

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

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

NAME	: Mrs. SUNITA GUPTA	PATIENT ID	: 1745004
AGE/ GENDER	: 69 YRS/FEMALE	REG. NO./LAB NO.	: 012502040025
COLLECTED BY	: SURJESH	REGISTRATION DATE	: 04/Feb/2025 10:26 AM
REFERRED BY	: CENTRAL PHOENIX CLUB (AMBALA CANTT)	COLLECTION DATE	: 04/Feb/2025 10:44AM
BARCODE NO.	: 01524927	REPORTING DATE	: 04/Feb/2025 12:18PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

HAEMATOLOGY

PERIPHERAL BLOOD SMEAR

TEST NAME:

PERIPHERAL BLOOD FILM/SMEAR (PBF)

RED BLOOD CELLS (RBC'S):

Mild anisocytosis with microcytes. RBC's mostly appear normochromic. No polychromatic cells or normoblastic cells activity noted.

WHITE BLOOD CELLS (WBC'S):

No immature leucocytes seen.

PLATELETS:

Platelets are adequate on smear

HEMOPARASITES:

NOT SEEN

IMPRESSION:

Mild microcytic normochromic picture.



[Signature]

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Test Name	Value	Unit	Biological Reference interval
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CLINICAL CHEMISTRY/BIOCHEMISTRY

IRON PROFILE

IRON: SERUM <i>by FERROZINE, SPECTROPHOTOMETRY</i>	19.2 ^L	µg/dL	37.0 - 145.0
UNSATURATED IRON BINDING CAPACITY (UIBC) :SERUM <i>by FERROZINE, SPECTROPHOTOMETRY</i>	415.47 ^H	µg/dL	150.0 - 336.0
TOTAL IRON BINDING CAPACITY (TIBC) :SERUM <i>by SPECTROPHOTOMETRY</i>	434.67 ^H	µg/dL	230 - 430
%TRANSFERRIN SATURATION: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY (FERENE)</i>	4.42 ^L	%	15.0 - 50.0
TRANSFERRIN: SERUM <i>by SPECTROPHOTOMETRY (FERENE)</i>	308.62	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.




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CLINICAL PATHOLOGY
STOOL FOR OCCULT BLOOD


OCCULT BLOOD
 by IMMUNOCHROMATOGRAPHY


WEAKLY POSITIVE (+ve)

NEGATIVE (-ve)

*** End Of Report ***




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