



Laboratory Investigation Report

Ms. HAZELLE BALDE VERZOLA Name

DOB 08/01/1989 Age / Gender 36 Y / Female Referred by DR AISHA

CITICARE MEDICAL CENTER Centre

Ref No. 36929

Sample No. 2504561138

Collected 10/04/2025 09:15

Registered 10/04/2025 16:50

Reported 10/04/2025 18:07

immunoturbidimetric assay

BIOCHEMISTRY

Test Result Flag Unit **Reference Range** Methodology **C-REACTIVE PROTEIN (CRP)** < 5.0 Particle-enhanced 35.4 CH mg/L

Please note change.

Source: Roche IFU.

Comments: Please correlate clinically.

INTERPRETATION NOTES:

- 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.

Serum Sample Type:

End of Report

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

This is an electronically authenticated report

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

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MOHAMMED RASHID CHENANGADATH

Laboratory Technologist Printed on: 10/04/2025 18:10

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)				
HEMOGLOBIN	13.8	g/dL	12 - 15.5	Photometric
RBC COUNT	4.6	10^6/μL	3.9 - 5	Electrical Impedance
HEMATOCRIT	42.7	%	35 - 45	Calculation
MCV	92.6	fL	82 - 98	Calculation
мсн	30	pg	27 - 32	Calculation
мснс	32.4	g/dL	32 - 37	Calculation
RDW	12.9	%	11.9 - 15.5	Calculation
RDW-SD	42	fL		Calculation
MPV	8.9	fL	7.6 - 10.8	Calculation
PLATELET COUNT	327	10^3/uL	150 - 450	Electrical Impedance
PCT	0.3	%	0.01 - 9.99	Calculation
PDW	16.5	Not Applicable	0.1 - 99.9	Calculation
NUCLEATED RBC (NRBC)^	0.1	/100 WBC		VCS 360 Technology
ABSOLUTE NRBC COUNTA	0.02	10^3/uL		Calculation
EARLY GRANULOCYTE COUNT (EGC)^	0.3	%		VCS 360 Technology
ABSOLUTE EGC^	0.0	10^3/uL		Calculation
WBC COUNT	11.1 H	10^3/μL	4 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)				
NEUTROPHILS	55	%	40 - 75	VCS 360 Technology
LYMPHOCYTES	34	%	30 - 60	VCS 360 Technology
EOSINOPHILS	6	%	0 - 6	VCS 360 Technology
MONOCYTES	5	%	1 - 6	VCS 360 Technology
BASOPHILS	0	%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT				
ABSOLUTE NEUTROPHIL COUNT	6.1	10^3/uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	3.8	10^3/uL	1.2 - 6.6	Calculation
ABSOLUTE MONOCYTE COUNT	0.6	10^3/uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.6	10^3/uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0.0	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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Thahsina Anees Laboratory Technologist Printed on: 10/04/2025 18:10

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HEMATOLOGY

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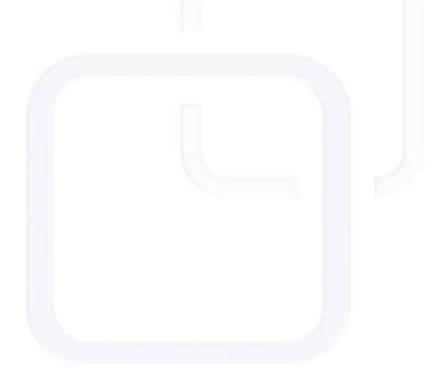
COMPLETE BLOOD COUNT (CBC)

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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Thahsina Anees
Laboratory Technologist

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