

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



Dr. Vinay Chopr MD (Pathology & Mic Chairman & Consulta		crobiology) MD (Pathology)		(Pathology)
NAME	: Mrs. SHAMBHAVI			
AGE/ GENDER	: 35 YRS/FEMALE	PAT	FIENT ID	: 1570578
COLLECTED BY	:	REC	G. NO./LAB NO.	: 012408040067
REFERRED BY	:		GISTRATION DATE	: 04/Aug/2024 04:54 PM
BARCODE NO.	: 01514456		LECTION DATE	: 04/Aug/2024 04:59PM
CLIENT CODE. CLIENT ADDRESS	: KOS DIAGNOSTIC LAB : 6349/1, NICHOLSON ROAD, AMH		PORTING DATE	: 05/Aug/2024 05:28AM
Test Name		Value	Unit	Biological Reference interval
		HAEMAT	DIOGY	
	HAEMOGLOBIN - HIGH PER			GRAPHY (HB-HPLC)
HAEMOGLOBIN VAR				
HAEMOGLOBIN A0 (ADULT) by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) HAEMOGLOBIN F (FOETAL) by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) HAEMOGLOBIN A2 by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) PEAK 3 by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) OTHERS-NON SPECIFIC by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) HAEMOGLOBIN S by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) HAEMOGLOBIN D (PUNJAB) by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) HAEMOGLOBIN D (PUNJAB) by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) HAEMOGLOBIN C by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) HAEMOGLOBIN C by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) UNKNOWN UNIDENTIFIED VARIANTS by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)		83.9	%	83.00 - 90.00
		< 0.8	%	0.00 - 2.0
		2.5	%	1.50 - 3.70
		5.2	%	< 10.0
		ABSENT	%	ABSENT
		NOT DETECTE	D %	< 0.02
		NOT DETECTE	D %	< 0.02
		NOT DETECTE	D %	< 0.02
		NOT DETECTE	D %	< 0.02
		NOT DETECTE	D %	< 0.02
		5.2	%	4.0 - 6.4
WHOLE BLOOD	RMANCE LIQUID CHROMATOGRAPHY)			
	BCS) COUNT AND INDICES			
HAEMOGLOBIN (HB) by AUTOMATED HEMATOLOGY ANALYZER		10.6 ^L	gm/dL	12.0 - 16.0
RED BLOOD CELL (RE	SC) COUNT	3.8	Millions/c	mm 3.50 - 5.00
by AUTOMATED HEMA PACKED CELL VOLUN by AUTOMATED HEMA	1E (PCV)	32.8 ^L	%	37.0 - 50.0
MEAN CORPUSCULA		86.4	fL	80.0 - 100.0

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by AUTOMATED HEMA	TOLOGY ANALYZER			
MEAN CORPUSCULA by AUTOMATED HEMA	R HAEMOGLOBIN (MCH) ATOLOGY ANALYZER	28	pg	27.0 - 34.0
MEAN CORPUSCULA	R HEMOGLOBIN CONC. (MCHC)	32.4	g/dL	32.0 - 36.0
RED CELL DISTRIBUT by AUTOMATED HEMA	ION WIDTH (RDW-CV) ATOLOGY ANALYZER	14.5	%	11.00 - 16.00
RED CELL DISTRIBUT	ION WIDTH (RDW-SD)	46.7	fL	35.0 - 56.0
<u>OTHERS</u>				
NAKED EYE SINGLE T OSMOTIC FRAGILITY by SINGLE RED CELL	TEST	NEGATIVE (-v	e)	NEGATIVE (-ve)
MENTZERS INDEX		22.74	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
INTERPRETATION		THE ABOVE F	INDINGS ARE SUGGES	TIVE OF NORMAL HAEMOGLOBIN

INTERPRETATION

THE ABOVE FINDINGS ARE SUGGESTIVE OF NORMAL HAEMOGLOBIN CHROMATOGRAPHIC PATTERN

INTERPRETATION:

The Thalassemia syndromes, considered the most common genetic disorder worldwide, are a heterogenous group of mandelian 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 quatitation 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 istinguished 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



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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 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 ***



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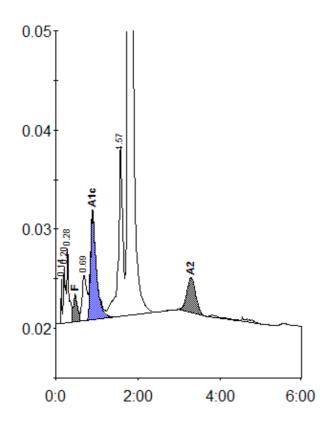
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Patient report

Bio-Rad	DATE: 08/04/2024
D-10	TIME: 05:26 PM
S/N: #DJ6F040603	Software version: 4.30-2
Sample ID:	01514456
Injection date	08/04/2024 11:54 AM
Injection #: 1	Method: HbA2/F
Rack #:	Rack position: 1



Peak table - ID: 01514456				
Peak	R.time	Height	Area	Area %
Unknown	0.14	4779	5875	0.2
Ala	0.20	5789	21804	0.9
Alb	0.28	7492	27165	1.1
F	0.47	2780	18994	< 0.8 *
LA1c/CHb-1	0.69	4603	36763	1.5
Alc	0.89	10977	109845	5.2
P3	1.57	17143	129083	5.2
A0	1.76	483930	2098574	83.9
A2	3.29	3552	53248	2.5
Total Area:	2501350			

Concentration:	%
F	< 0.8 *
A1c	5.2
A2	2.5