AT :****Agilus Diagnostics Ltd**

Bhoomi Tower, 1st Floor, Hall No.1, Plot No.28 Sector 4, Kharghar  
Navi Mumbai, 410210  
Maharashtra, India  
Tel : 9111591115, Fax :  
CIN - U74899PB1995PLC045956



ULR No.77500007868076-0040

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**BIOCHEMISTRY****PHOSPHORUS, SERUM**

PHOSPHORUS

4.0

2.5 - 4.5

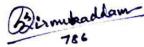
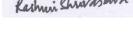
mg/dL

METHOD : UV PHOSPHO MOLYBDATE

\*\*End Of Report\*\*

Please visit [www.agilusdiagnostics.com](http://www.agilusdiagnostics.com) for related Test Information for this accession**CONDITIONS OF LABORATORY TESTING & REPORTING**

1. It is presumed that the test sample belongs to the patient named or identified in the test requisition form.
2. All tests are performed and reported as per the turnaround time stated in the AGILUS Directory of Services.
3. Result delays could occur due to unforeseen circumstances such as non-availability of kits / equipment breakdown / natural calamities / technical downtime or any other unforeseen event.
4. A requested test might not be performed if:
  - i. Specimen received is insufficient or inappropriate
  - ii. Specimen quality is unsatisfactory
  - iii. Incorrect specimen type
  - iv. Discrepancy between identification on specimen container label and test requisition form
5. AGILUS Diagnostics confirms that all tests have been performed or assayed with highest quality standards, clinical safety & technical integrity.
6. Laboratory results should not be interpreted in isolation; it must be correlated with clinical information and be interpreted by registered medical practitioners only to determine final diagnosis.
7. Test results may vary based on time of collection, physiological condition of the patient, current medication or nutritional and dietary changes. Please consult your doctor or call us for any clarification.
8. Test results cannot be used for Medico legal purposes.
9. In case of queries please call customer care (91115 91115) within 48 hours of the report.

**Agilus Diagnostics Limited**Fortis Hospital, Sector 62, Phase VIII,  
Mohali 160062  
786Dr.Rashmi Shrivastava  
Consultant PathologistDr. Swapnil Sirmukaddam  
Consultant Pathologist

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