

Client
Gurugram
Pathkind Diagnostics Pvt. Ltd.
Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Processed By
Pathkind Diagnostics Pvt. Ltd.
Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Name : Mr. HM24	Billing Date : 07/07/2023 12:24:31
Age : 10 Yrs	Sample Collected on : 10/07/2023 10:01:31
Sex : Male	Sample Received on : 10/07/2023 11:02:13
P. ID No. : P1000100012798	Report Released on : 14/07/2023 13:17:29
Accession No : 10002304854	Barcode No. : 10002304854-01
Referring Doctor : Self	Ref no. :
Referred By :	

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
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HAEMATOLOGY

G6PD, Quantitative Glucose-6-Phosphate Dehydrogenase <i>Sample: Whole Blood EDTA</i> <i>Method: Reflectance Photometry</i>	52.0	G6PD Deficient : \leq 3.9 G6PD Normal : \geq 4.0	IU/g Hb
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G6PD, Quantitative

This is a quantitative test for screening G6PD deficiency in erythrocytes. This test measures the amount of glucose-6-phosphate dehydrogenase (G6PD) in the red blood cells (RBCs). If there is insufficient G6PD, the RBCs become more vulnerable to oxidative damage which changes their cellular structure, precipitating hemoglobin inside the cells (Heinz Bodies), causing haemolysis.

Most people with G6PD deficiency can lead fairly normal lives, but they must be cautious to avoid certain medications (aspirin, sulfonamides, antimalarial drugs like quinine), foods (such as fava beans), and chemical substances (such as naphthalene, found in moth balls), which can cause oxidative stress resulting in a hemolytic crisis. Infections, either bacterial or viral, can also cause oxidative stress and lead to bouts of hemolytic anemia.

G6PD activity testing is ordered on patients in whom other causes of the anemia and jaundice have been ruled out and is ordered once the acute incident has been resolved. It should not be performed when a patient is having or recovering from a hemolytic episode. This is because the older, more G6PD-deficient RBCs are usually destroyed, leaving younger less deficient RBCs to be tested. This can make the activity level appear closer to normal than it actually is. If testing is done during this time period, it should be repeated at a later time to confirm the G6PD level.

If a male patient has normal G6PD levels, it is likely that he does not have a deficiency. However, if the test was performed during an episode of hemolytic anemia, it should be repeated a few weeks later when the RBC population has had time to replenish and mature.

Heterozygous females will have both G6PD-deficient and non-deficient cells. They will usually have normal or near normal G6PD levels and few will experience symptoms. A carrier may not be detected through G6PD screening; however, the rare homozygous female will show a significant decrease in G6PD level.

10002304854 Mr. HM24



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Values for newborns may range somewhat higher.

** End of Report**



Dr. Aarti Khanna Nagpal
DNB (Pathology)
Senior Consultant

