

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

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

NAME	: Baby. RIYANSHI	PATIENT ID	: 1628745
AGE/ GENDER	: 2 YRS/FEMALE	REG. NO./LAB NO.	: 012409280068
COLLECTED BY	:	REGISTRATION DATE	: 28/Sep/2024 07:43 PM
REFERRED BY	:	COLLECTION DATE	: 28/Sep/2024 08:04PM
BARCODE NO.	: 01517912	REPORTING DATE	: 29/Sep/2024 10:04AM
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):
 Anisocytosis with microcytosis.RBCs reveal moderate hypochromia.Occ. polychromatic cells seen.No normoblastic activity noted.

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

PLATELETS:
 Platelets appear reduced on smear.

HEMOPARASITES:
 NOT SEEN.

IMPRESSION:
 Microcytic hypochromic anemia & Thrombocytopenia.




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BARCODE NO.	: 01517912	REPORTING DATE	: 29/Sep/2024 09:54AM
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.

*** End Of Report ***




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