



Client Code:
cdpl313, OMC Premia Wellness and Diagnostics (cdpl313),
8467811100, Sector 45, Gurgaon



NAME: **Ms. SAMPRIYA**
Age / Gender: 17 Y 0 M 0 D /Female
Referred By: Self
Report Status: Final
Address: N/A

Collected: 09/May/2021 05:02 PM
Analysed: 09/May/2021 08:50PM
Reported: 09/May/2021 08:50PM
Barcode No: 621522
Lab No: 012105090188

Test Name	Result	Unit	Ref. Interval
C-Reactive Protein (Quantitative) <small>Method: Immunoturbidimetry</small>	1.30	mg/L	<10
Sample Type: Serum			

Clinical Significance

CRP is an acute phase reactant which is used in inflammatory disorders for monitoring course and effect of therapy. It is most useful as an indicator of activity in Rheumatoid arthritis, Rheumatic fever, tissue injury or necrosis and infections. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc.

Dr. Rakesh Kumar
M.Sc., PhD
Consultant Biochemistry

*Marked tests are under the scope of NABL.

The above tests has been processed at Rapidx, A unit of cauro diagnostics pvt. ltd., Gurugram (Haryana). Clinical Establishment No. 0608600087.



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Collected: 09/May/2021 05:01 PM
Analysed: 09/May/2021 07:43PM
Reported: 09/May/2021 08:34PM
Barcode No: 621522
Lab No: 012105090188

Test Name	Result	Unit	Ref. Interval
Complete Blood Count (CBC)			
Haemoglobin Method: Non Cyanide - SLS	13.2	g/dL	12.0 - 15.0
Total Leucocyte Count (TLC / WBC) Method: Light Scattering	6.68	$10^3/\mu\text{L}$	4.0 - 10.0
RBC Count Method: Electronic Impedance	4.62	$10^6/\mu\text{L}$	3.79-4.61
Packed Cell Volume (PCV / HCT) Method: Cumulative Pulse	39.6	%	36.0-46.0
Mean Corpuscular Volume (MCV) Method: Electric Impedance	85.8	fl	83-101
Mean Corpuscular Hemoglobin (MCH) Method: Electric Impedance	28.5	pg	27-32
Mean Corpuscular Hb Co (MCHC) Method: Electric Impedance	33.20	gm/dL	31.5-34.5
RDW-CV Method: Electric Impedance	13.40	%	11-16
Platelet Count Method: Hydro- Dyn. Focusing/Microscopic	150	$10^3/\text{cumm}$	150-410
MPV Method: Electric Impedance	16.60	μm^3	8.0 - 13.2
PCT Method: Electric Impedance	0.19	%	0.17 - 0.4
Differential Leucocyte Count			
Neutrophils Method: Microscopy/Flowcytometry	50	%	43-76
Lymphocytes Method: Microscopy/Flowcytometry	40	%	8-41
Monocytes Method: Microscopy/Flowcytometry	06	%	4-8
Eosinophils Method: Microscopy/Flowcytometry	04	%	2-6
Basophils Method: Microscopy/Flowcytometry	0	%	<1 - 2
Large Immature Cells (LIC) Method: Microscopy/Flowcytometry	0	%	0-1.0
Absolute Differential Leucocyte Count			
Absolute Neutrophils Method: Electric Impedance	3.34	$10^3/\mu\text{L}$	2.7-6.7
Absolute Lymphocyte Method: Electric Impedance	2.67	$10^3/\mu\text{L}$	1-2.2
Absolute Monocyte Method: Electric Impedance	0.40	$10^3/\mu\text{L}$	0.4-1.3
Absolute Eosinophils Method: Electric Impedance	0.27	$10^3/\mu\text{L}$	0-0.2

Dr. Isha Aggarwal
MD - Pathology

Dr. Smita Kumari
MBBS, DNB - Pathology

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**OMC**
Online Medical Consulting

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Absolute Basophils 0.00 $10^3/\mu\text{L}$ 0-0.1

Method: Electric Impedance

Sample Type: Whole Blood EDTA

Kindly correlate clinically.

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Collected: 09/May/2021 04:52 PM
Analysed: 09/May/2021 07:26PM
Reported: 09/May/2021 07:26PM
Barcode No: 621522
Lab No: 012105090188

Test Name	Result	Unit	Ref. Interval
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D-Dimer

D-Dimer	32.10	ng FEU/ml	0-500
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Method: Two-site Chemiluminescent Immunometric Assay

Sample Type: NA CITRATE

Clinical Significance

D-dimer is the smallest plasmin resistant molecular unit present within the fibrin degradation products(FDP). An elevated D-dimer may be due to VTE, DIC, recent surgery, trauma, infection, liver disease, pregnancy, eclampsia, heart disease, in certain cancers and elderly.

Note

D-dimer half life is approximately 6 hours in circulation of individuals with normal renal function. Patients with stabilized clots and not undergoing active fibrin deposition and plasmin activation may not give detectable D-dimer elevation.

In PE, larger the clot size, higher the expected level of circulating D-dimer, conversely the amount of D-dimer release from very small clots may be diluted by the circulation and not give a detectable increase.

Fibrinolysis is a highly regulated process and in a delicate dynamic balance. In case of hereditary, acquired deficiency and fibrinogen dysfunction the rate of fibrinolysis will be altered resulting in non detectable d-dimer results.

False positive may be seen with high levels of rheumatoid factor, bilirubin, lipemic serum and hemolysed blood.

The test should be in conjugation with the clinical parameters.

Conditions of Reporting: All Lab results are subject to clinical interpretation by a qualified medical professional & This report is not subject to use for any medico-legal purpose.

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