

Dr. Vinay Chopra
MD (Pathology & Microbiology)
Chairman & Consultant Pathologist

Dr. Yugam Chopra
MD (Pathology)
CEO & Consultant Pathologist

NAME : Mr. BHOLA NATH
AGE/ GENDER : 75 YRS/MALE
COLLECTED BY :
REFERRED BY : ROTARY HOSPITAL (AMBALA CANTT)
BARCODE NO. : 01512517
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1538174
REG. NO./LAB NO. : 012407040042
REGISTRATION DATE : 04/Jul/2024 12:56 PM
COLLECTION DATE : 04/Jul/2024 12:57 PM
REPORTING DATE : 04/Jul/2024 01:14 PM

| Test Name | Value | Unit | Biological Reference interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC)

RED BLOOD CELLS (RBCS) COUNT AND INDICES

| | | | |
|--|-------------------|--------------|--|
| HAEMOGLOBIN (HB) by CALORIMETRIC | 8.7 ^L | gm/dL | 12.0 - 17.0 |
| RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | 3.19 ^L | Millions/cmm | 3.50 - 5.00 |
| PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER | 29.6 ^L | % | 40.0 - 54.0 |
| MEAN CORPUSCULAR VOLUME (MCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER | 92.9 | fL | 80.0 - 100.0 |
| MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER | 27.3 | pg | 27.0 - 34.0 |
| MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER | 29.4 ^L | g/dL | 32.0 - 36.0 |
| RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER | 27.4 ^H | % | 11.00 - 16.00 |
| RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER | 93 ^H | fL | 35.0 - 56.0 |
| MENTZERS INDEX by CALCULATED | 29.12 | RATIO | BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0 |
| GREEN & KING INDEX by CALCULATED | 79.87 | RATIO | BETA THALASSEMIA TRAIT: < = 65.0 IRON DEFICIENCY ANEMIA: > 65.0 |

WHITE BLOOD CELLS (WBCS)

| | | | |
|--|------|------|--------------|
| TOTAL LEUCOCYTE COUNT (TLC) by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 6010 | /cmm | 4000 - 11000 |
| NUCLEATED RED BLOOD CELLS (nRBCS) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER & MICROSCOPY | NIL | | 0.00 - 20.00 |
| NUCLEATED RED BLOOD CELLS (nRBCS) % by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER & MICROSCOPY | NIL | % | < 10 % |

DIFFERENTIAL LEUCOCYTE COUNT (DLC)



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| NEUTROPHILS <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 76 ^H | % | 50 - 70 |
| LYMPHOCYTES <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 16 ^L | % | 20 - 40 |
| EOSINOPHILS <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 0 ^L | % | 1 - 6 |
| MONOCYTES <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 8 | % | 2 - 12 |
| BASOPHILS <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 0 | % | 0 - 1 |
| <u>ABSOLUTE LEUKOCYTES (WBC) COUNT</u> | | | |
| ABSOLUTE NEUTROPHIL COUNT <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 4568 | /cmm | 2000 - 7500 |
| ABSOLUTE LYMPHOCYTE COUNT <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 962 | /cmm | 800 - 4900 |
| ABSOLUTE EOSINOPHIL COUNT <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 0 ^L | /cmm | 40 - 440 |
| ABSOLUTE MONOCYTE COUNT <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 481 | /cmm | 80 - 880 |
| <u>PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.</u> | | | |
| PLATELET COUNT (PLT) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 572000 ^H | /cmm | 150000 - 450000 |
| PLATELET CRIT (PCT) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 0.51 ^H | % | 0.10 - 0.36 |
| MEAN PLATELET VOLUME (MPV) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 9 | fL | 6.50 - 12.0 |
| PLATELET LARGE CELL COUNT (P-LCC) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 116000 ^H | /cmm | 30000 - 90000 |
| PLATELET LARGE CELL RATIO (P-LCR) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 20.2 | % | 11.0 - 45.0 |
| PLATELET DISTRIBUTION WIDTH (PDW) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 16.4 | % | 15.0 - 17.0 |

ADVICE

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

RECHECKED.

KINDLY CORRELATE CLINICALLY



[Signature]

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CLINICAL CHEMISTRY/BIOCHEMISTRY

IRON PROFILE

| | | | |
|---|---------------------|-------|---------------|
| IRON: SERUM <i>by FERROZINE, SPECTROPHOTOMETRY</i> | 35.6 ^L | µg/dL | 59.0 - 158.0 |
| UNSATURATED IRON BINDING CAPACITY (UIBC):SERUM <i>by FERROZINE, SPECTROPHOTOMETRY</i> | 177.4 | µg/dL | 150.0 - 336.0 |
| TOTAL IRON BINDING CAPACITY (TIBC):SERUM <i>by SPECTROPHOTOMETRY</i> | 213 ^L | µg/dL | 230 - 430 |
| %TRANSFERRIN SATURATION: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY (FERENE)</i> | 16.71 | % | 15.0 - 50.0 |
| TRANSFERRIN: SERUM <i>by SPECTROPHOTOMETRY (FERENE)</i> | 151.23 ^L | mg/dL | 200.0 - 350.0 |

INTERPRETATION:-

| VARIABLES | ANEMIA OF CHRONIC DISEASE | IRON DEFICIENCY ANEMIA | THALASSEMIA α/β TRAIT |
|------------------------------|---------------------------|------------------------|-----------------------|
| SERUM IRON: | Normal to Reduced | Reduced | Normal |
| TOTAL IRON BINDING CAPACITY: | Decreased | Increased | Normal |
| % TRANSFERRIN SATURATION: | Decreased | Decreased < 12-15 % | Normal |
| SERUM FERRITIN: | Normal to Increased | Decreased | Normal or Increased |

IRON:

1. Serum iron studies is recommended for differential diagnosis of microcytic hypochromic anemia.i.e iron deficiency anemia, zinc deficiency anemia, anemia of chronic disease and thalassemia syndromes.
 2. It is essential to isolate iron deficiency anemia from Beta thalassemia syndromes because during iron replacement which is therapeutic for iron deficiency anemia, is severely contra-indicated in Thalassemia.

TOTAL IRON BINDING CAPACITY (TIBC):


1. It is a direct measure of protein transferrin which transports iron from the gut to storage sites in the bone marrow.


% TRANSFERRIN SATURATION:

1. Occurs in idiopathic hemochromatosis and transfusional hemosiderosis where no unsaturated iron binding capacity is available for iron mobilization. Similar condition is seen in congenital deficiency of transferrin.

*** End Of Report ***




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