

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. PL190	Billing Date	: 07/07/2023 12:28:52
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.	: P1000100012867	Report Released on	: 20/07/2023 19:50:35
Accession No	: 10002304923	Barcode No.	: 10002304923-01
Referring Doctor	: Self	Ref no.	:
Referred By	:		

### Report Status - Final

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

#### Inflammatory Panel-2

#### Complete Blood Count (CBC)

<b>Haemoglobin (Hb)</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Photometric measurement</i>	14.2	13.0 - 17.0	gm/dL
<b>Total WBC Count / TLC</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Impedance</i>	5.6	4.0 - 10.0	thou/ $\mu$ L
<b>RBC Count</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Impedance</i>	4.2 L	4.5 - 5.5	million/ $\mu$ L
<b>PCV / Hematocrit</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Impedance</i>	48.9	40.0 - 50.0	%
<b>MCV</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i>	88.9	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>	31.4 L	31.5 - 34.5	g/dL
<b>RDW (Red Cell Distribution Width)</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i>	9.8 L	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>	05	01 - 06	%
<b>Monocytes</b> <i>Sample: Whole Blood EDTA Method: VCS Technology &amp; Microscopy</i>	05	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>	3360	2000 - 7000	/μL
<b>Absolute Lymphocyte Count</b> <i>Sample: Whole Blood EDTA</i>	1680	1000 - 3000	/μL
<b>Absolute Eosinophil Count</b> <i>Sample: Whole Blood EDTA</i>	280	20 - 500	/μL
<b>Absolute Monocyte Count</b> <i>Sample: Whole Blood EDTA</i>	280	200 - 1000	/μL
<b>Absolute Basophil Count</b> <i>Sample: Whole Blood EDTA</i>	00 L	20 - 100	/μL
<b>Platelet Count</b> <i>Sample: Whole Blood EDTA Method: Impedance</i>	308	150 - 410	thou/μL
<b>MPV (Mean Platelet Volume)</b> <i>Sample: Whole Blood EDTA Method: Calculated</i>	9.4	6.8 - 10.9	fL
<b>D-Dimer(Quantitative)</b> <i>Sample: Citrate Plasma Method: IMMUNOTURBIDIMETRY</i>	0.43	<0.50	μg/ml

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<b>BIOCHEMISTRY</b>			
<b>SGPT / ALT</b> <i>Sample: Serum</i> <i>Method: Spectrophotometry-IFCC Without Pyridoxal PO4</i>	36	0 - 41	U/L
<b>IL-6 (Interleukin-6)</b> <i>Sample: Whole Blood EDTA</i> <i>Method: ECLIA</i>	17.60 H	<7.00	pg/mL
<b>Ferritin</b> <i>Sample: Serum</i> <i>Method: ECLIA</i>	450.00 H	30.00 - 400.00	ng/mL
<b>SEROLOGY</b>			
<b>C-Reactive Protein (CRP), Quantitative</b> <i>Sample: Serum</i> <i>Method: Immunoturbidimetry</i>	98.00 H	0.00 - 5.00	mg/L

### Haemoglobin (Hb)

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

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#### 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 componenets 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 cointent 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.

#### **D-Dimer(Quantitative)**

#### **COMMENTS / INTERPRETATION :**

- D-Dimer measurements are used to diagnose the symptoms of a thrombotic episode such as Deep vein thrombosis, Pulmonary embolism and Disseminated intravascular Coagulation etc.
- Its levels can be used to monitor thrombolytic therapy.

*Results can vary significantly if pre-analytical processes are not in compliance with recommended guidelines. Suggest a repeat testing if results are not correlating with clinical history.*

#### **SGPT / ALT**

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#### Clinical Significance :

Elevated alanine aminotransferase (ALT) values are seen in parenchymal liver diseases characterized by a destruction of hepatocytes. Values are at least 10 times higher the normal range and may reach up to 100 times the upper reference limit. Commonly, values are seen to be 20 - 50 times higher than normal. In infectious hepatitis and other inflammatory conditions affecting the liver, ALT levels rise more than aspartate aminotransferase (AST), and the ALT/AST ratio, which is normally  $<1$ , is reversed and becomes  $>1$ . ALT levels usually rise before clinical signs and symptoms of disease appear.

#### **IL-6 (Interleukin-6)**

1. Patient samples may contain heterophilic antibodies or mouse monoclonal antibodies that could react in immunoassays to give a falsely elevated or depressed result.
2. Results should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.
3. Patients receiving Biotin therapy in high doses ( $>5\text{mg/day}$ ) should not be tested for at least 8 hours after the last dose.
4. Interleukin-6 is a nonspecific marker associated with an inflammatory response and is not diagnostic for any specific disease or disease process.
5. Test conducted on serum.

#### Comments:

Interleukin-6 (IL-6) is a pleiotropic cytokine with a wide range of functions. IL-6 production is rapidly induced in the course of acute inflammatory reactions associated with injury, trauma, stress, infection, brain death, neoplasia, and other situations. Sequential measurements of IL-6 in serum or plasma of patients admitted to the ICU (intensive care unit) showed to be useful in evaluating the severity of SIRS (Systemic Inflammatory Response Syndrome), sepsis & septic shock and to predict the outcome of these patients. It is also useful as an early alarm marker for the detection of neonatal sepsis. IL-6 also plays a role in chronic inflammation e.g. Rheumatoid arthritis IL-6 values (pg/mL) observed on samples from 281 ICU patients with either a known or suspected infection (Reference: Roche IFU).

#### **Ferritin**

#### Clinical Significance :

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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.

**C-Reactive Protein (CRP), Quantitative**

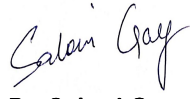
Clinical Significance :

"C-reactive protein (CRP) is a trace protein which rises in acute inflammation. After onset of an acute phase response, the serum CRP concentration rises rapidly within 6-12 hours and peaks at 24-48 hours and extensively. Very high CRP levels are associated with severe trauma and infection (sepsis)."

\*\* End of Report\*\*



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