Dr. Vinay Chopra
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Chairman & Consultant Pathologist

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

NAME	**: Master. SHIV**		
AGE/ GENDER	: 2 YRS/MALE	**PATIENT ID**	: 1630341
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012409300085**
REFERRED BY	:	**REGISTRATION DATE**	: 30/Sep/2024 04:13 PM
BARCODE NO.	: 01518058	**COLLECTION DATE**	: 30/Sep/2024 04:19PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 30/Sep/2024 06:01PM
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 acticity evident.

WHITE BLOOD CELLS (WBC'S):

No immature leucocytes seen.

PLATELETS:

Platelets are plenty.

HEMOPARASITES:

NOT SEEN.

IMPRESSION:

Microcytic hypochromic anemia.

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Test Name	Value	Unit	Biological Reference interval

DIRECT COOMBS TEST (DCT)

DIRECT COOMBS TEST (DCT)	NEGATIVE (-ve)		NEGATIVE (-ve)

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 Name	Value	Unit	Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

IRON PROFILE

IRON: SERUM *by FERROZINE, SPECTROPHOTOMETRY*	**37.9^{L}**	**µg/dL**	**59.0 - 158.0**
UNSATURATED IRON BINDING CAPACITY (UIBC) :SERUM *by FERROZINE, SPECTROPHOTOMETERY*	**381.55^{H}**	**µg/dL**	**150.0 - 336.0**
TOTAL IRON BINDING CAPACITY (TIBC) :SERUM *by SPECTROPHOTOMETERY*	419.45	µg/dL	230 - 430
%TRANSFERRIN SATURATION: SERUM *by CALCULATED, SPECTROPHOTOMETERY (FERENE)*	**9.04^{L}**	**%**	**15.0 - 50.0**
TRANSFERRIN: SERUM *by SPECTROPHOTOMETERY (FERENE)*	297.81	mg/dL	200.0 - 350.0

INTERPRETATION:-

VARIABLES	*ANEMIA OF CHRONIC DISEASE*	*IRON DEFICIENCY ANEMIA*	*THALASSEMIA α/β TRAIT*
SERUM IRON:	Normal to Reduced	Reduced	Normal
TOTAL IRON BINDING CAPACITY:	Decreased	Increased	Normal
% TRANSFERRIN SATURATION:	Decreased	Decreased < 12-15 %	Normal
SERUM FERRITIN:	Normal to Increased	Decreased	Normal or Increased

IRON:
1.Serum iron studies is recommended for differential diagnosis of microcytic hypochromic anemia.i.e iron deficiency anemia, zinc deficiency anemia,anemia of chronic disease and thalassemia syndromes.
2. It is essential to isolate iron deficiency anemia from Beta thalassemia syndromes because during iron replacement which is therapeutic for iron deficiency anemia, is severely contra-indicated in Thalassemia.

TOTAL IRON BINDING CAPACITY (TIBC):
1.It is a direct measure of protein transferrin which transports iron from the gut to storage sites in the bone marrow.

% TRANSFERRIN SATURATION:
1.Occurs in idiopathic hemochromatosis and transfusional hemosiderosis where no unsaturated iron binding capacity is available for iron mobilization. Similar condition is seen in congenital deficiency of transferrin.

*** End Of Report ***

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