

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

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

NAME : Mrs. B GOGOI
AGE/ GENDER : 31 YRS/FEMALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 01513498
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1555057
REG. NO./LAB NO. : 012407200046
REGISTRATION DATE : 20/Jul/2024 11:51 AM
COLLECTION DATE : 20/Jul/2024 11:52AM
REPORTING DATE : 21/Jul/2024 05:35PM

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

HAEMATOLOGY

HAEMOGLOBIN - HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HB-HPLC)

HAEMOGLOBIN VARIANTS

HAEMOGLOBIN A0 (ADULT) by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)	12.1 ^L	%	83.00 - 90.00
HAEMOGLOBIN F (FOETAL) by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)	7.8 ^H	%	0.00 - 2.0
HAEMOGLOBIN A2 by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)	--	%	1.50 - 3.70
PEAK 3 by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)	4.1	%	< 10.0
OTHERS-NON SPECIFIC by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)	ABSENT	%	ABSENT
HAEMOGLOBIN S by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)	NOT DETECTED	%	< 0.02
HAEMOGLOBIN D (PUNJAB) by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)	NOT DETECTED	%	< 0.02
HAEMOGLOBIN E by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)	78.6(RT-3.15)	%	< 0.02
HAEMOGLOBIN C by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)	NOT DETECTED	%	< 0.02
UNKNOWN UNIDENTIFIED VARIANTS by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)	NOT DETECTED	%	< 0.02
GLYCOSYLATED HAEMOGLOBIN (HbA1c): WHOLE BLOOD by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)	--	%	4.0 - 6.4

RED BLOOD CELLS (RBCS) COUNT AND INDICES

HAEMOGLOBIN (HB) by AUTOMATED HEMATOLOGY ANALYZER	9.1 ^L	gm/dL	12.0 - 16.0
RED BLOOD CELL (RBC) COUNT by AUTOMATED HEMATOLOGY ANALYZER	4.39	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) by AUTOMATED HEMATOLOGY ANALYZER	28.6 ^L	%	37.0 - 50.0



DR. VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR. YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY)



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

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

NAME	: Mrs. B GOGOI	PATIENT ID	: 1555057
AGE/ GENDER	: 31 YRS/FEMALE	REG. NO./LAB NO.	: 012407200046
COLLECTED BY	:	REGISTRATION DATE	: 20/Jul/2024 11:51 AM
REFERRED BY	:	COLLECTION DATE	: 20/Jul/2024 11:52AM
BARCODE NO.	: 01513498	REPORTING DATE	: 21/Jul/2024 05:35PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
MEAN CORPUSCULAR VOLUME (MCV) by AUTOMATED HEMATOLOGY ANALYZER	65.1 ^L	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by AUTOMATED HEMATOLOGY ANALYZER	20.8 ^L	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by AUTOMATED HEMATOLOGY ANALYZER	32	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) by AUTOMATED HEMATOLOGY ANALYZER	18.3 ^H	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) by AUTOMATED HEMATOLOGY ANALYZER	43.7	fL	35.0 - 56.0

OTHERS

MENTZERS INDEX by CALCULATED	14.83	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
---------------------------------	-------	-------	---

INTERPRETATION

Suggestive of HbE homozygous. HbE elutes A2 window. Parental screening &-or DNA analysis is advised.

INTERPRETATION:

The Thalassemia syndromes, considered the most common genetic disorder worldwide, are a heterogenous group of mendelian disorders, all characterized by a lack of/or decreased synthesis of either the alpha-globin chains (alpha thalassemia) or the beta-globin chains (beta thalassemia) of haemoglobin.

HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HPLC):

1. HAEMOGLOBIN VARIANT ANALYSIS, BLOOD- High Performance liquid chromatography (HPLC) is a fast & accurate method for determining the presence and for quantitation of various types of normal haemoglobin and common abnormal hb variants, including but not limited to Hb S, C, E, D and Beta -thalassemia.

2. The diagnosis of these abnormal haemoglobin should be confirmed by DNA analysis.

3. The method use has a limited role in the diagnosis of alpha thalassemia.

4. Slight elevation in haemoglobin A2 may also occur in hyperthyroidism or when there is deficiency of vitamin b12 or folate and this should be distinguished from inherited elevation of HbA2 in Beta- thalassemia trait.

NAKED EYE SINGLE TUBE RED CELL OSMOTIC FRAGILITY TEST (NESTROFT):

1. It is a screening test to distinguish beta thalassemia trait. Also called as Naked Eye Single Tube Red Cell Osmotic Fragility Test.

2. The test showed a sensitivity of 100%, specificity of 85.47%, a positive predictive value of 66% and a negative predictive value of 100%.

