

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

NAME : Mrs. VIBHA MAHAJAN  
AGE/ GENDER : 49 YRS/FEMALE  
COLLECTED BY : SURJESH  
REFERRED BY :  
BARCODE NO. : 01516706  
CLIENT CODE. : KOS DIAGNOSTIC LAB  
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1608415  
REG. NO./LAB NO. : 012409100047  
REGISTRATION DATE : 10/Sep/2024 01:37 PM  
COLLECTION DATE : 10/Sep/2024 01:43PM  
REPORTING DATE : 10/Sep/2024 04:26PM

HAEMATOLOGY  
PERIPHERAL BLOOD SMEAR

TEST NAME:  
PERIPHERAL BLOOD FILM/SMEAR (PBF)

RED BLOOD CELLS (RBC'S):  
Anisocytosis with microcytosis.RBCs reveal mild to moderate hypochromia.No polychromatic cells or normoblastic activity evident.

WHITE BLOOD CELLS (WBC'S):  
No immature leuocytes seen.

PLATELETS:  
Platelets are adequate.

HEMOPARASITES:  
NOT SEEN.

IMPRESSION:  
Microcytic hypochromic anemia.



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<b>BARCODE NO.</b>	: 01516706	<b>REPORTING DATE</b>	: 10/Sep/2024 03:33PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
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Test Name	Value	Unit	Biological Reference interval
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## CLINICAL CHEMISTRY/BIOCHEMISTRY

### FERRITIN

FERRITIN: SERUM	5.02	ng/mL	4.63 - 204.0
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by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

#### INTERPRETATION:

Serum ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of storage iron in normal subjects and in most disorders. In patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant. In such disorders iron deficiency anemia may exist with a normal serum ferritin concentration. In the presence of inflammation, persons with low serum ferritin are likely to respond to iron therapy.

#### DECREASED:

1. Iron depletion appears to be the only condition associated with reduced serum ferritin concentrations.
2. Hypothyroidism.
3. Vitamin-C deficiency.

#### INCREASED FERRITIN DUE TO IRON OVERLOAD (PRIMARY):

1. Hemochromatosis or hemosiderosis.
2. Wilson Disease.

#### INCREASED FERRITIN DUE TO IRON OVERLOAD (SECONDARY):

1. Transfusion overload
2. Excess dietary Iron
3. Porphyria Cutanea tarda
4. Ineffective erythropoiesis.

#### INCREASED FERRITIN WITHOUT IRON OVERLOAD:


1. Liver disorders (NASH) or viral hepatitis (B/C).
2. Inflammatory conditions (Ferritin is a acute phase reactant) both acute and chronic.
3. Leukaemia, hodgekin's disease.
4. Alcohol excess.
5. Other malignancies in which increases probably reflect the escape of ferritin from damaged liver cells, impaired clearance from the plasma, synthesis of ferritin by tumour cells.
6. Ferritin levels below 10 ng/ml have been reported as indicative of iron deficiency anemia.


#### NOTE:

1. As Ferritin is an acute phase reactant, it is often raised in both acute and chronic inflammatory condition of the body such as infections leading to false positive results. It can therefore mask a diagnostically low result. In such Cases serum ferritin levels should always be correlated with C-Reactive proteins to rule out any inflammatory conditions.
2. Patients with iron deficiency anaemia may occasionally have elevated or normal ferritin levels. This is usually seen in patients already receiving iron therapy or in patients with concomitant hepatocellular injury.

\*\*\* End Of Report \*\*\*



  
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