NAME	**: Mrs. JASPREET KAUR**		
AGE/ GENDER	: 34 YRS/FEMALE	**PATIENT ID**	: 1721751
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012501110032**
REFERRED BY	: LOOMBA HOSPITAL (AMBALA CANTT)	**REGISTRATION DATE**	: 11/Jan/2025 02:34 PM
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HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC)

Test Name	Value	Unit	Biological Reference interval
RED BLOOD CELLS (RBCS) COUNT AND INDICES			
HAEMOGLOBIN (HB) *by CALORIMETRIC*	**11.1^{L}**	gm/dL	12.0 - 16.0
RED BLOOD CELL (RBC) COUNT *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	4.19	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**34.3^{L}**	%	37.0 - 50.0
MEAN CORPUSCULAR VOLUME (MCV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	81.9	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**26.4^{L}**	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	32.3	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**26.7^{H}**	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**81.6^{H}**	fL	35.0 - 56.0
MENTZERS INDEX *by CALCULATED*	19.55	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX *by CALCULATED*	52.01	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*	6730	/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*	57	%	50 - 70
LYMPHOCYTES *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	32	%	20 - 40
EOSINOPHILS *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	3	%	1 - 6
MONOCYTES *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	8	%	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*	3836	/cmm	2000 - 7500
ABSOLUTE LYMPHOCYTE COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	2154	/cmm	800 - 4900
ABSOLUTE EOSINOPHIL COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	202	/cmm	40 - 440
ABSOLUTE MONOCYTE COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	538	/cmm	80 - 880
ABSOLUTE BASOPHIL COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	0	/cmm	0 - 110
PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.			
PLATELET COUNT (PLT) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	**136000^{L}**	/cmm	150000 - 450000
PLATELETCRIT (PCT) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	0.15	%	0.10 - 0.36
MEAN PLATELET VOLUME (MPV) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	**13^{H}**	fL	6.50 - 12.0
PLATELET LARGE CELL COUNT (P-LCC) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	67000	/cmm	30000 - 90000
PLATELET LARGE CELL RATIO (P-LCR) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	**50.4^{H}**	%	11.0 - 45.0
PLATELET DISTRIBUTION WIDTH (PDW) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	16.2	%	15.0 - 17.0
ADVICE	**KINDLY CORRELATE CLINICALLY**		

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Test Name	Value	Unit	Biological Reference interval

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

RECHECKED.

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HAEMOGLOBIN - HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HB-HPLC)

Test Name	Value	Unit	Biological Reference interval
HAEMOGLOBIN VARIANTS			
HAEMOGLOBIN A0 (ADULT) *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	86.76	%	83.00 - 90.00
HAEMOGLOBIN F (FOETAL) *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	1.37	%	0.00 - 2.0
HAEMOGLOBIN A2 *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	2.11	%	1.50 - 3.70
PEAK 3 *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	1.1	%	< 10.0
OTHERS-NON SPECIFIC *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	ABSENT	%	ABSENT
HAEMOGLOBIN S *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	NOT DETECTED	%	< 0.02
HAEMOGLOBIN D (PUNJAB) *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	NOT DETECTED	%	< 0.02
HAEMOGLOBIN E *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	NOT DETECTED	%	< 0.02
HAEMOGLOBIN C *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	NOT DETECTED	%	< 0.02
UNKNOWN UNIDENTIFIED VARIANTS *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	NOT DETECTED	%	< 0.02
GLYCOSYLATED HAEMOGLOBIN (HbA1c): WHOLE BLOOD *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	4	%	4.0 - 6.4
RED BLOOD CELLS (RBCS) COUNT AND INDICES			
HAEMOGLOBIN (HB) *by AUTOMATED HEMATOLOGY ANALYZER*	**11.1^{L}**	gm/dL	12.0 - 16.0
RED BLOOD CELL (RBC) COUNT *by AUTOMATED HEMATOLOGY ANALYZER*	4.19	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) *by AUTOMATED HEMATOLOGY ANALYZER*	**34.3^{L}**	%	37.0 - 50.0
MEAN CORPUSCULAR VOLUME (MCV) *by AUTOMATED HEMATOLOGY ANALYZER*	81.9	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) *by AUTOMATED HEMATOLOGY ANALYZER*	**26.4^{L}**	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) *by AUTOMATED HEMATOLOGY ANALYZER*	32.3	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) *by AUTOMATED HEMATOLOGY ANALYZER*	**26.7^{H}**	%	11.00 - 16.00

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Test Name	Value	Unit	Biological Reference interval
RED CELL DISTRIBUTION WIDTH (RDW-SD) *by AUTOMATED HEMATOLOGY ANALYZER*	**81.6^{H}**	fL	35.0 - 56.0
OTHERS			
NAKED EYE SINGLE TUBE RED CELL OSMOTIC FRAGILITY TEST *by SINGLE RED CELL OSMOTIC FRAGILITY*	NEGATIVE (-ve)		NEGATIVE (-ve)
MENTZERS INDEX *by CALCULATED*	19.55	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
INTERPRETATION	THE ABOVE FINDINGS ARE SUGGESTIVE OF NORMAL HAEMOGLOBIN CHROMATOGRAPHIC PATTERN		

INTERPRETATION:

The Thalassemia syndromes, considered the most common genetic disorder worldwide, are a heterogenous group of mandelian 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 quatitation 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 istinguished 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 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.

