CID	: 2117740429	**SID**	: 177803804003
Name	: MRS.RESHMA HEMDEV OPD	**Registered**	: 26-Jun-2021 / 21:24
Age / Gender	: 55 Years / Female	**Collected**	: 26-Jun-2021 / 21:25
Dr.	: VIKRANT SHAH	**Reported**	: 26-Jun-2021 / 23:01
Reg. Location	: Zen Hospital, Chembur	**Printed**	: 26-Jun-2021 / 23:02

REPORT

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	**11.8**	12.0-15.0 g/dL	Spectrophotometric
RBC	4.61	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.6	36-46 %	Measured
MCV	81.5	80-100 fl	Calculated
MCH	**25.5**	27-32 pg	Calculated
MCHC	**31.3**	31.5-34.5 g/dL	Calculated
RDW	12.5	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	**17800**	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	**12.9**	20-40 %	
Absolute Lymphocytes	2296.2	1000-3000 /cmm	Calculated
Monocytes	**11.0**	2-10 %	
Absolute Monocytes	**1958.0**	200-1000 /cmm	Calculated
Neutrophils	74.5	40-80 %	
Absolute Neutrophils	**13261.0**	2000-7000 /cmm	Calculated
Eosinophils	1.2	1-6 %	
Absolute Eosinophils	213.6	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	71.2	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	336000	150000-400000 /cmm	Elect. Impedance
MPV	8.5	6-11 fl	Calculated
PDW	11.8	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	Mild		
Microcytosis	-		
Macrocytosis	-		
Anisocytosis	-		
Poikilocytosis	-		
Polychromasia	-		

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REPORT

Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	Neutrophilic Leukocytosis

Specimen: EDTA Whole Blood

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Zen Lab, Chembur

*** End Of Report ***

Dr.JYOT THAKKER
M.D,D.P.B
PATHOLOGIST

CID	: 2117740429	**SID**	: 177803804003
Name	: MRS.RESHMA HEMDEV OPD	**Registered**	: 26-Jun-2021 / 21:24
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Dr.	: VIKRANT SHAH	**Reported**	: 26-Jun-2021 / 23:01
Reg. Location	: Zen Hospital, Chembur	**Printed**	: 26-Jun-2021 / 23:02

REPORT

MALARIAL PARASITE (MP)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE
MALARIAL PARASITE, EDTA WB	Negative	Negative

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Zen Lab, Chembur

*** End Of Report ***

Dr.JYOT THAKKER
M.D,D.P.B
PATHOLOGIST

CID	: 2117740429	**SID**	: 177803804003
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Age / Gender	: 55 Years / Female	**Collected**	: 26-Jun-2021 / 21:25
Dr.	: VIKRANT SHAH	**Reported**	: 26-Jun-2021 / 21:44
Reg. Location	: Zen Hospital, Chembur	**Printed**	: 26-Jun-2021 / 23:02

REPORT

CRP-QUANTITATIVE TEST

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CRP-QUANTITATIVE, Serum	**219.9**	1-5 mg/l	Imm.Turbidimetry

Kindly correlate clinically

Interpretation:
CRP elevations are nonspecific and may be useful for the detection of systemic inflammatory processes like;
1) To assess treatment of bacterial infections with antibiotics
2) To differentiate between active and inactive forms of disease with concurrent infection
3) Postoperative monitoring & to determine the presence of postoperative complications at an early stage, such as infected wounds, thrombosis, and pneumonia.

Clinical Significance:
1) C-reactive protein (CRP) is an acute phase reactant, a protein made by the liver and released into the blood within a few hours after tissue injury, the start of an infection, or other cause of inflammation.
2) The test measures the amount of CRP in the blood and can be valuable in detecting inflammation due to acute conditions or in monitoring disease activity in chronic conditions.
3) In normal healthy individuals CRP is a trace protein with a range up to 5 mg/L. After onset of an acute phase response the serum CRP concentration rises rapidly and extensively. Alterations are detectable within 6 to 8 hours and the peak value is reached within 24 to 48 hours.
4) Levels of up to thousand fold the normal value are associated with severe stimuli such as myocardial infarction, major trauma, surgery, or malignant neoplasms.
5) CRP has a half-life of only a few hours, making it an ideal tool for clinical monitoring. Postoperative monitoring of CRP levels of patients indicates either the normal recovery process (decreasing levels to normal) or unexpected complications (persisting high levels).
6) Persistence of a high serum CRP concentration is usually a grave prognostic sign which generally indicates the presence of an uncontrolled infection.
7) CRP determination may replace the classical determination of Erythrocytes Sedimentation Rate (ESR), due to its prompt response to changes in disease activity and its good correlation to ESR.

Reflex Tests:
1) Complement
2) Procalcitonin

Limitations of the test:
The CRP test is not diagnostic of any condition, but it can be used together with signs and symptoms and other tests to evaluate an individual for an acute or chronic inflammatory condition.

Reference:
1) Wallach's Interpretation of Diagnostic Tests 11th edition
2) CRP Kit Insert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Zen Lab, Chembur

*** End Of Report ***

Dr.ANUPA DIXIT
M.D.(PATH)
PATHOLOGIST