

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. PL144	Billing Date	: 07/07/2023 12:25:22
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.	: P1000100012815	Report Released on	: 11/07/2023 17:25:23
Accession No	: 10002304871	Barcode No.	: 10002304871
Referring Doctor	: Self		
Referred By	:	Ref no.	:

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
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HAEMATOLOGY

Anaemia Panel

Complete Blood Count (CBC)

Haemoglobin (Hb) Sample: Whole Blood EDTA Method: Photometric measurement	13.6	13.0 - 17.0	gm/dL
Total WBC Count / TLC Sample: Whole Blood EDTA Method: Impedance	9.2	4.0 - 10.0	thou/ μ L
RBC Count Sample: Whole Blood EDTA Method: Impedance	4.6	4.5 - 5.5	million/ μ L
PCV / Hematocrit Sample: Whole Blood EDTA Method: Impedance	40.2	40.0 - 50.0	%
MCV Sample: Whole Blood EDTA Method: Calculated	84.0	83.0 - 101.0	fL
MCH Sample: Whole Blood EDTA Method: Calculated	29.0	27.0 - 32.0	pg
MCHC Sample: Whole Blood EDTA Method: Calculated	33.0	31.5 - 34.5	g/dL
RDW (Red Cell Distribution Width) Sample: Whole Blood EDTA Method: Calculated	12.2	11.8 - 15.6	%

DLC (Differential Leucocyte Count)

Method: Flowcytometry/Microscopy

Neutrophils Sample: Whole Blood EDTA Method: VCS Technology & Microscopy	70	40 - 80	%
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Lymphocytes <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology & Microscopy</i>	20	20 - 40	%
Eosinophils <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology & Microscopy</i>	02	01 - 06	%
Monocytes <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology & Microscopy</i>	08	02 - 10	%
Basophils <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology & Microscopy</i>	00	00 - 02	%
Absolute Neutrophil Count <i>Sample: Whole Blood EDTA</i>	6440	2000 - 7000	/μL
Absolute Lymphocyte Count <i>Sample: Whole Blood EDTA</i>	1840	1000 - 3000	/μL
Absolute Eosinophil Count <i>Sample: Whole Blood EDTA</i>	184	20 - 500	/μL
Absolute Monocyte Count <i>Sample: Whole Blood EDTA</i>	736	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>	280	150 - 410	thou/μL
MPV (Mean Platelet Volume) <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i>	12.9 H	6.8 - 10.9	fL
Peripheral Blood Smear Examination <i>Sample: Whole Blood EDTA</i> <i>Method: Microscopy</i>			



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

Reticulocyte Count	1.9	0.5 - 2.5	%
<i>Sample: Whole Blood EDTA</i>			
<i>Method: Supravital Stain</i>			

BIOCHEMISTRY

Iron Studies

Sample: Serum

Method: Method: Spectrophotometry-Ferrozine

Iron	60	59 - 158	µg/dL
<i>Sample: Serum</i>			
<i>Method: Spectrophotometry-Ferrozine</i>			
UIBC	268	110 - 370	µg/dL
Unsaturated Iron Binding Capacity			
<i>Sample: Serum</i>			
<i>Method: Spectrophotometry</i>			
Total Iron Binding Capacity (TIBC)	328	228 - 428	µg/dL
<i>Sample: Serum</i>			
<i>Method: Calculated</i>			
% Saturation	18 L	20 - 50	%
<i>Sample: Serum</i>			
<i>Method: Calculated</i>			
Ferritin	156.00	30.00 - 400.00	ng/mL
<i>Sample: Serum</i>			
<i>Method: ECLIA</i>			

Haemoglobin (Hb)

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Hemoglobin is the iron containing protein molecule in red blood cells that carries oxygen from the lungs to the body's tissues and returns carbon dioxide from the tissues back to the lungs. Decrease in Hemoglobin levels results in anaemia and very high Hemoglobin levels results in hemochromatosis.

PCV / Hematocrit
Clinical Significance :

Hemoglobin is the iron containing protein molecule in red blood cells that carries oxygen from the lungs to the body's tissues and returns carbon dioxide from the tissues back to the lungs. Decrease in Hemoglobin levels results in anaemia and very high Hemoglobin levels results in hemochromatosis. Hematocrit or Packed cell volume (PCV) is the proportion of blood volume occupied by red blood cells and is typically about three times the hemoglobin concentration.

Platelet Count
Clinical Significance :

Platelets or thrombocytes are a cellular component of blood whose function is to stop bleeding by clumping or clotting blood vessel injuries. Low platelet count, also known as Thrombocytopenia, can be either due to less production or increased destruction of platelets. High platelet count or Thrombocytosis can be due to unregulated production, secondary to congenital, reactive or neoplastic conditions.

Complete Blood Count (CBC)
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

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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

Clinical Significance :

Serum Iron is normal or low in iron deficient anaemia, pregnancy, patients taking oral contraceptive medications, in chronic inflammatory and malignancies. Serum Iron is high in hereditary hemochromatosis and in iron overload states.

Total Iron Binding Capacity (TIBC)

Clinical Significance :

Transferrin is the primary plasma iron transport protein but accounts for 25% to 30% saturation with iron. The additional amount of iron that can be bound is the unsaturated iron-binding capacity (UIBC). The total iron-binding capacity (TIBC) can be indirectly determined using the sum of the serum iron and UIBC. TIBC levels are usually low when serum Iron levels are high and vice versa.

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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NATIONAL REFERENCE LAB
PATHKIND DIAGNOSTICS PVT. LTD.

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जांच सही तो इलाज सही

