NAME	**: Mr. JITENDER PAL SINGH**		
AGE/ GENDER	: 65 YRS/MALE	**PATIENT ID**	: 772138
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012411090056**
REFERRED BY	: CENTRAL PHOENIX CLUB (AMBALA CANTT)	**REGISTRATION DATE**	: 09/Nov/2024 05:59 PM
BARCODE NO.	: 01520445	**COLLECTION DATE**	: 09/Nov/2024 06:02PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 09/Nov/2024 06:52PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC)

Test Name	Value	Unit	Biological Reference interval
RED BLOOD CELLS (RBCS) COUNT AND INDICES			
HAEMOGLOBIN (HB) *by CALORIMETRIC*	13.7	gm/dL	12.0 - 17.0
RED BLOOD CELL (RBC) COUNT *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	4.6	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	44	%	40.0 - 54.0
MEAN CORPUSCULAR VOLUME (MCV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	95.7	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	29.8	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**31.1**^{L}	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	14.5	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	51.8	fL	35.0 - 56.0
MENTZERS INDEX *by CALCULATED*	20.8	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX *by CALCULATED*	30.18	RATIO	BETA THALASSEMIA TRAIT:<= 65.0 IRON DEFICIENCY ANEMIA: > 65.0
WHITE BLOOD CELLS (WBCS)			
TOTAL LEUCOCYTE COUNT (TLC) *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	9920	/cmm	4000 - 11000
NUCLEATED RED BLOOD CELLS (nRBCS) *by AUTOMATED 6 PART HEMATOLOGY ANALYZER*	NIL		0.00 - 20.00
NUCLEATED RED BLOOD CELLS (nRBCS) % *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	NIL	%	< 10 %

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Test Name	Value	Unit	Biological Reference interval
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHILS *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	**48^{L}**	%	50 - 70
LYMPHOCYTES *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	**44^{H}**	%	20 - 40
EOSINOPHILS *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	1	%	1 - 6
MONOCYTES *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	7	%	2 - 12
BASOPHILS *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	0	%	0 - 1
ABSOLUTE LEUKOCYTES (WBC) COUNT			
ABSOLUTE NEUTROPHIL COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	4762	/cmm	2000 - 7500
ABSOLUTE LYMPHOCYTE COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	4365	/cmm	800 - 4900
ABSOLUTE EOSINOPHIL COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	99	/cmm	40 - 440
ABSOLUTE MONOCYTE COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	694	/cmm	80 - 880
PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.			
PLATELET COUNT (PLT) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	329000	/cmm	150000 - 450000
PLATELETCRIT (PCT) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	0.31	%	0.10 - 0.36
MEAN PLATELET VOLUME (MPV) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	9	fL	6.50 - 12.0
PLATELET LARGE CELL COUNT (P-LCC) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	69000	/cmm	30000 - 90000
PLATELET LARGE CELL RATIO (P-LCR) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	20.9	%	11.0 - 45.0
PLATELET DISTRIBUTION WIDTH (PDW) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	15.7	%	15.0 - 17.0

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

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Test Name	Value	Unit	Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY

C-REACTIVE PROTEIN (CRP)

C-REACTIVE PROTEIN (CRP) QUANTITATIVE: SERUM *by NEPHLOMETRY*	**6.74^{H}**	mg/L	0.0 - 6.0

INTERPRETATION:

1. C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation.
2. CRP levels can increase dramatically (100-fold or more) after severe trauma, bacterial infection, inflammation, surgery, or neoplastic proliferation.
3. CRP levels (Quantitative) has been used to assess activity of inflammatory disease, to detect infections after surgery, to detect transplant rejection, and to monitor these inflammatory processes.
4. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc.,
5. Elevated values are consistent with an acute inflammatory process.

NOTE:

1. Elevated C-reactive protein (CRP) values are nonspecific and should not be interpreted without a complete clinical history.
2. Oral contraceptives may increase CRP levels.

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Test Name	Value	Unit	Biological Reference interval

IMMUNOGLOBIN IgE

IMMUNOGLOBIN-E (IgE): SERUM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	84.4	IU/mL	0.0 - 200.0

INTERPRETATION:

COMMENTS:

1.IgE antibodies mediate allergic diseases by sensitizing mast cells and basophils to release histamine and other inflammatory mediators on exposure to allergens.
2.Total IgE is represents the sum of all the specific IgE, which inturn includes many groups of specific IgE & allergen specific IgE is just one such group amongst them.
3.Total IgE determination constitutes a screening method of atopic diseases, although within range values of total IgE do not exclude the existence of atopy and high values of total IgE are not pathognomonic of atopy by themselves.
4.Antigen-specific IgE is the next step in the in vitro identification of the responsible allergen. There are more than 400 characterized known allergens available for in vitro diagnostic tests and testing to be selected based on symptoms, clinical & environmental details.
5.In adults, Total IgE values between 100 to 1000 UI/ml may not correlate with allergen specific IgE, where the patients may be just sensitized to different allergen or often the cause for high IgE could be non-atopic.
6.Specific IgE results obtained with the different methods vary significantly, hence followup testing to be performed using one laboratory only.
7.The probability of finding an increased level of IgE in serum in a patient with allergic disease varies directly with the number of different allergens to which the patient is sensitized.
8.A normal level of IgE in serum does not eliminate the possibility of allergic disease; this occurs if there is sensitivity to a limited number of allergens and limited end organ involvement.

INCREASED:

1.Atopic/Non Atopic Allergy
2.Parasitic Infection.
3.IgE Myeloma
4.Allergic bronchopulmonary aspergillosis.
5.The rare hyper IgE syndrome.
6.Immunodeficiency States and Autoimmune states

USES:

1.Evaluation of children with strong family history of allergies and early clinical signs of disease ·
2.Evaluation of children and adults suspected of having allergic respiratory disease to establish the diagnosis and define the allergens
3.To confirm clinical expression of sensitivity to foods in patients with Anaphylactic sensitivity or with Asthma, Angioedema or Cutaneous disease
4.To evaluate sensitivity to insect venom allergens particularly as an aid in defining venom specificity in those cases in which skin tests are equivocal
5.To confirm the presence of IgE antibodies to certain occupational allergens

*** End Of Report ***

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