

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. PL187	Billing Date	: 07/07/2023 12:29:08
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.	: P1000100012871	Report Released on	: 20/07/2023 19:57:43
Accession No	: 10002304927	Barcode No.	: 10002304927-01
Referring Doctor	: Self		
Referred By	:	Ref no.	:

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
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HAEMATOLOGY

IMMUSURE

Complete Blood Count (CBC)

Haemoglobin (Hb) <i>Sample: Whole Blood EDTA</i> <i>Method: Photometric measurement</i>	14.0	13.0 - 17.0	gm/dL
Total WBC Count / TLC <i>Sample: Whole Blood EDTA</i> <i>Method: Impedance</i>	6.4	4.0 - 10.0	thou/ μ L
RBC Count <i>Sample: Whole Blood EDTA</i> <i>Method: Impedance</i>	5.1	4.5 - 5.5	million/ μ L
PCV / Hematocrit <i>Sample: Whole Blood EDTA</i> <i>Method: Impedance</i>	45.6	40.0 - 50.0	%
MCV <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i>	91.4	83.0 - 101.0	fL
MCH <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i>	30.4	27.0 - 32.0	pg
MCHC <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i>	32.6	31.5 - 34.5	g/dL
RDW (Red Cell Distribution Width) <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i>	12.9	11.8 - 15.6	%

DLC (Differential Leucocyte Count)

Method: Flowcytometry/Microscopy

Neutrophils <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology & Microscopy</i>	60	40 - 80	%
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Lymphocytes <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology & Microscopy</i>	30	20 - 40	%
Eosinophils <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology & Microscopy</i>	05	01 - 06	%
Monocytes <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology & Microscopy</i>	05	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>	3840	2000 - 7000	/μL
Absolute Lymphocyte Count <i>Sample: Whole Blood EDTA</i>	1920	1000 - 3000	/μL
Absolute Eosinophil Count <i>Sample: Whole Blood EDTA</i>	320	20 - 500	/μL
Absolute Monocyte Count <i>Sample: Whole Blood EDTA</i>	320	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>	304	150 - 410	thou/μL
MPV (Mean Platelet Volume) <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i> <i>Sample: Whole Blood EDTA</i>	10.7	6.8 - 10.9	fL

BIOCHEMISTRY

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Iron Studies			
Sample: Serum			
<i>Method: Method: Spectrophotometry-Ferrozine</i>			
Iron	69	59 - 158	µg/dL
<i>Sample: Serum</i>			
<i>Method: Spectrophotometry-Ferrozine</i>			
UIBC	269	110 - 370	µg/dL
Unsaturated Iron Binding Capacity			
<i>Sample: Serum</i>			
<i>Method: Spectrophotometry</i>			
Total Iron Binding Capacity (TIBC)	338	228 - 428	µg/dL
<i>Sample: Serum</i>			
<i>Method: Calculated</i>			
% Saturation	20	20 - 50	%
<i>Sample: Serum</i>			
<i>Method: Calculated</i>			
Vitamin D 25 - Hydroxy	165.0 H	Deficiency < 20 Insufficiency 20 - 30 Sufficiency 30 - 100 Toxicity > 100	ng/mL
<i>Sample: Serum</i>			
<i>Method: ECLIA</i>			
IgE Total	2530.00 H	0.00 - 100.00	U/mL
<i>Sample: Serum</i>			
<i>Method: ECLIA</i>			
Immunoglobulin A (IgA)	25.0 L	70.0 - 400.0	mg/dL
<i>Sample: Serum</i>			
<i>Method: Immunoturbidimetric</i>			
Immunoglobulin G (IgG)	790.0	700.0 - 1600.0	mg/dL
<i>Sample: Serum</i>			
<i>Method: Immunoturbidimetric</i>			
Immunoglobulin M (IgM)	220.0	40.0 - 230.0	mg/dL
<i>Sample: Serum</i>			
<i>Method: Immunoturbidimetry</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 / HematocritClinical 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 CountClinical 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.

Iron

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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.

Vitamin D 25 - Hydroxy
Clinical Significance :

The 25-hydroxy vitamin D test is used to detect bone weakness or other bone malfunctions or disorders that occur as a result of a vitamin D deficiency. Those who are at high risk of having low levels of vitamin D include people who don't get much exposure to the sun, older adult, people with obesity, babies who are breastfed only, post gastric bypass surgery, Crohn's disease and other intestinal malabsorption conditions. Hypervitaminosis D usually occurs due to over intake of Vitamin D supplementation.

IgE Total

IgE is a mediator of allergic response, therefore quantitative measurement can provide useful information for differential diagnosis of atopic and non-atopic disease. Elevated levels of IgE can mean that a person has some kind of allergy. An increase in IgE levels can be due to the following reasons:



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<ul style="list-style-type: none"> Allergic conditions such as asthma, urticaria, allergic rhinitis, and atopic dermatitis. Food allergy IgE myeloma Pulmonary aspergillosis Parasitic infections Immunodeficiency states 			

Immunoglobulin A (IgA)

The human immunoglobulins (IgG, IgA, IgM, IgE and IgD) are a group of functionally and structurally closely related glycoproteins. Serum IgA is produced by plasma cells (B-Cells) and represent about 15% of all soluble immunoglobulins. IgA is the predominant immunoglobulin in body secretions like saliva, sweat, colostrums gastrointestinal and bronchial secretions and protects the skin and mucosa against micro-organism.

Polyclonal IgA increase is observed in severe infections, autoimmune disease, chronic liver disease and sarcoidosis. Monoclonal IgA increase is seen in IgA myeloma.

Decreased IgA levels are seen in protein losing enteropathies, skin burns, congenital and acquired immunodeficiency diseases.

Immunoglobulin G (IgG)

COMMENTS / INTERPRETATION :

- Immunoglobulins are formed by plasma cells as a humoral immune response to contact of the immune system with antigens.
- The primary reaction after the initial contact is the formation of antibodies of the IgM class followed later by IgG and also IgA antibodies.



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<ul style="list-style-type: none">Levels of IgG are used in diagnosis of IgG myeloma, hereditary / acquired IgG immunodeficiencies and infectious diseases and immune status.			

Immunoglobulin M (IgM)

COMMENTS / INTERPRETATION :

- Immunoglobulins are formed by plasma cells as a humoral immune response to contact of the immune system with antigens.
- The primary reaction after the initial contact is the formation of antibodies of the IgM class followed later by IgG and also IgA antibodies.
- Levels of IgM are useful in the diagnosis of hereditary and acquired IgM immunodeficiencies, Waldenstroms macroglobulinemia and earliest immunoglobulin serological diagnosis of infectious diseases.

** End of Report **



Dr. Aarti Khanna Nagpal

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Senior Consultant

