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Ms. SARITA SUJIT PANDIT GOVIND MOKASHI

PID NO : 47268
Age : 62 Years Sex : Female
DOB: 10-Jun-1963

Reference : Dr AISHA

Sample Collected At :
CITICARE MEDICAL CENTER
Unit G03, Al Barsha South Bldg, Al Barhsa South Third, Dubai

VID : 5060109186

Registered on :
28-Jun-2025 02:59 PM
Collected on :
27-Jun-2025 09:36 PM
Reported on :
28-Jun-2025 10:53 PM

Investigation	Observed Value	Flag	Unit	Biological Reference Interval
*** C-REACTIVE PROTEIN (CRP)** (Serum, Particle-enhanced immunoturbidimetric assay)	19	H	mg/L	< 5.0 Please note change. Source: Roche IFU.

Note: Please correlate clinically.

INTERPRETATION :

- CRP measurements are used as aid in diagnosis, monitoring, prognosis, and management of suspected inflammatory disorders and associated diseases, acute infections and tissue injury.
- C-reactive protein is the classic acute phase protein in inflammatory reactions.
- CRP is the most sensitive of the acute phase reactants and its concentration increases rapidly during inflammatory processes. The CRP response frequently precedes clinical symptoms, including fever. After onset of an acute phase response, the serum CRP concentration rises rapidly and extensively. The increase begins within 6 to 12 hours and the peak value is reached within 24 to 48 hours. Levels above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).
- CRP response may be less pronounced in patients suffering from liver disease.
- CRP assays are used to detect systemic inflammatory processes (apart from certain types of inflammation such as systemic lupus erythematosus (SLE) and Colitis ulcerosa); to assess treatment of bacterial infections with antibiotics; to detect intrauterine infections with concomitant premature amniorrhexis; to differentiate between active and inactive forms of disease with concurrent infection, e.g. in patients suffering from SLE or Colitis ulcerosa; to therapeutically monitor rheumatic disease and assess anti-inflammatory therapy; to determine the presence of post-operative complications at an early stage, such as infected wounds, thrombosis and pneumonia, and to distinguish between infection and bone marrow transplant rejection."

---------- End Of Report ----------

DR. ADLEY MARK FERNANDES
M.D (Pathology)
Pathologist

DR. VYOMA SHAH
M.D (Pathology)
Clinical Pathologist

M RASHID CHENANGADATH
Laboratory Technologist

This is an Electronically Authenticated Report.

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Test result pertains only to the sample tested and to be interpreted in the light of clinical history. These tests are accredited under ISO 15189 unless specified by (*). Test marked with # is performed in an accredited referral laboratory.

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