

<b>Accession No</b>	: 2025072902	<b>Registered On</b>	: 29/07/2025
<b>Patient Name</b>	: Mr. SHOURYA WAGHMARE	<b>Reporting On</b>	: 29/07/2025
<b>Age / Sex</b>	: 7 Year/Male	<b>Printed On</b>	: 29/07/2025
<b>Referred by</b>	: DR.RUPESH BHOSLE SIR		

**HEMATOLOGY**

Test Name	Patient value	Reference Range	Unit
<b><u>COMPLETE BLOOD COUNTS</u></b>			
HAEMOGLOBIN (Hb)	<b>12.3</b>	13.0 - 18.0	g/dL
WBC COUNT	5700	4000 - 11000	10 <sup>3</sup> /uL
<b><u>DLC (DIFFERENTIAL LEUKOCYTE COUNT)</u></b>			
NEUTROPHILS	<b>81</b>	40.0 - 70.0	%
LYMPHOCYTES	<b>10</b>	20.0 - 45.0	%
EOSINOPHILS	04	2.0 - 6.0	%
MONOCYTES	05	1.0 - 8.0	%
BASOPHILS	00	< 1.0	%
<b><u>RED CELL ABSOLUTE VALUES</u></b>			
RBC COUNT	4.73	4.5 - 5.5	10 <sup>6</sup> /uL
HCT	<b>35.7</b>	41.5 - 50.5	%
MCV	<b>75.48</b>	80.0 - 96.0	f L
MCH	<b>26</b>	27.0 - 32.0	pg
MCHC	34.45	31.5 - 34.5	g/dL
RDW-CV	14.1	11.0 - 16.0	%
<b><u>Platelet Indices</u></b>			
PLATELET COUNT	<b>455000</b>	150000 - 450000	10 <sup>3</sup> /ul
MPV	8.4	6.5 - 12.0	fl
PCT	<b>0.383</b>	0.108 - 0.282	%
PDW-CV	15.4	15.0 - 17.0	%

Kindly correlate clinically !

Thanks for referral !



**Dr Sharda Mundada**  
(MD Pathologist)

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### SEROLOGY

Test Name	Patient value	Reference Range	Unit
<b>C REACTIVE PROTEIN</b>			
C REACTIVE PROTEIN	15.9	0 - 6	mg/L

#### INTERPRETATION:

C-reactive protein (CRP) is an important and evolutionarily ancient component of the innate immune response. CRP has been described as "the prototypical acute-phase reactant to infections and inflammation in human beings." In the clinical setting, CRP is used "as a clinical indicator of acute infections and response to treatment, and to assess inflammatory status in chronic diseases. Initially it was thought that CRP might be a pathogenic secretion as it was elevated in people with a variety of illnesses including cancer. However, discovery of synthesis in the liver demonstrated that it is manufactured by the human body.

The fact that CRP is an independent predictor of stroke and coronary artery disease but also a key contributor to effective bacterial clearance, underscores the importance of microbes in the pathogenesis of these diseases. Some patients on the Marshall Protocol (MP) have reported temporary increases in CRP, an observation which is consistent with a heightened immune response.

CRP's name comes from its capacity to bind the C-polysaccharide of Streptococcus pneumoniae, which provides innate defense against pneumococcal infection.

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

Kindly correlate clinically !

Thanks for referral !

Dr Sharda Mundada  
(MD Pathologist)