

PKR JAIN HEALTHCARE INSTITUTE NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

■ 0171-2532620, 8222896961 ■ pkrjainhealthcare@gmail.com

NAME : Mrs. SEEMA

AGE/ GENDER : 49 YRS/FEMALE **PATIENT ID** : 1510744

COLLECTED BY REG. NO./LAB NO. : 122407040013

REFERRED BY **REGISTRATION DATE** : 04/Jul/2024 02:42 PM BARCODE NO. : 12503437 **COLLECTION DATE** : 04/Jul/2024 09:28PM

CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE REPORTING DATE : 04/Jul/2024 09:57PM

CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

Test Name Value Unit **Biological Reference interval**

HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC)

RED BLOOD CELLS (RBCS) COUNT AND INDICES

HAEMOGLOBIN (HB) by CALORIMETRIC	9.8 ^L	gm/dL	12.0 - 16.0
RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER MEAN CORPUSCULAR VOLUME (MCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	5.23 ^H	Millions/cmm	3.50 - 5.00
	30.6 ^L	%	37.0 - 50.0
	58.4 ^L	fL	80.0 - 100.0
	18.8 ^L	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	32.1	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	21.5 ^H	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	48.6	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED	11.17	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX by CALCULATED	24.09	RATIO	BETA THALASSEMIA TRAIT: < = 65.0
WHITE DI GOD OFFICE (ANDOS)			IRON DEFICIENCY ANEMIA: > 65.0
WHITE BLOOD CELLS (WBCS)			
TOTAL LEUCOCYTE COUNT (TLC) by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	8330	/cmm	4000 - 11000
NUCLEATED RED BLOOD CELLS (nRBCS) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER & MICROSCOPY	NIL		0.00 - 20.00
NUCLEATED RED BLOOD CELLS (nRBCS) %	NIL	%	< 10 %

DIFFERENTIAL LEUCOCYTE COUNT (DLC)

by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER &



MICROSCOPY

CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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





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Test Name	Value	Unit	Biological Reference interval	
NEUTROPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	67	%	50 - 70	
LYMPHOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	26	%	20 - 40	
EOSINOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	3	%	1 - 6	
MONOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	4	%	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	5581	/cmm	2000 - 7500	
ABSOLUTE LYMPHOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	2166	/cmm	800 - 4900	
ABSOLUTE EOSINOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	250	/cmm	40 - 440	
ABSOLUTE MONOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	333	/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	138000 ^L	/cmm	150000 - 450000	
PLATELETCRIT (PCT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	0.14	%	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	55000	/cmm	30000 - 90000	
PLATELET LARGE CELL RATIO (P-LCR) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	39.7	%	11.0 - 45.0	
PLATELET DISTRIBUTION WIDTH (PDW) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	14.1 ^L	%	15.0 - 17.0	
ADVICE	KINDLY CORRELATE CLINICALLY			

CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY) MBBS, MD (PATHOLOGY)

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST







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Test Name Value Unit **Biological Reference interval**

RECHECKED

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DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST



440 Dated 17.5.2012 u/s 80 G OF INCOME TAX ACT. PAN NO. AAAAP1600. REPORT ATTRACTS THE CONDITIONS PRINTED OVERLEAF (P.T.O.)

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: P.K.R JAIN HEALTHCARE INSTITUTE

Value Unit Test Name **Biological Reference interval**

ERYTHROCYTE SEDIMENTATION RATE (ESR)

REPORTING DATE

ERYTHROCYTE SEDIMENTATION RATE (ESR)

mm/1st hr

0 - 20

: 04/Jul/2024 04:52PM

by MODIFIED WESTERGREN AUTOMATED METHOD INTERPRETATION:

1. ESR is a non-specific test because an elevated result often indicates the presence of inflammation associated with infection, cancer and auto-

immune disease, but does not tell the health practitioner exactly where the inflammation is in the body or what is causing it.

2. An ESR can be affected by other conditions besides inflammation. For this reason, the ESR is typically used in conjunction with other test such as C-reactive protein

3. This test may also be used to monitor disease activity and response to therapy in both of the above diseases as well as some others, such as systemic lupus erythematosus

CONDITION WITH LOW ESR

A low ESR can be seen with conditions that inhibit the normal sedimentation of red blood cells, such as a high red blood cell count (polycythaemia), significantly high white blood cell count (leucocytosis), and some protein abnormalities. Some changes in red cell shape (such as sickle cells in sickle cell anaemia) also lower the ESR.

NOTE:

- 1. ESR and C reactive protein (C-RP) are both markers of inflammation.
- Generally, ESR does not change as rapidly as does CRP, either at the start of inflammation or as it resolves.
 CRP is not affected by as many other factors as is ESR, making it a better marker of inflammation.
 If the ESR is elevated, it is typically a result of two types of proteins, globulins or fibrinogen.
 Women tend to the a higher ESR, and menstruation and pregnancy can cause temporary elevations.
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- 6. Drugs such as dextran, methyldopa, oral contraceptives, penicillamine procainamide, theophylline, and vitamin A can increase ESR, while aspirin, cortisone, and quinine may decrease it

*** End Of Report ***



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

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