

3-6-16 & 17, Street No. 19, Himayatnagar, Hyderabad - 500 029

Email: info@vijayadiagnostic.com

www.vijayadiagnostic.com

LABORATORY TEST REPORT

09:57 Regn Date : 15/07/2020 Sample Collection : 15/07/2020 09:57 Name : MR. NARENDRA NATH LAL Print Date 17/08/2020 23:28 Regn No : 462012208 Age / Sex 71 Years / Male Ref By : Dr. KAMARAJU C Regn Centre : Nizampet - 46

: Serum Sample Type Ref no.

C-REACTIVE PROTEIN (CRP)

TEST NAME RESULT BIOLOGICAL REFERENCE INTERVAL

5.1 <5.0 mg/L C - Reactive Protein

Method: Immuno Turbidimetry

Comments / Interpretation:

- In many cases the changes in plasma CRP level precede changes in the clinical symptoms.
- The degree of elevation of CRP reflects the mass or activity of the inflamed tissue and in acute inflammation or infection correlates well with disease activity.
- Because the increase is non-specific, it cannot be interpreted without a complete clinical history, and even then, only by comparison with previous values.
- A persistently raised CRP level generally indicates that therapy is ineffective.
- Normal CRP levels do not exclude the presence of minor degrees of acute, localized inflammation or some chronic diseases such as SLE and ulcerative colitis.

Certificate # MC-2657

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DR.JNANKUMAR CHAUDHURI CONSULTANT BIOCHEMIST



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 Regn No
 : 462012208
 Age / Sex
 : 71 Years / Male

Ref By : Dr. KAMARAJU C : Nizampet - 46

Sample Type : Whole Blood - EDTA Ref no. :

COMPLETE BLOOD PICTURE (CBP)

TEST NAME		<u>RESULT</u>	BIOLOGICAL REFERENCE INTERVAL
Haemoglobin Photometric measurement	:	11.8	13.0 - 17.0 g/dL
Total RBC Count Coulter Principle	:	4.52	4.5 - 5.5 millions/cumm
Packed Cell Volume / Hematocrit Calculated	:	36.10	40.0 - 50.0 Vol%
MCV Derived from RBC Histogram	:	79.70	83.0 - 101.0 fl
MCH Calculated	:	26.10	27 - 32 pg
MCHC Calculated	:	32.70	31.5 - 34.5 gm/dL
RDW Derived from RBC Histogram	:	17.7	11.6 - 14.0 %
Total WBC Count Coulter Principle Differential count	:	7400	4000 - 10000 Cells/cumm
Neutrophils VCSn Technology / Microscopy	:	58	40 - 80 %
Lymphocytes VCSn Technology / Microscopy	:	26	20 - 40 %
Eosinophils VCSn Technology / Microscopy	:	7	1 - 6 %
Monocytes VCSn Technology / Microscopy	:	8	2 - 10 %
Basophils VCSn Technology / Microscopy Absolute Leucocyte Count	:	1	0 - 2 %
Absolute Neutrophil Count Method: Calculation	:	4292	2000 - 7000 Cells/cumm
Absolute Lymphocyte Count Method: Calculation	:	1924	1000 - 3000 Cells/cumm
Absolute Eosinophil Count Method: Calculation	:	518	20 - 500 Cells/cumm
Absolute Monocyte Count Method: Calculation	:	592	200 - 1000 Cells/cumm
Platelet Count Coulter Principle Peripheral Smear	:	203000	150000 - 410000 /cumm

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Sample Type : Whole Blood - EDTA Ref no.

COMPLETE BLOOD PICTURE (CBP)

TEST NAME <u>BIOLOGICAL REFERENCE INTERVAL</u>

RBC : Normocytic Normochromic with microcytes

Microscopy: Leishman stain/Modified Giemsa Stain

WBC : Mild eosinophilia

Platelets : Adequate

Microscopy: Leishman stain/Modified Giemsa Stain

Microscopy: Leishman stain/Modified Giemsa Stain









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Sample Type : Whole Blood - EDTA Ref no. :

ERYTHROCYTE SEDIMENTATION RATE (ESR)

TEST NAME <u>BIOLOGICAL REFERENCE INTERVAL</u>

Erythrocyte Sedimentation Rate (ESR) : 16 0 - 20 mm/hr

Method: Automated (Modified Westergren)

Comments / Interpretation:

- ESR is a nonspecific parameter, clinically useful in disorders associated with an increased production of acute phase proteins.
- Elevated in acute and chronic infections and malignancies.
- Extremely high ESR values are seen in multiple myeloma, leukemias, lymphomas, breast and lung carcinomas, rheumatoid arthritis, Systemic Lupus Erythematosus and pulmonary infarction.

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DR.GEETA JAHAGIRDAR CONSULTANT PATHOLOGIST



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