SUN DIAGNOSTICS

Trusted for life...

REGN.NO.	: 21521	**REGN. DATE**	: 18-Jul-2023 09.57 PM
PATIENT NAME	: Baby Arya Ranga	**CENTER**	: Sun Diagnostics
AGE/SEX	: 3 Years / Female	**BARCODE**	
REF. BY	: Dr.Abhijit Mhapankar		

COMPLETE BLOOD COUNT

PARAMETER	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
HAEMOGLOBIN (Colorimetric)	: 12.5	gm/dl	11.0-14.0
TOTAL RBC COUNT (Electrical Impedance)	: 5.05	mill/cumm	4.0-5.2
HAEMATOCRIT (RBC Histogram)	: **40.2**	%	34-40
MCV (Calculated)	: 80	fl	75.0-87.0
MCH (Calculated)	: 24.8	pg	24.0-30.0
MCHC (Calculated)	: 31.1	g/dl	31.0-37.0
RDW-CV (RBC Histogram)	: **14.2**	%	11.6 to 14.0
RDW - SD (RBC Histogram)	: 41	fl	
TOTAL WBC COUNT (Electrical Impedance)	: **17600**	/cumm	4000-11000
DIFFERENTIAL COUNT			
NEUTROPHILS	: **63**	%	28-56
LYMPHOCYTES	: **32**	%	35-65
MONOCYTES	: 04	%	3 to 6
EOSINOPHILS	: 01	%	0 to 6
BASOPHILS	: 00	%	0 to 1
ABSOLUTE DIFFERENTIAL COUNT			

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Dr. Nikhil Ningurkar
MD Pathology

drnikhilningurkar@gmail.com 9730723573
Sun Diagnostics Plot No. 21, Sector 48, Nerul, Navi Mumbai.

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COMPLETE BLOOD COUNT

PARAMETER	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
ABSOLUTE NEUTROPHIL (Calculated)	: 11088	/cumm	
ABSOLUTE LYMPHOCYTE (Calculated)	: 5632	/ cumm	
ABSOLUTE MONOCYTE (Calculated)	: 704	/cumm	
ABSOLUTE EOSINOPHIL (Calculated)	: 176	/ cumm	
PLATELET COUNT (Electrical Impedance)	: **550000**	/cumm	150000-450000
SMEAR EXAMINATION			
WBC MORPHOLOGY	: Leukocytosis noted. Neutrophilia noted. Lymphopenia noted.		
PLATELETS	: Thrombocytosis noted.		

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Peripheral Smear for Malaria (PSMP)

PARAMETER	RESULT
RESULT	: Smear is Negative for Malarial Parasite

INTERPRETATION:
Microscopy of Giemsa-stained thick and thin blood films is the standard laboratory method for diagnosis and differentiation of Plasmodium and Babesia species. Under optimal conditions, the sensitivity of the thick film microscopy is estimated to be 10 to 30 parasites per microliter of blood. This test can also detect trypanosomes that cause Chagas disease (Trypanosoma cruzi) and African sleeping sickness (Trypanosoma brucei), as well as some species of filariae. If filarial infection is suspected.
Examination of the thin film allows for calculation of malaria percent parasitemia, which can be used to predict prognosis and monitor response to treatment for patients with malaria and babesiosis. The percentage parasitemia represents the percentage of infected red blood cells. This is calculated from representative microscopic fields on the thin blood film. Malarial gametocytes are not included in the calculation since they are not infectious to humans and are not killed by most antimalaria drugs.

CAUTIONS:
Since the degree of parasitemia may change rapidly due to natural parasite replication and administration of antimalarial therapies, it is most useful to calculate the percentage of infected cells immediately after the blood is drawn and malaria parasites are detected. A percent parasitemia that is calculated more than 8 hours after the blood is drawn will not accurately reflect the patient's current state of parasitemia.
Calculation of the percent parasitemia may not be possible or may be inaccurate if malaria parasites have degraded or have altered morphology due to age of the specimen or suboptimal transportation conditions.

REFERENCE:
Hoffman SL: Diagnosis, treatment, and prevention of malaria. Med Clin North Am 1992;76:1327-1355

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CRP - C Reactive Protein

PARAMETER	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
CRP - C Reactive Protein	: **69.3**	mg/L	0-6

(Immuno Turbidimetry)

INTERPRETATION:
CRP elevations are nonspecific and may be useful for the detection of systemic inflammatory processes; 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, eg, in patients suffering from systemic lupus erythematosus or colitis ulcerosa; to therapeutically monitor rheumatic disease and assess anti-inflammatory therapy; to determine the presence of postoperative complications at an early stage, such as infected wounds, thrombosis, and pneumonia; and to distinguish between infection and bone marrow rejection. Postoperative monitoring of CRP levels of patients can aid in the recognition of unexpected complications (persisting high or increasing levels).
Measuring changes in the concentration of CRP provides useful diagnostic information about the level of acuity and severity of a disease. It also allows judgments about the disease genesis. Persistence of a high serum CRP concentration is usually a grave prognostic sign that generally indicates the presence of an uncontrolled infection.In normal healthy individuals, C-reactive protein (CRP) is a trace protein (<8 mg/L).
Elevated values are consistent with an acute inflammatory process.
After onset of an acute phase response, the serum CRP concentration rises rapidly (within 6-12 hours and peaks at 24-48 hours) and extensively. Concentrations above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).

CAUTIONS:
-C-reactive protein (CRP) response may be less pronounced in patients suffering from liver disease.
-Elevated CRP values are nonspecific and should not be interpreted without a complete clinical history.

REFERENCE:
Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. Edited by CA Burtis, ER Ashwood, DE Bruns. St. Louis, MO. Elsevier Saunders, 2012

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