

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. PL01	Billing Date	: 07/07/2023 12:25:32
Age	: 35 Yrs	Sample Collected on	: 10/07/2023 10:01:31
Sex	: Male	Sample Received on	: 10/07/2023 11:02:13
P. ID No.	: P1000100012817	Report Released on	: 20/07/2023 17:33:31
Accession No	: 10002304873	Barcode No.	: 10002304873-01
Referring Doctor	: Self	Ref no.	:
Referred By	:		

### Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
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### HAEMATOLOGY

#### Anemia Profile Basic

#### Complete Blood Count (CBC)

<b>Haemoglobin (Hb)</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Photometric measurement</i>	14.8	13.0 - 17.0	gm/dL
<b>Total WBC Count / TLC</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Impedance</i>	8.9	4.0 - 10.0	thou/ $\mu$ L
<b>RBC Count</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Impedance</i>	5.0	4.5 - 5.5	million/ $\mu$ L
<b>PCV / Hematocrit</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Impedance</i>	46.0	40.0 - 50.0	%
<b>MCV</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i>	91.4	83.0 - 101.0	fL
<b>MCH</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i>	30.1	27.0 - 32.0	pg
<b>MCHC</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i>	33.7	31.5 - 34.5	g/dL
<b>RDW (Red Cell Distribution Width)</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i>	13.7	11.8 - 15.6	%
<b>DLC (Differential Leucocyte Count)</b> <i>Method: Flowcytometry/Microscopy</i>			
<b>Neutrophils</b> <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology &amp; Microscopy</i>	60	40 - 80	%

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<b>Lymphocytes</b> <i>Sample: Whole Blood EDTA Method: VCS Technology &amp; Microscopy</i>	30	20 - 40	%
<b>Eosinophils</b> <i>Sample: Whole Blood EDTA Method: VCS Technology &amp; Microscopy</i>	03	01 - 06	%
<b>Monocytes</b> <i>Sample: Whole Blood EDTA Method: VCS Technology &amp; Microscopy</i>	07	02 - 10	%
<b>Basophils</b> <i>Sample: Whole Blood EDTA Method: VCS Technology &amp; Microscopy</i>	00	00 - 02	%
<b>Absolute Neutrophil Count</b> <i>Sample: Whole Blood EDTA</i>	5340	2000 - 7000	/ $\mu$ L
<b>Absolute Lymphocyte Count</b> <i>Sample: Whole Blood EDTA</i>	2670	1000 - 3000	/ $\mu$ L
<b>Absolute Eosinophil Count</b> <i>Sample: Whole Blood EDTA</i>	267	20 - 500	/ $\mu$ L
<b>Absolute Monocyte Count</b> <i>Sample: Whole Blood EDTA</i>	623	200 - 1000	/ $\mu$ L
<b>Absolute Basophil Count</b> <i>Sample: Whole Blood EDTA</i>	00 L	20 - 100	/ $\mu$ L
<b>Platelet Count</b> <i>Sample: Whole Blood EDTA Method: Impedance</i>	300	150 - 410	thou/ $\mu$ L
<b>MPV (Mean Platelet Volume)</b> <i>Sample: Whole Blood EDTA Method: Calculated</i>	8.8	6.8 - 10.9	fL
<b>Peripheral Blood Smear Examination</b> <i>Sample: Whole Blood EDTA Method: Microscopy</i>			

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RBC:- Normocytic Normochromic.  
WBC:- Normal in morphology maturity and distribution.  
Platelets :- Adequate.

<b>Reticulocyte Count</b>	2.0	0.5 - 2.5	%
<i>Sample: Whole Blood EDTA</i>			
<i>Method: Supravital Stain</i>			

### BIOCHEMISTRY

#### Iron Studies

##### Sample: Serum

Method: Method: Spectrophotometry-Ferrozine

<b>Iron</b>	56 L	59 - 158	µg/dL
<i>Sample: Serum</i>			
<i>Method: Spectrophotometry-Ferrozine</i>			

<b>UIBC</b>	289	110 - 370	µg/dL
<b>Unsaturated Iron Binding Capacity</b>			
<i>Sample: Serum</i>			
<i>Method: Spectrophotometry</i>			

<b>Total Iron Binding Capacity (TIBC)</b>	345	228 - 428	µg/dL
<i>Sample: Serum</i>			
<i>Method: Calculated</i>			

<b>% Saturation</b>	16 L	20 - 50	%
<i>Sample: Serum</i>			
<i>Method: Calculated</i>			

<b>Ferritin</b>	465.00 H	30.00 - 400.00	ng/mL
<i>Sample: Serum</i>			
<i>Method: ECLIA</i>			

### Complete Blood Count (CBC)

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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.

#### **Reticulocyte Count**

##### Clinical Significance :

Reticulocytes are immature RBCs present in the peripheral blood. The reticulocyte count is elevated in active erythropoiesis such as regeneration, and is decreased in hypoplastic or deficiency conditions such as vitamin B12 deficiency.

#### **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.

#### **Ferritin**

##### Clinical Significance :

Decreased levels of serum Ferritin is associated with increased risk for developing iron deficiency which in turn can lead to anaemia. Increased levels of serum ferritin is associated with iron overload conditions (like hereditary hemochromatosis), common liver disorders, neoplasms, acute or chronic inflammation and hereditary hyperferritinemia-cataract syndrome.

\*\* End of Report \*\*



**Dr. Aarti Khanna Nagpal**

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Senior Consultant