3. A high negative predictive value can reasonably rule out beta thalassemia trait cases. So, it should be adopted as a screening test for beta thalassemia trait, as it is not practical or feasible to employ HbA2 in every case of anemia in childhood.

MENTZERS INDEX:

1. The Mentzer index, helpful in differentiating iron deficiency anemia from beta thalassemia. If a CBC indicates microcytic anemia, the Mentzer index is said to be a method of distinguishing between them.

2. If the index is less than 13, thalassemia is said to be more likely. If the result is greater than 13, then iron-deficiency anemia is said to be more likely.

3. The principle involved is as follows: In iron deficiency, the marrow cannot produce as many RBCs and they are small (microcytic), so the RBC count and the MCV will both be low, and as a result, the index will be greater than 13. Conversely, in thalassemia, which is a disorder of globin



Dr. Vinay Chopra

DR. VINAY CHOPRA
 CONSULTANT PATHOLOGIST
 MBBS, MD (PATHOLOGY & MICROBIOLOGY)

Dr. Yugam Chopra

DR. YUGAM CHOPRA
 CONSULTANT PATHOLOGIST
 MBBS, MD (PATHOLOGY)



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

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

NAME	: Mrs. B GOGOI	PATIENT ID	: 1555057
AGE/ GENDER	: 31 YRS/FEMALE	REG. NO./LAB NO.	: 012407200046
COLLECTED BY	:	REGISTRATION DATE	: 20/Jul/2024 11:51 AM
REFERRED BY	:	COLLECTION DATE	: 20/Jul/2024 11:52AM
BARCODE NO.	: 01513498	REPORTING DATE	: 21/Jul/2024 05:35PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

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

synthesis, the number of RBC's produced is normal, but the cells are smaller and more fragile. Therefore, the RBC count is normal, but the MCV is low, so the index will be less than 13.

NOTE: In practice, the Mentzer index is not a reliable indicator and should not, by itself, be used to differentiate. In addition, it would be possible for a patient with a microcytic anemia to have both iron deficiency and thalassemia, in which case the index would only suggest iron deficiency.

*** End Of Report ***




 DR.VINAY CHOPRA
 CONSULTANT PATHOLOGIST
 MBBS, MD (PATHOLOGY & MICROBIOLOGY)

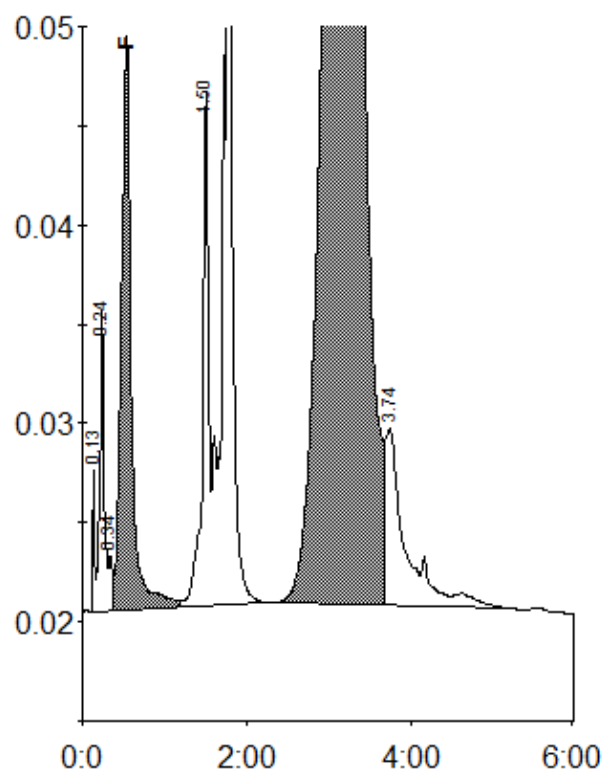

 DR.YUGAM CHOPRA
 CONSULTANT PATHOLOGIST
 MBBS, MD (PATHOLOGY)



Patient report

Bio-Rad
D-10
S/N: #DJ6F040603
Sample ID:
Injection date
Injection #: 17
Rack #: ---

DATE: 07/20/2024
TIME: 07:41 PM
Software version: 4.30-2
01513498
07/20/2024 07:01 PM
Method: HbA2/F
Rack position: 1



Peak table - ID: 01513498

Peak	R.time	Height	Area	Area %
Unknown	0.13	7201	10644	0.3
A1a	0.24	15081	54192	1.7
A1b	0.34	2777	10227	0.3
F	0.53	28159	219149	7.8
P3	1.50	25803	127860	4.1
A0	1.78	61420	377701	12.1
A2	3.15	73527	2202812	78.6 *
Unknown	3.74	8867	120624	3.9
Total Area:	3123208			

Concentration:	%
F	7.8
A2	78.6 *