Vijaya Diagnostic Centre

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

Email : info@vijayadiagnostic.com

www.vijayadiagnostic.com

LABORATORY TEST REPORT

Regn Date	:	31/05/2020 13:27	Sample Collection	:	31/05/2020 13:30
Name	:	**MR. NARENDRA NATH LAL**	Print Date	:	17/08/2020 23:28
Regn No	:	**46209715**	Age / Sex	:	**71 Years / Male**
Ref By	:	Dr. DR REDDYS LAB	Regn Centre	:	Nizampet - 46
Sample Type	:	Serum	Ref no.	:	

C-REACTIVE PROTEIN (CRP)

TEST NAME		RESULT	BIOLOGICAL REFERENCE INTERVAL
C - Reactive Protein	:	7.7	Positive : >=5mg/L Negative : <5mg/L

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.

UREA

TEST NAME		RESULT	BIOLOGICAL REFERENCE INTERVAL
Urea	:	27.61	19 - 49 mg/dL

Method : Urease Glutamate Dehydrogenase

Comments / Interpretation :

- In conjunction with serum creatinine, urea level aids in differential diagnosis of Pre-Renal, Renal and Post-Renal hyperuremia.

CREATININE

TEST NAME		RESULT	BIOLOGICAL REFERENCE INTERVAL
Creatinine	:	0.9	Adult Male : 0.7 - 1.2 mg/dL Neonate : 0.3 - 1.0 mg/dL Infant : 0.2 - 0.4 mg/dL Children : 0.3 - 0.8 mg/dL

Method : Jaffe's Kinetic (IDMS traceable)

Comments / Interpretation :

- Useful in the diagnosis of renal insufficiency and is more specific and sensitive indicator of renal disease than of BUN.
- Use of simultaneous BUN and creatinine levels provide more information in the diagnosis of renal insufficiency.

Certificate # MC-2657

DR.BIKASH K CHAUDHURY
CONSULTANT BIOCHEMIST

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Regn No : **46209715**		Age / Sex : **71 Years / Male**	
Ref By : Dr. DR REDDYS LAB		Regn Centre : Nizampet - 46	
Sample Type : Whole Blood - EDTA		Ref no. :	

COMPLETE BLOOD PICTURE (CBP)

TEST NAME		RESULT	BIOLOGICAL REFERENCE INTERVAL
Haemoglobin *Photometric measurement*	:	**11.1**	13.0 - 17.0 g/dL
Total RBC Count *Coulter Principle*	:	**4.37**	4.5 - 5.5 millions/cumm
Packed Cell Volume / Hematocrit *Calculated*	:	**34.5**	40.0 - 50.0 Vol%
MCV *Derived from RBC Histogram*	:	**79**	83.0 - 101.0 fl
MCH *Calculated*	:	**25.3**	27 - 32 pg
MCHC *Calculated*	:	32	31.5 - 34.5 gm/dL
RDW *Derived from RBC Histogram*	:	**17.6**	11.6 - 14.0 %
Total WBC Count *Coulter Principle*	:	6600	4000 - 10000 Cells/cumm
Differential count			
Neutrophils *VCSn Technology / Microscopy*	:	59	40 - 80 %
Lymphocytes *VCSn Technology / Microscopy*	:	25	20 - 40 %
Eosinophils *VCSn Technology / Microscopy*	:	5	1 - 6 %
Monocytes *VCSn Technology / Microscopy*	:	10	2 - 10 %
Basophils *VCSn Technology / Microscopy*	:	1	0 - 2 %
Absolute Leucocyte Count			
Absolute Neutrophil Count *Method : Calculation*	:	3894	2000 - 7000 Cells/cumm
Absolute Lymphocyte Count *Method : Calculation*	:	1650	1000 - 3000 Cells/cumm
Absolute Eosinophil Count *Method : Calculation*	:	330	20 - 500 Cells/cumm
Absolute Monocyte Count *Method : Calculation*	:	660	200 - 1000 Cells/cumm
Platelet Count *Coulter Principle*	:	160000	150000 - 410000 /cumm
Peripheral Smear			

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Sample Type	:	Whole Blood - EDTA	Ref no.	:	

COMPLETE BLOOD PICTURE (CBP)

TEST NAME		RESULT	BIOLOGICAL REFERENCE INTERVAL
RBC *Microscopy : Leishman stain/Modified Giemsa Stain*	:	Normocytic Hypochromic with anisocytosis	
WBC *Microscopy : Leishman stain/Modified Giemsa Stain*	:	Normal in morphology,maturity and distribution	
Platelets *Microscopy : Leishman stain/Modified Giemsa Stain*	:	Adequate	

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DR.GEETA JAHAGIRDAR
CONSULTANT PATHOLOGIST

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Sample Type	:	Whole Blood - EDTA	Ref no.	:	

ERYTHROCYTE SEDIMENTATION RATE (ESR)

TEST NAME		RESULT	BIOLOGICAL REFERENCE INTERVAL
Erythrocyte Sedimentation Rate (ESR)	:	19	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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