

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

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

NAME	: Miss. SURBHI	PATIENT ID	: 1656944
AGE/ GENDER	: 17 YRS/FEMALE	REG. NO./LAB NO.	: 012410290057
COLLECTED BY	:	REGISTRATION DATE	: 29/Oct/2024 07:23 PM
REFERRED BY	:	COLLECTION DATE	: 29/Oct/2024 07:24PM
BARCODE NO.	: 01519784	REPORTING DATE	: 29/Oct/2024 07:46PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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HAEMATOLOGY

TOTAL LEUCOCYTE COUNT (TLC)

TOTAL LEUCOCYTE COUNT (TLC) by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD	11790^H	/cmm	4000 - 11000
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MBBS , MD (PATHOLOGY)



TEST PERFORMED AT : KOS DIAGNOSTIC LAB, AMBALA CANTT.

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DIFFERENTIAL LEUCOCYTE COUNT (DLC)

NEUTROPHILS <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>	86^H	%	50 - 70
LYMPHOCYTES <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>	9^L	%	20 - 40
EOSINOPHILS <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>	1	%	1 - 6
MONOCYTES <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>	4	%	2 - 12
BASOPHILS <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>	0	%	0 - 1

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD




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HAEMOGLOBIN - HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HB-HPLC)

HAEMOGLOBIN VARIANTS

HAEMOGLOBIN A0 (ADULT) <i>by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)</i>	80.9^L	%	83.00 - 90.00
HAEMOGLOBIN F (FOETAL) <i>by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)</i>	1.9	%	0.00 - 2.0
HAEMOGLOBIN A2 <i>by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)</i>	4.6^H	%	1.50 - 3.70
PEAK 3 <i>by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)</i>	5.8	%	< 10.0
OTHERS-NON SPECIFIC <i>by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)</i>	ABSENT	%	ABSENT
HAEMOGLOBIN S <i>by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)</i>	NOT DETECTED	%	< 0.02
HAEMOGLOBIN D (PUNJAB) <i>by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)</i>	NOT DETECTED	%	< 0.02
HAEMOGLOBIN E <i>by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)</i>	NOT DETECTED	%	< 0.02
HAEMOGLOBIN C <i>by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)</i>	NOT DETECTED	%	< 0.02
UNKNOWN UNIDENTIFIED VARIANTS <i>by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)</i>	NOT DETECTED	%	< 0.02
GLYCOSYLATED HAEMOGLOBIN (HbA1c): WHOLE BLOOD <i>by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)</i>	5.3	%	4.0 - 6.4

RED BLOOD CELLS (RBCS) COUNT AND INDICES

HAEMOGLOBIN (HB) <i>by AUTOMATED HEMATOLOGY ANALYZER</i>	9.7^L	gm/dL	12.0 - 16.0
RED BLOOD CELL (RBC) COUNT <i>by AUTOMATED HEMATOLOGY ANALYZER</i>	5.42^H	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) <i>by AUTOMATED HEMATOLOGY ANALYZER</i>	32.2^L	%	35.0 - 49.0
MEAN CORPUSCULAR VOLUME (MCV) <i>by AUTOMATED HEMATOLOGY ANALYZER</i>	59.4^L	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) <i>by AUTOMATED HEMATOLOGY ANALYZER</i>	18^L	pg	27.0 - 34.0



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Test Name	Value	Unit	Biological Reference interval
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) <i>by AUTOMATED HEMATOLOGY ANALYZER</i>	30.2^L	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) <i>by AUTOMATED HEMATOLOGY ANALYZER</i>	17.5^H	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) <i>by AUTOMATED HEMATOLOGY ANALYZER</i>	38.3	fL	35.0 - 56.0
OTHERS			
NAKED EYE SINGLE TUBE RED CELL OSMOTIC FRAGILITY TEST <i>by SINGLE RED CELL OSMOTIC FRAGILITY</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
MENTZERS INDEX <i>by CALCULATED</i>	10.96	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0

INTERPRETATION

HB VARIANT ANALYSIS- Suggestive of Beta thalassemia trait. Parental screening &-or DNA analysis is advised.

INTERPRETATION:

The Thalassemia syndromes, considered the most common genetic disorder worldwide, are a heterogenous group of mendelian disorders, all characterized by a lack of/or decreased synthesis of either the alpha-globin chains (alpha thalassemia) or the beta-globin chains (beta thalassemia) of haemoglobin.

HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HPLC):

- 1.HAEMOGLOBIN VARIANT ANALYSIS, BLOOD- High Performance liquid chromatography (HPLC) is a fast & accurate method for determining the presence and for quantitation of various types of normal haemoglobin and common abnormal hb variants, including but not limited to Hb S, C, E, D and Beta –thalassemia.
- 2.The diagnosis of these abnormal haemoglobin should be confirmed by DNA analysis.
- 3.The method use has a limited role in the diagnosis of alpha thalassemia.
- 4.Slight elevation in haemoglobin A2 may also occur in hyperthyroidism or when there is deficiency of vitamin b12 or folate and this should be distinguished from inherited elevation of HbA2 in Beta- thalassemia trait.

NAKED EYE SINGLE TUBE RED CELL OSMOTIC FRAGILITY TEST (NESTROFT):

- 1.It is a screening test to distinguish beta thalassemia trait. Also called as Naked Eye Single Tube Red Cell Osmotic Fragility Test.
- 2.The test showed a sensitivity of 100%, specificity of 85.47%, a positive predictive value of 66% and a negative predictive value of 100%.
- 3.A high negative predictive value can reasonably rule out beta thalassemia trait cases. So, it should be adopted as a screening test for beta thalassemia trait, as it is not practical or feasible to employ HbA2 in every case of anemia in childhood.

MENTZERS INDEX:

- 1.The Mentzer index, helpful in differentiating iron deficiency anemia from beta thalassemia. If a CBC indicates microcytic anemia, the Mentzer index is said to be a method of distinguishing between them.
- 2.If the index is less than 13, thalassemia is said to be more likely. If the result is greater than 13, then iron-deficiency anemia is said to be more likely.
- 3.The principle involved is as follows: In iron deficiency, the marrow cannot produce as many RBCs and they are small (microcytic), so the RBC



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count and the MCV will both be low, and as a result, the index will be greater than 13. Conversely, in thalassemia, which is a disorder of globin synthesis, the number of RBC's produced is normal, but the cells are smaller and more fragile. Therefore, the RBC count is normal, but the MCV is low, so the index will be less than 13.

NOTE: In practice, the Mentzer index is not a reliable indicator and should not, by itself, be used to differentiate. In addition, it would be possible for a patient with a microcytic anemia to have both iron deficiency and thalassemia, in which case the index would only suggest iron deficiency.

*** End Of Report ***



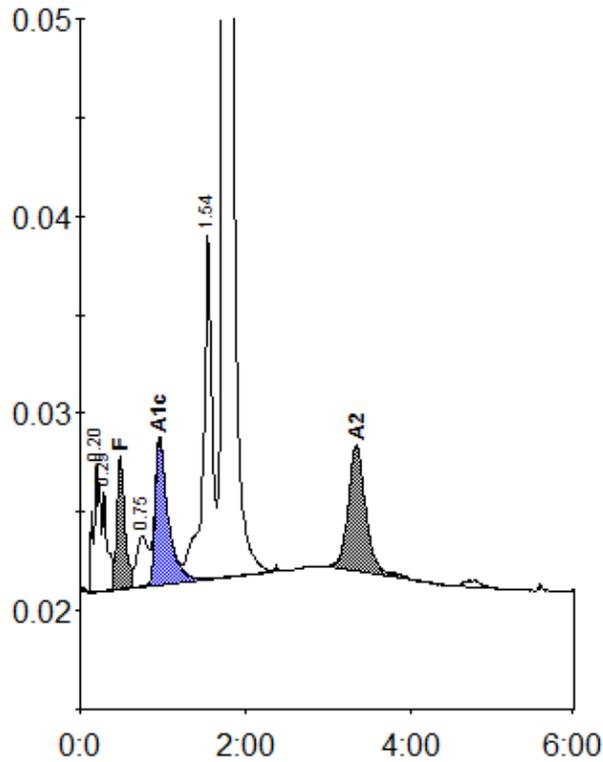

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Patient report

Bio-Rad DATE: 10/29/2024
D-10 TIME: 05:49 PM
S/N: #DJ6F040603 Software version: 4.30-2
Sample ID: 01519784
Injection date 10/29/2024 05:19 PM
Injection #: 6 Method: HbA2/F
Rack #: --- Rack position: 1



Peak table - ID: 01519784

Peak	R.time	Height	Area	Area %
A1a	0.20	6460	36999	1.7
A1b	0.29	5052	20887	0.9
F	0.49	6710	42572	1.9
LA1c/CHb-1	0.75	2534	23666	1.1
A1c	0.96	7315	79578	5.3
P3	1.54	17376	129574	5.8
A0	1.74	419348	1810795	80.9
A2	3.34	6331	94117	4.6
Total Area:		2238188		

Concentration:	%
F	1.9
A1c	5.3
A2	4.6