

**REPORT**

Name	: Master. ADITHYA	Sample ID	: 24854213
Age/Gender	: 3 Years/Male	Reg. No	: 0312309290016
Referred by	: Dr. C N REDDY (M.B.B.S.,D.C.H)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 29-Sep-2023 11:32 AM
Primary Sample	: Whole Blood	Received On	: 29-Sep-2023 03:22 PM
Sample Tested In	: Serum	Reported On	: 29-Sep-2023 04:11 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>C-Reactive protein-(CRP)</b>	<b>12.65</b>	mg/L	Upto:6.0	Immunoturbidimetry

**Interpretation:**

C-reactive protein (CRP) is produced by the liver. The level of CRP rises when there is inflammation throughout the body. It is one of a group of proteins called acute phase reactants that go up in response to inflammation. The levels of acute phase reactants increase in response to certain inflammatory proteins called cytokines. These proteins are produced by white blood cells during inflammation.

A positive test means you have inflammation in the body. This may be due to a variety of conditions, including:

- Connective tissue disease
- Heart attack
- Infection
- Inflammatory bowel disease (IBD)
- Lupus
- Pneumonia
- Rheumatoid arthritis

Result rechecked and verified for abnormal cases

\*\*\* End Of Report \*\*\*



*Dr. Vaishnavi*  
**DR. VAISHNAVI**  
**MD BIOCHEMISTRY**

**REPORT**

Name	: Master. ADITHYA	Sample ID	: S4854213
Age/Gender	: 3 Years/Male	Reg. No	: 0312309290016
Referred by	: Dr. C N REDDY (M.B.B.S.,D.C.H)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 29-Sep-2023 11:32 AM
Primary Sample	: Whole Blood	Received On	: 29-Sep-2023 01:01 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 29-Sep-2023 04:40 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**HAEMATOLOGY**

Test Name	Results	Units	Ref. Range	Method
<b>Complete Blood Picture(CBP)</b>				
Haemoglobin (Hb)	<b>9.8</b>	g/dL	11-14.5	Cynmeth Method
Haematocrit (HCT)	<b>31.2</b>	%	34-40	Calculated
RBC Count	5.08	10 <sup>12</sup> /L	4.0-5.2	Cell Impedence
MCV	<b>62</b>	fl	77-87	Calculated
MCH	<b>19.2</b>	pg	24-30	Calculated
MCHC	31.4	g/dL	31-37	Calculated
RDW-CV	<b>20.0</b>	%	11.6-14.0	Calculated
Platelet Count (PLT)	<b>130</b>	10 <sup>9</sup> /L	200-490	Cell Impedence
Total WBC Count	6.1	10 <sup>9</sup> /L	5.0-15.0	Impedence
<b>Differential Leucocyte Count (DC)</b>				
Neutrophils	<b>21</b>	%	23-52	Cell Impedence
Lymphocytes	<b>72</b>	%	40-69	Cell Impedence
Monocytes	04	%	1-9	Microscopy
Eosinophils	03	%	0-7	Microscopy
Basophils	0	%	0-2	Microscopy
Absolute Neutrophils Count	<b>1.28</b>	10 <sup>9</sup> /L	1.3-8.8	Impedence
Absolute Lymphocyte Count	4.39	10 <sup>9</sup> /L	2.2-11.7	Impedence
Absolute Monocyte Count	<b>0.24</b>	10 <sup>9</sup> /L	0.6-1.5	Calculated
Absolute Eosinophils Count	0.18	10 <sup>9</sup> /L	0.0-0.5	Calculated
Absolute Basophil ICount	0.00	10 <sup>9</sup> /L	0.0-0.3	Calculated
Morphology	Microcytic hypochromic anemia with Anisopoikilocytosis and relative Lymphocytosis and reactive Lymphocytes and mild Thrombocytopenia with small platelet clumps			PAPs Staining

Correlate Clinically.

Result rechecked and verified for abnormal cases  
Laboratory is NABL Accredited

\*\*\* End Of Report \*\*\*



\*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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Swarnabala .M  
DR.SWARNABALA  
MD PATHOLOGY