



Name : **MASTER. GURU PRASAD**
 Age/Gender : **2YEARS/MALE**
 Sample Type : **WB EDTA**
 Ref By : **DR.GOVIND SINGH**
 TypedBy : Noor Amin Ansari

Bill Number : **M4681**
 Bill Date : 11-Aug-2024 11:24 AM
 Sample Collection : 11-Aug-2024 11:24 AM
 Sample Received : 11-Aug-2024 11:25 AM
 Reporting Date : 11-Aug-2024 06:31 PM

COMPLETE BLOOD PICTURE (CBP)

| INVESTIGATION | RESULT | UNITS | NORMAL RANGE |
|---|------------------------|---------------|----------------|
| HAEMOGRAM | | | |
| HAEMOGLOBIN (Method: Cell Counter) | 9.4 | gm/dL | 13 - 18 |
| RBC Count (Method: Cell Counter) | 3.7 | Millions/Cumm | 3.8 - 4.8 |
| WBC Count (Method: Cell Counter) | 6,300 | Cells/Cumm | 4,000 - 11,000 |
| RDW | 16.6 | % | 11.0 - 16.0 |
| DIFFERENTIAL COUNT | | | |
| NEUTROPHILS (Method: Cell Counter) | 43 | % | 40 - 75 |
| LYMPHOCYTES (Method: Cell Counter) | 51 | % | 20 - 40 |
| EOSINOPHILS (Method: Cell Counter) | 03 | % | 01 - 06 |
| MONOCYTES (Method: Cell Counter) | 03 | % | 02 - 10 |
| BASOPHILS (Method: Cell Counter) | 00 | % | 00 - 00 |
| PCV (Haematocrit) (Method: Cell Counter) | 28 | % | 35 - 45 |
| MCV (Method: Cell Counter) | 75 | FL | 83 - 101 |
| MCH (Method: Cell Counter) | 27 | PG | 27 - 32 |
| MCHC (Method: Cell Counter) | 36 | % | 32 - 35 |
| PLATELET COUNT (Method: Cell Counter) | 1.74 | Lakhs/Cumm | 1.5 - 4.5 |
| PERIPHERAL SMEAR | | | |
| RBCs | MICROCYTIC HYPOCHROMIC | | |
| WBCs | LYMPHOCYTOSIS | | |



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PLATELETS

ADEQUATE

Sugessted Clinical Correlation If necesarry Kindly Discuss.

-----End of the Report-----

Authorized Signatory



LAB INCHARGE



Name : MASTER. GURU PRASAD
Age/Gender : 2YEARS/MALE
Sample Type : Citrate Blood
Reff By : DR.GOVIND SINGH
TypedBy : Noor Amin Ansari

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ERYTHROCYTE SEDIMENTATION RATE(ESR)

INVESTIGATION

FIRST HOUR
(Method: Westergrens)

RESULT

28

UNITS

mm/hr

NORMAL RANGE

1 - 50 YRS < 10 mm/hr
51 - 60 YRS < 12 mm/hr
61 - 70 yrs < 14 mm/hr
> 70 yrs < 30 mm/hr

Method: Westergren

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RAPID MALARIA TEST (PV PF)

INVESTIGATION

RESULT

NORMAL RANGE

MALARIAL PARASITE PLASMODIUM
VIVAX(P.V)

NEGATIVE

NEGATIVE

(Method: Immunochromotography)

MALARIAL PARASITE PLASMODIUM
FALCIPARUM(PF)

NEGATIVE

NEGATIVE

(Method: Immunochromotography)

Method: Immunochromotography

Note :

1. This test detects P.falciparum and P.Vivax Malarial antigens targeted by highly specific monoclonal antibodies of pLDH and Aldolase respectively.
2. Sensitivity and Specificity of this test are 98.2% & 99.6% for P.falciparum and 91.8% & 99.6% for P.Vivax detection.
3. This kit can provide fast and easy way to get a result, but do not completely exclude the possibility of false positive or false negative result caused by various factors.

