

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

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

NAME	: Mrs. AANCHAL	PATIENT ID	: 1778562
AGE/ GENDER	: 20 YRS/FEMALE	REG. NO./LAB NO.	: 012503040054
COLLECTED BY	:	REGISTRATION DATE	: 04/Mar/2025 04:23 PM
REFERRED BY	:	COLLECTION DATE	: 04/Mar/2025 04:24PM
BARCODE NO.	: 01526467	REPORTING DATE	: 04/Mar/2025 09:10PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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CLINICAL CHEMISTRY/BIOCHEMISTRY

IRON DEFICIENCY MONITORING PROFILE

FERRITIN: SERUM <i>by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)</i>	38.88	ng/mL	10.0 - 290.0
IRON: SERUM <i>by FERROZINE, SPECTROPHOTOMETRY</i>	73.4	µg/dL	37.0 - 145.0
UNSATURATED IRON BINDING CAPACITY (UIBC):SERUM <i>by FERROZINE, SPECTROPHOTOMETRY</i>	182.81	µg/dL	150.0 - 336.0
TOTAL IRON BINDING CAPACITY (TIBC):SERUM <i>by SPECTROPHOTOMETRY (FERENE)</i>	256.21	µg/dL	230 - 430
%TRANSFERRIN SATURATION: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY (FERENE)</i>	28.65	%	15.0 - 50.0
TRANSFERRIN: SERUM <i>by SPECTROPHOTOMETRY (FERENE)</i>	181.91^L	mg/dL	200.0 - 350.0

INTERPRETATION:-

VARIABLES	ANEMIA OF CHRONIC DISEASE.	IRON DEFICIENCY ANEMIA (IDA)	THALASSEMIA ALPHA/BETA TRAIT
SERUM IRON:	Normal to Reduced	Reduced	Normal
TOTAL IRON BINDING CAPACITY (TIBC):	Decreased	Increased	Normal
% TRANSFERRIN SATURATION:	Decreased	Decreased < 12-15 %	Normal
SERUM FERRITIN:	Normal to Increased	Decreased	Normal or Slightly 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.




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% 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.

FERRITIN:

1.As Ferritin is an acute phase reactant, it is often raised in both acute and chronic inflammatory conditions of the body such as infections leading to false positive results. In such conditions Ferritin levels should always be correlated with C-Reactive Protein to rule out any inflammatory conditions.

2.Patients with iron deficiency anemia, may occasionally have elevated or normal ferritin levels. This is usually in patients already receiving iron therapy or in patients with concomitant hepatocellular injury.

*** End Of Report ***




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