



Laboratory Investigation Report

Ms. VALLARI VIJAY POHARKAR Ref No. 45383

DOB 03/01/1996 Sample No. 2501530762 Age / Gender 29 Y / Female Collected 27/01/2025 10:45 Referred by DR HUMAIRA Registered 27/01/2025 21:35 CITICARE MEDICAL CENTER Reported 27/01/2025 23:09 Centre

BIOCHEMISTRY

Result Test Flag Unit **Reference Range** Methodology

C-REACTIVE PROTEIN (CRP) 5.9 < 5.0 Particle-enhanced mg/L Please note change. immunoturbidimetric assay

Source: Roche IFU.

INTERPRETATION NOTES:

Name

1. 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).
- 4. CRP response may be less pronounced in patients suffering from liver disease.
- 5. 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.

Serum Sample Type:

End of Report

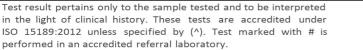
Dr. Adley Mark Fernandes M.D (Pathology) **Pathologist**

Dr. Vyoma V Shah M.D (Pathology) **Clinical Pathologist**

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ACCREDITED



ISO 15189:2012 unless specified by (^). Test marked with # is performed in an accredited referral laboratory.

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HARSHAD MANIKANDAN Laboratory Technician

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HEMATOLOGY					
Test	Result	Flag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	13.2		g/dL	12 - 15.5	Photometric
RBC COUNT	4.7		10^6/μL	3.9 - 5	Electrical Impedance
HEMATOCRIT	38.7		%	35 - 45	Calculation
MCV	82.5		fL	82 - 98	Calculation
мсн	28.2		pg	27 - 32	Calculation
мснс	34.2		g/dL	32 - 37	Calculation
RDW	12.3		%	11.9 - 15.5	Calculation
RDW-SD	35.9		fL		Calculation
MPV	8.9		fL	7.6 - 10.8	Calculation
PLATELET COUNT	263		10^3/uL	150 - 450	Electrical Impedance
PCT	0.2		%	0.01 - 9.99	Calculation
PDW	17		Not Applicable	0.1 - 99.9	Calculation
NUCLEATED RBC (NRBC)^	0.2		/100 WBC		VCS 360 Technology
ABSOLUTE NRBC COUNT^	0.01		10^3/uL		Calculation
EARLY GRANULOCYTE COUNT (EGC)^	0.1		%		VCS 360 Technology
ABSOLUTE EGC^	0		10^3/uL		Calculation
WBC COUNT	6.7		10^3/μL	4 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)					
NEUTROPHILS	67		%	40 - 75	VCS 360 Technology
LYMPHOCYTES	28	L	%	30 - 60	VCS 360 Technology
EOSINOPHILS	1		%	0 - 6	VCS 360 Technology
MONOCYTES	4		%	1 - 6	VCS 360 Technology
BASOPHILS	0		%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	4.5		10^3/uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	1.6		10^3/uL	1.2 - 6.6	Calculation
ABSOLUTE MONOCYTE COUNT	0.4		10^3/uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.1		10^3/uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0		10^3/uL	0 - 0.11	Calculation

Gome V. Shah

Dr. Adley Mark Fernandes Dr. Vyoma V Shah
M.D (Pathology) M.D (Pathology)
Pathologist Clinical Pathologist

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HALEEM HAKKIM
Laboratory Technician

Q-aleem

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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 15189:2012 unless specified by (^). Test marked with # is performed in an accredited referral laboratory.





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HEMATOLOGY

Test Result Flag Unit Reference Range Methodology

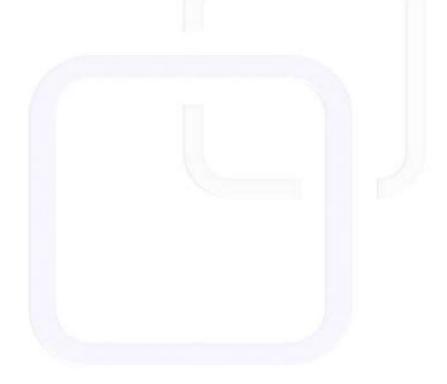
COMPLETE BLOOD COUNT (CBC)

INTERPRETATION NOTES:

Please note update on CBC report format, reference ranges and method(Beckman Coulter).

Sample Type: EDTA Whole Blood

End of Report



Dr. Adley Mark Fernandes M.D (Pathology) Pathologist Dr. Vyoma V Shah M.D (Pathology) Clinical Pathologist

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Platee M HALEEM HAKKIM

Laboratory Technician
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