

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

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

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

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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BARCODE NO.	: 01515504	REPORTING DATE	: 22/Aug/2024 05:18PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
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Test Name	Value	Unit	Biological Reference interval
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DIRECT COOMBS TEST (DCT)

DIRECT COOMBS TEST (DCT)	NEGATIVE (-ve)	NEGATIVE (-ve)
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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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REFERRED BY	:	COLLECTION DATE	: 22/Aug/2024 01:27PM
BARCODE NO.	: 01515504	REPORTING DATE	: 22/Aug/2024 03:31PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
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Test Name	Value	Unit	Biological Reference interval
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CLINICAL CHEMISTRY/BIOCHEMISTRY

BILIRUBIN TOTAL

BILIRUBIN TOTAL: SERUM	4.42	mg/dL	INFANT: 0.20 - 8.00
by DIAZOTIZATION, SPECTROPHOTOMETRY			ADULT: 0.00 - 1.20




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REFERRED BY	:	COLLECTION DATE	: 22/Aug/2024 01:27PM
BARCODE NO.	: 01515504	REPORTING DATE	: 22/Aug/2024 03:02PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
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Test Name	Value	Unit	Biological Reference interval
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G-6-PD (QUANTITATIVE KINECTICS)

G6PD (QUANTITATIVE KINECTICS)
 by SPECTROPHOTOMETRY

16.8^H

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, dapson, and furazolidone).

*** End Of Report ***





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