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NAME	**: Master. HARNAV SINGH**		
AGE/ GENDER	: 5 YRS/MALE	**PATIENT ID**	: 1816081
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012504020069**
REFERRED BY	:	**REGISTRATION DATE**	: 02/Apr/2025 08:44 PM
BARCODE NO.	: 01528256	**COLLECTION DATE**	: 02/Apr/2025 09:02PM
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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*	**10.3**^{L}	gm/dL	12.0 - 16.0
RED BLOOD CELL (RBC) COUNT *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	**5.91**^{H}	Millions/cmm	3.50 - 5.50
PACKED CELL VOLUME (PCV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**32.4**^{L}	%	35.0 - 49.0
MEAN CORPUSCULAR VOLUME (MCV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**54.9**^{L}	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**17.4**^{L}	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**31.8**^{L}	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**19.6**^{H}	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	40.2	fL	35.0 - 56.0
MENTZERS INDEX *by CALCULATED*	9.29	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX *by CALCULATED*	57.35	RATIO	BETA THALASSEMIA TRAIT: <= 74.1 IRON DEFICIENCY ANEMIA: >= 74.1
WHITE BLOOD CELLS (WBCS)			
TOTAL LEUCOCYTE COUNT (TLC) *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	10910	/cmm	5000 - 15000
NUCLEATED RED BLOOD CELLS (nRBCS) *by AUTOMATED 6 PART HEMATOLOGY ANALYZER*	NIL		0.00 - 20.00
NUCLEATED RED BLOOD CELLS (nRBCS) %	NIL	%	< 10 %

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Test Name	Value	Unit	Biological Reference interval
by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER			
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHILS *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	**27^{L}**	%	50 - 70
LYMPHOCYTES *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	**59^{H}**	%	20 - 45
EOSINOPHILS *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	**9^{H}**	%	1 - 6
MONOCYTES *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	5	%	3 - 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*	2946	/cmm	2000 - 7500
ABSOLUTE LYMPHOCYTE COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	**6437^{H}**	/cmm	800 - 4900
ABSOLUTE EOSINOPHIL COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	**982^{H}**	/cmm	40 - 440
ABSOLUTE MONOCYTE COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	546	/cmm	80 - 880
ABSOLUTE BASOPHIL COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	0	/cmm	0 - 110
ABSOLUTE IMMATURE GRANULOCYTE COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	0	/cmm	0.0 - 999.0
PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.			
PLATELET COUNT (PLT) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	337000	/cmm	150000 - 450000
PLATELETCRIT (PCT) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	0.33	%	0.10 - 0.36
MEAN PLATELET VOLUME (MPV) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	10	fL	6.50 - 12.0
PLATELET LARGE CELL COUNT (P-LCC) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	90000	/cmm	30000 - 90000
PLATELET LARGE CELL RATIO (P-LCR)	26.8	%	11.0 - 45.0

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Test Name	Value	Unit	Biological Reference interval
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			
PLATELET DISTRIBUTION WIDTH (PDW)	15.4	%	15.0 - 17.0
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

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Test Name	Value	Unit	Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE RANDOM (R)

GLUCOSE RANDOM (R): PLASMA *by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)*	80.48	mg/dL	NORMAL: < 140.00 PREDIABETIC: 140.0 - 200.0 DIABETIC: > 0R = 200.0

INTERPRETATION

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A random plasma glucose level below 140 mg/dl is considered normal.
2. A random glucose level between 140 - 200 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prnadial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.
3. A random glucose level of above 200 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients. A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.

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Test Name	Value	Unit	Biological Reference interval

CALCIUM

CALCIUM: SERUM	10.3	mg/dL	8.50 - 10.60
by ARSENAZO III, SPECTROPHOTOMETRY			

INTERPRETATION:-

1.Serum calcium (total) estimation is used for the diagnosis and monitoring of a wide range of disorders including diseases of bone, kidney, parathyroid gland, or gastrointestinal tract.
2. Calcium levels may also reflect abnormal vitamin D or protein levels.
3.The calcium content of an adult is somewhat over 1 kg (about 2% of the body weight).Of this, 99% is present as calcium hydroxyapatite in bones and <1% is present in the extra-osseous intracellular space or extracellular space (ECS).
4. In serum, calcium is bound to a considerable extent to proteins (approximately 40%), 10% is in the form of inorganic complexes, and 50% is present as free or ionized calcium.
NOTE:-Calcium ions affect the contractility of the heart and the skeletal musculature, and are essential for the function of the nervous system. In addition, calcium ions play an important role in blood clotting and bone mineralization.

HYPOCALCEMIA (LOW CALCIUM LEVELS) CAUSES :-

1.Due to the absence or impaired function of the parathyroid glands or impaired vitamin-D synthesis.
2. Chronic renal failure is also frequently associated with hypocalcemia due to decreased vitamin-D synthesis as well as hyperphosphatemia and skeletal resistance to the action of parathyroid hormone (PTH).
3.***NOTE:-*** A characteristic symptom of hypocalcemia is latent or manifest tetany and osteomalacia.

HYPERCALCEMIA (INCREASE CALCIUM LEVELS) CAUSES:-

1.Increased mobilization of calcium from the skeletal system or increased intestinal absorption.
2.Primary hyperparathyroidism (pHPT)
3.Bone metastasis of carcinoma of the breast, prostate, thyroid gland, or lung.
NOTE:-Severe hypercalcemia may result in cardiac arrhythmia.

*** End Of Report ***

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