

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

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

<b>NAME</b>	: Master. KHAMISH	<b>PATIENT ID</b>	: 1733595
<b>AGE/ GENDER</b>	: 1 MONTH(S)/MALE	<b>REG. NO./LAB NO.</b>	: 012501240042
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 24/Jan/2025 01:04 PM
<b>REFERRED BY</b>	: Dr. ARUN WALIA (AMBALA CANTT)	<b>COLLECTION DATE</b>	: 24/Jan/2025 01:14PM
<b>BARCODE NO.</b>	: 01524368	<b>REPORTING DATE</b>	: 24/Jan/2025 04:54PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

## HAEMATOLOGY

### PERIPHERAL BLOOD SMEAR

#### TEST NAME:

**PERIPHERAL BLOOD FILM/SMEAR (PBF)**

#### RED BLOOD CELLS (RBC'S):

RBCs mostly appear normocytic & normochromic.No polychromatic cells or normoblasts seen.

#### WHITE BLOOD CELLS (WBC'S):

No immature leucocytes seen.

#### PLATELETS:

Platelets are adequate.

#### HEMOPARASITES:

NOT SEEN.

#### IMPRESSION:

Normocytic normochromic picture.



  
 DR.VINAY CHOPRA  
 CONSULTANT PATHOLOGIST  
 MBBS, MD (PATHOLOGY & MICROBIOLOGY)

  
 DR.YUGAM CHOPRA  
 CONSULTANT PATHOLOGIST  
 MBBS, MD (PATHOLOGY)



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

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

<b>NAME</b>	: Master. KHAMISH	<b>PATIENT ID</b>	: 1733595
<b>AGE/ GENDER</b>	: 1 MONTH(S)/MALE	<b>REG. NO./LAB NO.</b>	: 012501240042
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 24/Jan/2025 01:04 PM
<b>REFERRED BY</b>	: Dr. ARUN WALIA (AMBALA CANTT)	<b>COLLECTION DATE</b>	: 24/Jan/2025 01:14PM
<b>BARCODE NO.</b>	: 01524368	<b>REPORTING DATE</b>	: 25/Jan/2025 01:30PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
-----------	-------	------	-------------------------------

### HAEMOGLOBIN - HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HB-HPLC)

#### HAEMOGLOBIN VARIANTS

HAEMOGLOBIN A0 (ADULT) <i>by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)</i>	29.1 <sup>L</sup>	%	83.00 - 90.00
HAEMOGLOBIN F (FOETAL) <i>by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)</i>	0	%	0.00 - 2.0
HAEMOGLOBIN A2 <i>by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)</i>	0.7 <sup>L</sup>	%	1.50 - 3.70
PEAK 3 <i>by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)</i>	2.6	%	< 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>	--	%	4.0 - 6.4

#### RED BLOOD CELLS (RBCS) COUNT AND INDICES

HAEMOGLOBIN (HB) <i>by AUTOMATED HEMATOLOGY ANALYZER</i>	12	gm/dL	12.0 - 16.0
RED BLOOD CELL (RBC) COUNT <i>by AUTOMATED HEMATOLOGY ANALYZER</i>	3.76	Millions/cmm	3.50 - 5.50
PACKED CELL VOLUME (PCV) <i>by AUTOMATED HEMATOLOGY ANALYZER</i>	34.1 <sup>L</sup>	%	38.0 - 70.0
MEAN CORPUSCULAR VOLUME (MCV) <i>by AUTOMATED HEMATOLOGY ANALYZER</i>	90.8	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) <i>by AUTOMATED HEMATOLOGY ANALYZER</i>	31.8	pg	27.0 - 34.0



  
 DR. VINAY CHOPRA

CONSULTANT PATHOLOGIST  
 MBBS, MD (PATHOLOGY & MICROBIOLOGY)

  
 DR. YUGAM CHOPRA

CONSULTANT PATHOLOGIST  
 MBBS, MD (PATHOLOGY)



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

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

<b>NAME</b>	: <b>Master. KHAMISH</b>	<b>PATIENT ID</b>	: 1733595
<b>AGE/ GENDER</b>	: 1 MONTH(S)/MALE	<b>REG. NO./LAB NO.</b>	: <b>012501240042</b>
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 24/Jan/2025 01:04 PM
<b>REFERRED BY</b>	: Dr. ARUN WALIA (AMBALA CANTT)	<b>COLLECTION DATE</b>	: 24/Jan/2025 01:14PM
<b>BARCODE NO.</b>	: 01524368	<b>REPORTING DATE</b>	: 25/Jan/2025 01:30PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) <i>by AUTOMATED HEMATOLOGY ANALYZER</i>	<b>35.1<sup>H</sup></b>	g/dL	30.0 - 35.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) <i>by AUTOMATED HEMATOLOGY ANALYZER</i>	15.4	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) <i>by AUTOMATED HEMATOLOGY ANALYZER</i>	52.6	fL	35.0 - 56.0
<b>OTHERS</b>			
MENTZERS INDEX <i>by CALCULATED</i>	24.15	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0

