

PKR JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

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

NAME : Mrs. PALAK

HAEMOGLOBIN VARIANTS

AGE/ GENDER : 20 YRS/FEMALE **PATIENT ID** : 1707545

COLLECTED BY REG. NO./LAB NO. : 122412240007

REFERRED BY **REGISTRATION DATE** : 24/Dec/2024 01:39 PM BARCODE NO. : 12506280 **COLLECTION DATE** : 24/Dec/2024 01:40PM CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE REPORTING DATE : 25/Dec/2024 08:09AM

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

Value Unit **Biological Reference interval Test Name**

HAEMATOLOGY

HAEMOGLOBIN - HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HB-HPLC)

| III III GEODII VIII III I | | | |
|--|-------------------|--------------|---------------|
| HAEMOGLOBIN AO (ADULT) by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) | 84.9 | % | 83.00 - 90.00 |
| HAEMOGLOBIN F (FOETAL) by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) | 1.6 | % | 0.00 - 2.0 |
| HAEMOGLOBIN A2 by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) | 2.8 | % | 1.50 - 3.70 |
| PEAK 3 by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) | 4.6 | % | < 10.0 |
| OTHERS-NON SPECIFIC by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) | ABSENT | % | ABSENT |
| HAEMOGLOBIN S by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) | NOT DETECTED | % | < 0.02 |
| HAEMOGLOBIN D (PUNJAB) by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) | NOT DETECTED | % | < 0.02 |
| HAEMOGLOBIN E by hplc (high performance liquid chromatography) | NOT DETECTED | % | < 0.02 |
| HAEMOGLOBIN C by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) | NOT DETECTED | % | < 0.02 |
| UNKNOWN UNIDENTIFIED VARIANTS by hplc (high performance liquid chromatography) | NOT DETECTED | % | < 0.02 |
| GLYCOSYLATED HAEMOGLOBIN (HbA1c): WHOLE BLOOD by hplc (high performance liquid chromatography) | 3.4 ^L | % | 4.0 - 6.4 |
| RED BLOOD CELLS (RBCS) COUNT AND INDICES | | | |
| HAEMOGLOBIN (HB) by AUTOMATED HEMATOLOGY ANALYZER | 6.9 ^L | gm/dL | 12.0 - 16.0 |
| RED BLOOD CELL (RBC) COUNT by AUTOMATED HEMATOLOGY ANALYZER | 1.95 ^L | Millions/cmm | 3.50 - 5.00 |
| PACKED CELL VOLUME (PCV) | 21.5^{L} | % | 37.0 - 50.0 |

 $110.3^{\hbox{\scriptsize H}}$



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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

fL



80.0 - 100.0

by AUTOMATED HEMATOLOGY ANALYZER

MEAN CORPUSCULAR VOLUME (MCV)

by AUTOMATED HEMATOLOGY ANALYZER



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| Test Name | Value | Unit | Biological Reference interval |
|--|-------------------|-------|---|
| MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by AUTOMATED HEMATOLOGY ANALYZER | 35.4 ^H | pg | 27.0 - 34.0 |
| MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by AUTOMATED HEMATOLOGY ANALYZER | 32.1 | g/dL | 32.0 - 36.0 |
| RED CELL DISTRIBUTION WIDTH (RDW-CV) by automated hematology analyzer | 16.4 ^H | % | 11.00 - 16.00 |
| RED CELL DISTRIBUTION WIDTH (RDW-SD) by automated hematology analyzer | 67.1 ^H | fL | 35.0 - 56.0 |
| <u>OTHERS</u> | | | |
| NAKED EYE SINGLE TUBE RED CELL OSMOTIC FRAGILITY TEST by SINGLE RED CELL OSMOTIC FRAGILITY | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| MENTZERS INDEX by CALCULATED | 56.56 | RATIO | BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0 |

INTERPRETATION

Suggestive of absence of common abnormal hemoglobinopathies.?

INTERPRETATION:

CLIENT CODE.

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.

- 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.



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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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Test Name Value Unit **Biological Reference interval**

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 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 **



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Patient report

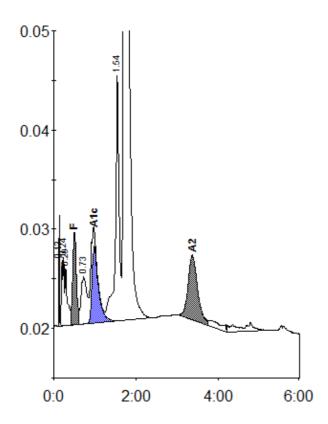
 Bio-Rad
 DATE: 12/24/2024

 D-10
 TIME: 02:33 PM

S/N: #DJ6F040603 Software version: 4.30-2

Sample ID: 12506280

Injection date 12/24/2024 11:50 AM
Injection #: 1 Method: HbA2/F
Rack #: --- Rack position: 1



Peak table - ID: 12506280

| Peak | R.time | Height | Area | Area % |
|------------|--------|--------|---------|--------|
| Unknown | 0.13 | 11192 | 11306 | 0.3 |
| Ala | 0.24 | 7024 | 31357 | 0.9 |
| A1b | 0.29 | 5869 | 23213 | 0.7 |
| F | 0.50 | 9325 | 54901 | 1.6 |
| LA1c/CHb-1 | 0.73 | 4741 | 46343 | 1.4 |
| A1c | 0.99 | 7746 | 85118 | 3.4 * |
| P3 | 1.54 | 24718 | 157009 | 4.6 |
| A0 | 1.70 | 628068 | 2898513 | 84.9 |
| A2 | 3.37 | 6534 | 104999 | 2.8 |
| | | | | |

| Concentration: | % |
|----------------|-------|
| F | 1.6 |
| A1c | 3.4 * |
| A2 | 2.8 |

3412759

Total Area: