



Name : **MR. ABHAI**  
Age/Gender : **22YEARS/MALE**  
Sample Type : **WB EDTA**  
Reff By : **DR.P.GANGARAM PTC**  
TypedBy : Noor Amin Ansari

Bill Number : **M5602**  
Bill Date : 24-Aug-2024 08:05 PM  
Sample Collection : 24-Aug-2024 08:11 PM  
Sample Received : 24-Aug-2024 08:13 PM  
Reporting Date : 24-Aug-2024 08:15 PM

### COMPLETE BLOOD PICTURE ( CBP )

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
<b>HAEMOGRAM</b>			
HAEMOGLOBIN (Method: Cell Counter)	12.7	gm/dL	13 - 18
RBC Count (Method: Cell Counter)	3.9	Millions/Cumm	3.8 - 4.8
WBC Count (Method: Cell Counter)	3,600	Cells/Cumm	4,000 - 11,000
RDW	12.0	%	11.0 - 16.0
<b>DIFFERENTIAL COUNT</b>			
NEUTROPHILS (Method: Cell Counter)	63	%	40 - 75
LYMPHOCYTES (Method: Cell Counter)	27	%	20 - 40
EOSINOPHILS (Method: Cell Counter)	02	%	01 - 06
MONOCYTES (Method: Cell Counter)	08	%	02 - 10
BASOPHILS (Method: Cell Counter)	00	%	00 - 00
PCV (Haematocrit) (Method: Cell Counter)	38	%	35 - 45
MCV (Method: Cell Counter)	99	FL	83 - 101
MCH (Method: Cell Counter)	32	PG	27 - 32
MCHC (Method: Cell Counter)	33	%	32 - 35
PLATELET COUNT (Method: Cell Counter)	1.09	Lakhs/Cumm	1.5 - 4.5
<b>PERIPHERAL SMEAR</b>			
RBCs	NORMOCYTIC MILD HYPOCHROMIC		
WBCs	LEUCOCYTOPENIA		
PLATELETS	THROMBOCYTOPENIA		

Sugessted Clinical Correlation If necesarry Kindly Discuss.



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Authorized Signatory



LAB INCHARGE



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**SMEAR FOR MALARIAL PARASITE ( SMP )**

**INVESTIGATION**

SMEAR FOR MALARIAL PARASITE

Method: MICROSCOPY

**RESULT**

NOT FOUND

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

Authorized Signatory



LAB INCHARGE



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



Name : **MR. ABHAI**  
Age/Gender : **22YEARS/MALE**  
Sample Type : **Citrate Blood**  
Reff By : **DR.P.GANGARAM PTC**  
TypedBy : Noor Amin Ansari

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**ERYTHROCYTE SEDIMENTATION RATE(ESR)**

**INVESTIGATION**

FIRST HOUR  
(Method: Westergrens)

**RESULT**

**23**

**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

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

**Authorized Signatory**



  
**LAB INCHARGE**