

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. HM30	Billing Date	: 07/07/2023 12:24:37
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.	: P1000100012803	Report Released on	: 14/07/2023 16:46:30
Accession No	: 10002304859	Barcode No.	: 10002304859-01
Referring Doctor	: Self		
Referred By	:	Ref no.	:

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
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Thalassemia Profile

HAEMATOLOGY

Complete Blood Count (CBC)

Haemoglobin (Hb)

Sample: Whole Blood EDTA
 Method: Photometric measurement

13.2

11.5 - 15.5

gm/dL

Total WBC Count / TLC

Sample: Whole Blood EDTA
 Method: Impedance

5.2

5.0 - 13.0

thou/ μ L

RBC Count

Sample: Whole Blood EDTA
 Method: Impedance

2.8 L

4.0 - 5.2

million/ μ L

PCV / Hematocrit

Sample: Whole Blood EDTA
 Method: Impedance

26.2 L

35.0 - 45.0

%

MCV

Sample: Whole Blood EDTA
 Method: Calculated

90.4

77.0 - 95.0

fL

MCH

Sample: Whole Blood EDTA
 Method: Calculated

32.1

25.0 - 33.0

pg

MCHC

Sample: Whole Blood EDTA
 Method: Calculated

29.4 L

31.0 - 37.0

g/dL

RDW (Red Cell Distribution Width)

Sample: Whole Blood EDTA
 Method: Calculated

12.4

12.0 - 14.0

%

DLC (Differential Leucocyte Count)

Method: Flowcytometry/Microscopy

Neutrophils

Sample: Whole Blood EDTA
 Method: VCS Technology & Microscopy

60

37 - 65

%



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Lymphocytes <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology & Microscopy</i>	30	28 - 48	%
Eosinophils <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology & Microscopy</i>	05 H	00 - 03	%
Monocytes <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology & Microscopy</i>	05	03 - 06	%
Basophils <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology & Microscopy</i>	00	00 - 01	%
Absolute Neutrophil Count <i>Sample: Whole Blood EDTA</i>	3120	2000 - 8000	/μL
Absolute Lymphocyte Count <i>Sample: Whole Blood EDTA</i>	1560	1000 - 5000	/μL
Absolute Eosinophil Count <i>Sample: Whole Blood EDTA</i>	260	100 - 1000	/μL
Absolute Monocyte Count <i>Sample: Whole Blood EDTA</i>	260	200 - 1000	/μL
Absolute Basophil Count <i>Sample: Whole Blood EDTA</i>	00 L	20 - 100	/μL
Platelet Count <i>Sample: Whole Blood EDTA</i> <i>Method: Impedance</i>	204	170 - 450	thou/μL
MPV (Mean Platelet Volume) <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i>	12.0 H	6.8 - 10.9	fL

Hemoglobin Variant (Hb Electrophoresis)

Method: HPLC

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Haemoglobin A (Adult) <i>Sample: Whole Blood EDTA</i>	96.4	95.0 - 98.0	%
Haemoglobin A2 <i>Sample: Whole Blood EDTA</i>	2.5	2.0 - 3.5	%
Haemoglobin F (Foetal) <i>Sample: Whole Blood EDTA</i>	1.0	0.1 - 1.2	%
Haemoglobin S (Sickle) <i>Sample: Whole Blood EDTA</i>	0.0	0 - 0	%
Impression			
NORMAL HB CHROMATOGRAPHY ANALYSIS . NO HAEMOGLOBINOPATHY IS DETECTED.			

BIOCHEMISTRY

Iron Studies

Sample: Serum

Method: Method: Spectrophotometry-Ferrozine

Iron <i>Sample: Serum</i> <i>Method: Spectrophotometry-Ferrozine</i>	20 L	27 - 96	µg/dL
UIBC Unsaturated Iron Binding Capacity <i>Sample: Serum</i> <i>Method: Spectrophotometry</i>	102 L	110 - 370	µg/dL
Total Iron Binding Capacity (TIBC) <i>Sample: Serum</i> <i>Method: Calculated</i>	122 L	228 - 428	µg/dL
% Saturation <i>Sample: Serum</i> <i>Method: Calculated</i>	16 L	20 - 50	%

Complete Blood Count (CBC)

10002304859 Mr. HM30



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Clinical Significance :

CBC comprises of estimation of the cellular components of blood including RBCs, WBCs and Platelets. Mean corpuscular volume (MCV) is a measure of the size of the average RBC, MCH is a measure of the hemoglobin content of the average RBC and MCHC is the hemoglobin concentration per RBC. The red cell distribution width (RDW) is a measure of the degree of variation in RBC size (anisocytosis) and is helpful in distinguishing between some anemias. CBC examination is used as a screening tool to confirm a hematologic disorder, to establish or rule out a diagnosis, to detect an unsuspected hematologic disorder, or to monitor effects of radiation or chemotherapy. Abnormal results may be due to a primary disorder of the cell-producing organs or an underlying disease. Results should be interpreted in conjunction with the patient's clinical picture and appropriate additional testing performed.

Hemoglobin Variant (Hb Electrophoresis)**COMMENTS / INTERPRETATION :**

- Levels of HbA₂, HbF and HbA play key role in the diagnosis of abnormal hemoglobin, especially in β -thalassemias and other hemoglobin variants (HbS, HbE, HbD and HbQ etc).

Iron Studies

Iron is an essential trace mineral element which forms an important component of hemoglobin, metallocompounds and Vitamin A. Deficiency of iron, leads to microcytic hypochromic anemia. The toxic effects of iron are deposition of iron in various organs of the body and hemochromatosis.

Total Iron Binding capacity (TIBC) is a direct measure of the protein Transferrin which transports iron from the gut to storage sites in the bone marrow. In iron deficiency anemia, serum iron is reduced and TIBC increases.

Transferrin Saturation 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.

** End of Report**

**Dr. Aarti Khanna Nagpal**DNB (Pathology)
Senior Consultant