#### INTERPRETATION

HbF and HbA0 is normal for the age. Common abnormal hemoglobins are absent. Diagnosis of beta thalassemia trait cannot be made at this time. Kindly repeat the test after 1 year of age and confirm doing parental screening and DNA analysis.

#### 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



  
 DR.VINAY CHOPRA

CONSULTANT PATHOLOGIST  
 MBBS, MD (PATHOLOGY & MICROBIOLOGY)

  
 DR.YUGAM CHOPRA

CONSULTANT PATHOLOGIST  
 MBBS , MD (PATHOLOGY)



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

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

<b>NAME</b>	: <b>Master. KHAMISH</b>	<b>PATIENT ID</b>	: 1733595
<b>AGE/ GENDER</b>	: 1 MONTH(S)/MALE	<b>REG. NO./LAB NO.</b>	: <b>012501240042</b>
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 24/Jan/2025 01:04 PM
<b>REFERRED BY</b>	: Dr. ARUN WALIA (AMBALA CANTT)	<b>COLLECTION DATE</b>	: 24/Jan/2025 01:14PM
<b>BARCODE NO.</b>	: 01524368	<b>REPORTING DATE</b>	: 25/Jan/2025 01:30PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
-----------	-------	------	-------------------------------


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 \*\*\*



  
**DR.VINAY CHOPRA**  
 CONSULTANT PATHOLOGIST  
 MBBS, MD (PATHOLOGY & MICROBIOLOGY)

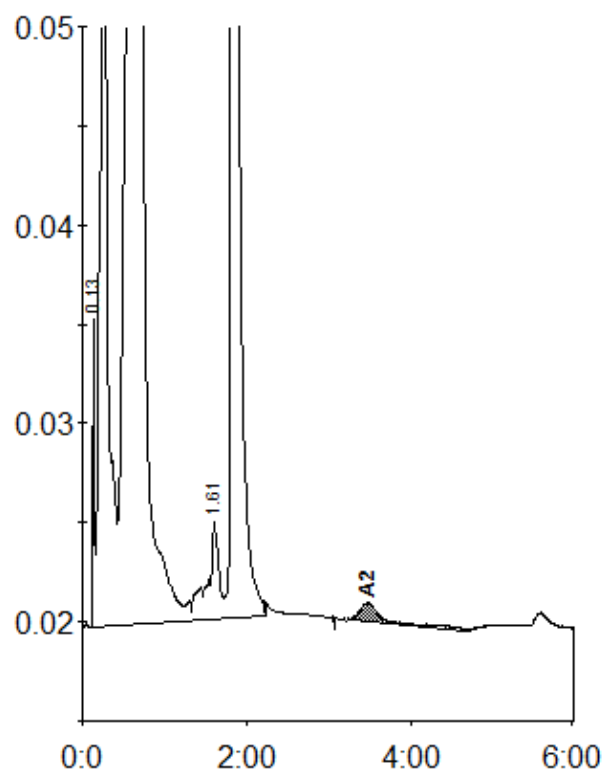
  
**DR.YUGAM CHOPRA**  
 CONSULTANT PATHOLOGIST  
 MBBS, MD (PATHOLOGY)



# Patient report

Bio-Rad  
D-10  
S/N: #DJ6F040603  
Sample ID:  
Injection date  
Injection #: 15  
Rack #: ---

DATE: 01/24/2025  
TIME: 06:17 PM  
Software version: 4.30-2  
01524368  
01/24/2025 05:12 PM  
Method: HbA2/F  
Rack position: 1



Peak table - ID: 01524368

Peak	R.time	Height	Area	Area %
Unknown	0.13	15792	19614	1.0
A1b	0.26	49214	289356	14.1
LA1c/CHb-1	0.66	97101	1083910	52.6
P3	1.61	4853	52984	2.6
A0	1.83	116893	600058	29.1
A2	3.46	877	13116	0.7 *
Total Area:	2059037			

Concentration:	%
A2	0.7 *