





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

NAME	: Master. PARTH		
AGE/ GENDER	: 15 DAYS(S)/MALE	PATIENT ID	: 1587787
COLLECTED BY	:	REG. NO./LAB NO.	: 012408220057
<b>REFERRED BY</b>	:	<b>REGISTRATION DATE</b>	: 22/Aug/2024 01:26 PM
BARCODE NO.	: 01515504	COLLECTION DATE	: 22/Aug/2024 01:27PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPORTING DATE	: 22/Aug/2024 05:34PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT	Г	

# HAEMATOLOGY

#### PERIPHERAL BLOOD SMEAR

## TEST NAME:

#### PERIPHERAL BLOOD FILM/SMEAR (PBF)

# RED BLOOD CELLS (RBC'S):

RBCs are normocytic & normochromic.No polychromatic cells or normoblasts seen.

# WHITE BLOOD CELLS (WBC'S):

Smear show neutrophilia.No immature leucocytes seen.

### **PLATELETS:**

Platelets are adequate.

#### HEMOPARASITES:

NOT SEEN.

### **IMPRESSION:**

Normocytic normochromic picture.





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CLIENT CODE.	: KOS DIAGNOSTIC LAB		<b>REPORTING DATE</b>	: 22/Aug/2024 05:18PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD	, AMBALA CANT'	Т	
Test Name		Value	Unit	Biological Reference interval

KOS Diagnostic Lab (A Unit of KOS Healthcare)

#### Interpretation:-

The direct Coombs test (also known as the **direct antiglobulin test** or DAT) is used to detect if antibodies or complement system factors have bound to RBC surface antigens *in vivo*.

The direct Coombs test is used clinically when immune-mediated hemolytic anemia (antibody-mediated destruction of RBCs) is suspected. This mechanism could be autoimmunity, alloimmunity or a drug-induced immune-mediated mechanism.





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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



		C <b>hopra</b> y & Microbiology) onsultant Pathologist	Dr. Yugam MD CEO & Consultant	(Pathology)
NAME AGE/ GENDER COLLECTED BY REFERRED BY BARCODE NO. CLIENT CODE. CLIENT ADDRESS	: Master. PARTH : 15 DAYS(S)/MALE : : : 01515504 : KOS DIAGNOSTIC LAB : 6349/1, NICHOLSON ROA	RI RI CO RI	ATIENT ID 3G. NO./LAB NO. 3GISTRATION DATE DLLECTION DATE 2PORTING DATE	: 1587787 <b>: 012408220057</b> : 22/Aug/2024 01:26 PM : 22/Aug/2024 01:27PM : 22/Aug/2024 03:31PM
Test Name		Value	Unit	Biological Reference interval
BILIRUBIN TOTAL: SI		NICAL CHEMISTF BILIRUBII 4.42	RY/BIOCHEMISTRY N TOTAL mg/dL	Y INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
	DE VINAY CHOREA	- Charles - Char	opra	
	DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MIC	ROBIOLOGY) MBBS, ME	I CHOPRA INT PATHOLOGIST ) (PATHOLOGY)	

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BARCODE NO.	:01515504		COLLECTION DATE	: 22/Aug/2024 01:27PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		<b>REPORTING DATE</b>	: 22/Aug/2024 03:02PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD,	AMBALA CANT	Т	
Test Name		Value	Unit	Biological Reference interval
	G	-6-PD (QUAN	ITITATIVE KINECTICS)	
G6PD (QUANTITATI by SPECTROPHOTOR		16.8 <sup>H</sup>	U/gHb	4.6 - 13.5

#### INTERPRETATION:

1.G-6 PD deficiency is a sex/X-linked recessive genetically inherited RBC enzyme disorder making the cells vulnerable to oxidative denaturation of haemoglobin characterized by abnormally low levels of glucose-6-phosphate dehydrogenase.

2. G6PD deficiency is the most common human enzyme defect.

3. G-6 PD levels are highest in young cells and decrease as cells age, hence in cases of G-6 PD deficiency, the older cells are preferentially destroyed.

5.G6PD helps body process carbohydrates and turn them into energy.

6. Hemolytic susceptibility in affected persons can increase greatly during intercurrent illness or upon exposure to various drugs that have oxidant properties like Primaquin, Nalidixic acid, Nitrofurantoin etc., Marked genetic heterogeneity has been reported in G-6 PD deficiency cases and > 300 variants have been defined. This heterogeneity causes variability in the degree of deficiency, types of cells affected, types of drugs causing hemolysis and susceptibility to chronic hemolysis and neonatal jaundice.

COMMON DRUGS THAT CAN INDUCE HEMOLYSIS IN G6PD DEFICIENT INDIVIDUALS INCLUDE:

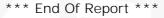
1. Anti Malarial drugs (like primaquine, pamaquine, and chloroquine).

2. Sulfonamides (such as sulfanilamide, sulfamethoxazole, and mafenide).

3. Thiazolesulfone, methylene blue and naphthalene.

4. Certain analgesics (such as aspirin, phenazopyridine, and acetanilide)

5. Few non-sulfa antibiotics (nalidixic acid, nitrofurantoin, isoniazid, dapsone, and furazolidone).







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