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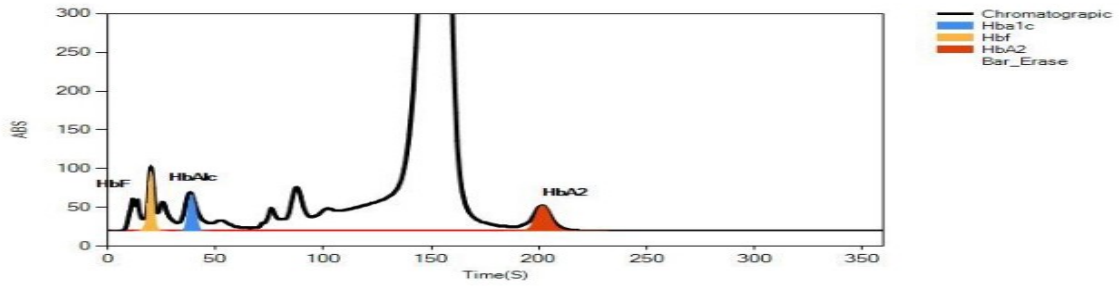
Test Name	Value	Unit	Biological Reference interval

HbA2 Reports

Total Area : **167070**

Sample Id : 01523760 Sample Processed Date: 12/01/202025 / 03:08

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA1b	13.7	40.3	1034.3	0.62
HbF	20.5	81.5	4428.9	1.37
LA1c	26.1	37.4	2184.8	1.31
HbA1c	39.6	49.5	4800.5	4.02
P3	79.4	30.0	1830.0	1.10
P4	91.8	56.8	4531.7	2.71
HbA0	161.2	888.4	144183.0	86.76
HbA2	212.0	32.8	4076.5	2.11



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Test Name	Value	Unit	Biological Reference interval

ENDOCRINOLOGY

THYROID STIMULATING HORMONE (TSH)

THYROID STIMULATING HORMONE (TSH): SERUM *by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)* **3rd GENERATION, ULTRASENSITIVE**	2.797	µIU/mL	0.35 - 5.50

INTERPRETATION:

AGE	REFFERENCE RANGE (µIU/mL)
0 – 5 DAYS	0.70 – 15.20
6 Days – 2 Months	0.70 – 11.00
3 – 11 Months	0.70 – 8.40
1 – 5 Years	0.70 – 7.00
6 – 10 Years	0.60 – 5.50
11 - 15	0.50 – 5.50
> 20 Years (Adults)	0.27 – 5.50
PREGNANCY	
1st Trimester	0.10 - 3.00
2nd Trimester	0.20 - 3.00
3rd Trimester	0.30 - 4.10

NOTE:-*TSH levels are subjected to circardian variation, reaching peak levels between 2-4 a.m and at a minimum between 6-10 pm. The variation is of the order of 50 %. Hence time of the day has influence on the measured serum TSH concentration.*

USE:- TSH controls biosynthesis and release of thyroid harmones T4 & T3. It is a sensitive measure of thyroid function, especially useful in early or subclinical hypothyroidism, before the patient develops any clinical findings or goitre or any other thyroid function abnormality.

INCREASED LEVELS:

1.Primary or untreated hypothyroidism, may vary from 3 times to more than 100 times normal depending on degree of hypofunction.
2.Hypothyroid patients receiving insufficient thyroid replacement therapy.
3.Hashimotos thyroiditis.
4.DRUGS: Amphetamines, Iodine containing agents and dopamine antagonist.
5.Neonatal period, increase in 1st 2-3 days of life due to post-natal surge.

DECREASED LEVELS:

1.Toxic multi-nodular goitre & Thyroiditis.
2.Over replacement of thyroid harmone in treatment of hypothyroidism.
3.Autonomously functioning Thyroid adenoma
4.Secondary pituatary or hypothalmic hypothyroidism
5.Acute psychiatric illness
6.Severe dehydration.
7.DRUGS: Glucocorticoids, Dopamine, Levodopa, T4 replacement therapy, Anti-thyroid drugs for thyrotoxicosis.

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Test Name	Value	Unit	Biological Reference interval

8.Pregnancy: 1st and 2nd Trimester

LIMITATIONS:

1.TSH may be normal in central hypothyroidism, recent rapid correction of hyperthyroidism or hypothyroidism, pregnancy, phenytoin therapy.
2.Autoimmune disorders may produce spurious results.

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CYTOLOGY

PAP SMEAR BY LIQUID BASED CYTOLOGY

TEST NAME:	**PAP SMEAR BY LIQUID BASED CYTOLOGY**
SPECIMEN:	**CERVICAL/VAGINAL CYTOLOGY (THIN PREPARATION)**
CLINICAL HISTORY (IF ANY):-	
MICROSCOPIC EXAMINATION:	**BY BETHESDA SYSTEM TERMINOLOGY, 2001**
(A) Statement of adequecy:	Adequate
(B) Microscopy:	Smear show superficial & intermediate squamous cells & occ. parabasal cells. A few inflammatory cells in the background.
(C)Organism(If any):	NIL
(D)Endocervical cells:	NIL
(E)Koilocytotic cells:	
(F)Dysplastic cells:	
(G)Malignant cells:	
GENERAL CATEGORIZATION:	
IMPRESSION:	**Negative for intra-epithelial lesion or malignancy.**
ADVISED:	

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DISCLAIMER : Gynecological cytology is a screening procedure subjected to both false positive and false negative results. It is most reliable when satisfactory sample is obtained on a regular and repetitive basis. Results must be interpreted in context of the history of the patient and current clinical information.

*** End Of Report ***

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