

Patient Name	: B/O.SAIDA	Visit No	: CHA250223537
Age/Gender	: 2 D/M	Registration ON	: 24/Oct/2025 10:46AM
Lab No	: 10320832	Sample Collected ON	: 24/Oct/2025 10:49AM
Referred By	: Dr.PULSE HOSPITAL	Sample Received ON	: 24/Oct/2025 11:07AM
Refer Lab Hosp	: CHARAK NA	Report Generated ON	: 24/Oct/2025 12:24PM
Doctor Advice	: BLOOD GROUP, IONIC CALCIUM, CRP (Quantitative), CBC (WHOLE BLOOD)		



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT) (EDTA-C)				
Hb	11.3	g/dl	14 - 22	Non Cyanide
R.B.C. COUNT	3.20	mil/cmm	5.0 - 7.0	Electrical Impedence
PCV	35.9	%	45 - 75	Pulse height detection
MCV	113.6	fL	100 - 120	calculated
MCH	35.8	pg	31 - 37	Calculated
MCHC	31.5	g/dL	30 - 36	Calculated
RDW	20.7	%	11 - 15	RBC histogram derivation
RETIC	2.1 %	%	1.2 - 4	Microscopy
TOTAL LEUCOCYTES COUNT	39790	/cmm	10000 - 26000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	71	%	30 - 60	Flowcytometry
LYMPHOCYTES	24	%	16 - 46	Flowcytometry
EOSINOPHIL	0	%	1 - 6	Flowcytometry
MONOCYTE	5	%	3 - 14	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	36,000	/cmm	100000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	36000	/cmm	100000 - 450000	Microscopy .
Absolute Neutrophils Count	28,251	/cmm	4000 - 14000	Calculated
Absolute Lymphocytes Count	9,550	/cmm	3000-8000	Calculated
Absolute Monocytes Count	1,990	/cmm	500 - 2000	Calculated
Mentzer Index	36			
Peripheral Blood Picture	:			

Red blood cells show cytopenia + with macrocytes, normocytic normochromic, anisocytosis+. 1-2 NRBC seen. WBCs show neutrophilic leucocytosis. Platelets are reduced. No parasite seen.

*** End Of Report ***



MC-2491

Print Date/Time: 24-10-2025 13:47:09

*Patient Identity Has Not Been Verified. Not For Medicolegal

[Checked By]



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

DR. ADITI D AGARWAL
PATHOLOGIST

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Visit No : CHA250223537
Registration ON : 24/Oct/2025 10:46AM
Sample Collected ON : 24/Oct/2025 10:49AM
Sample Received ON : 24/Oct/2025 11:06AM
Report Generated ON : 24/Oct/2025 01:04PM



Test Name	Result	Unit	Blo. Ref. Range	Method
BLOOD GROUP (EDTA)				
Blood Group	"O"			
Rh (Anti -D)	Negative			
IONIC CALCIUM (SERUM)				
IONIC CALCIUM	1.13	mmol/L	1.13 - 1.33	

INTERPRETATION:

-Calcium level is increased in patients with hyperparathyroidism, Vitamin D intoxication, metastatic bone tumor, milk-alkali syndrome, multiple myeloma, Paget's disease.
-Calcium level is decreased in patients with hemodialysis, hypoparathyroidism (primary, secondary), vitamin D deficiency, acute pancreatitis, diabetic Keto-acidosis, sepsis, acute myocardial Infarction (AMI), malabsorption, osteomalacia, renal failure, rickets.

CHARAK

[Checked By]



Dr. Nishant Sharma

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

DR. SYED SAIF AHMAD
MD (MICROBIOLOGY)

Print Date/Time: 24-10-2025 14:29:56

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Lab No : 10320832

Referred By : Dr.PULSE HOSPITAL

Refer Lab/Hosp : CHARAK NA

Doctor Advice : BLOOD GROUP, IONIC CALCIUM, CRP (Quantitative), CBC (WHOLE BLOOD)

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Test Name	Result	Unit	Bio. Ref. Range	Method
CRP-QUANTITATIVE (SERUM)				

CRP-QUANTITATIVE TEST	69.9	MG/L	0.10 - 4.10	
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NOTE - Findings checked twice. Please correlate clinically.

Method: Immunoturbidimetric

(Method: Immunoturbidimetric on photometry system)

SUMMARY : C - reactive protein (CRP) is the best known among the acute phase proteins, a group of protein whose concentration increases in blood as a response to inflammatory disorders. CRP is normally present in low concentration in blood of healthy individuals (< 1mg/L). It is elevated up to 500 mg/L in acute inflammatory processes associated with bacterial infections, post operative conditions tissue damage already after 6 hours reaching a peak at 48 hours.. The measurement of CRP represents a useful laboratory test for detection of acute infection as well as for monitoring inflammatory processes also in acute rheumatic & gastrointestinal disease. In recent studies it has been shown that in apparently healthy subjects there is a direct correlation between CRP concentrations & the risk of developing coronary heart disease (CHD).

hsCRP cut off for risk assessment as per CDC/AHA

Level	Risk
<1.0	Low
1.0-3.0	Average
>3.0	High

All reports to be clinically correlated

CHARAK

*** End Of Report ***

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Sharma

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)
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