-----End of the Report-----

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LAB INCHARGE



Name : **MASTER. GURU PRASAD**
 Age/Gender : **2YEARS/MALE**
 Sample Type : **SERUM**
 Ref By : **DR.GOVIND SINGH**
 TypedBy : Noor Amin Ansari

Bill Number : **M4681**
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SERUM BILIRUBIN(TSB)

INVESTIGATION

RESULT

UNITS

NORMAL RANGE

Total Bilirubin
 (Method: Modified Jendrassik)

0.9

mg/dl

Adults : 0.4 - 1.2
 Children:
 FULL TERM:
 Cord : Upto 2.0
 0-1 day: 2.0 - 6.0
 1-2 days: 6.0 - 10.0
 3-5 days: 4.0 - 8.0
 PREMATURE:
 Cord : Upto 2.0
 0-1 day: 1.0 - 8.0
 1-2 days: 6.0 - 12.0
 3-5 days: 10.0 - 14.0

Direct Bilirubin
 (Method: Modified Jendrassik)

0.2

mg/dl

Up to 0.25

Indirect Bilirubin
 (Method: Calculated)

0.7

mg/dl

up to 1

Elevation in serum unconjugated bilirubin levels occur in haemolytic jaundice due to excessive haemolysis.B). Hepatic jaundice is associated with increase in both conjugated and unconjugated bilirubin in serum. Ref for BRI : Carl.A.Burtis, David.E.Burn et.al Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics. 7th ed.. page No. 955

-----End of the Report-----

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Answer

✉ : mstardiagnostics@gmail.com. 🌐 : www.mstardiagnostics.com



Name : MASTER. GURU PRASAD
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Sample Type : SERUM
Reff By : DR.GOVIND SINGH
TypedBy : Noor Amin Ansari

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C - REACTIVE PROTEINS (CRP)

| INVESTIGATION | RESULT | UNITS | NORMAL RANGE |
|---|----------|-------|--------------|
| C – REACTIVE PROTEINS (Method: Immunoturbidimetry) | 1.92 | mg/L | 0.0 - 6.0 |
| INTERPRETAION | NEGATIVE | | |

Note :

- 1.The CRP test is a sensitive indicator of inflammatory processes.
- 2.The determination of the CRP level can be used in therapy control
- 3.As with all the diagnostic methods, the final diagnosis should not be based on the result of a single test, but on a correlation of test results with other clinical findings.
- 4.The strength of agglutination is not indicative of the CRP concentration in the samples tested.

Please Correlate With Clinical Findings If Necessary Discuss

-----End of the Report-----

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LAB INCHARGE



Name : MASTER. GURU PRASAD
Age/Gender : 2YEARS/MALE
Sample Type : URINE
Reff By : DR.GOVIND SINGH
TypedBy : Noor Amin Ansari

Bill Number : M4681
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CUE(COMPLETE URINE EXAMINATION)

| INVESTIGATION | RESULT | NORMAL RANGE |
|--------------------------------|-----------------|---------------|
| PHYSICAL EXAMINATION | | |
| QUANTITY | 20 ml | |
| COLOUR | PALE YELLOW | |
| APPEARANCE | SLIGHTLY TURBID | |
| REACTION (PH) | 6.5 | 4.6 - 8.0 |
| SPECIFIC GRAVITY | 1.020 | 1.005 - 1.030 |
| CHEMICAL EXAMINATION | | |
| ALBUMIN | TRACE | NEGATIVE |
| SUGAR | NIL | NIL |
| UROBILINOGEN | NEGATIVE | NEGATIVE |
| BILE SALT | NEGATIVE | NEGATIVE |
| BILE PIGMENT | NEGATIVE | NEGATIVE |
| KETONE BODIES | NEGATIVE | NEGATIVE |
| MICROSCOPIC EXAMINATION | | |
| PUS CELLS | 4 - 5 / HPF | 0 - 5 / HPF |
| RBC | NIL | NIL |
| EPETHILIAL CELLS | 1 - 2 / HPF | 0 - 5 / HPF |
| CRYSTALS | NIL | NIL |
| CASTS | NIL | NIL |



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OTHERS

NIL

NIL

Method: Multi Reagent Strip / Chemical / Microscopy

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