

## DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Muvala Narayana Shetty MRN : 10020001199355 Gender/Age : MALE , 67y (10/02/1957)

Collected On : 23/12/2024 10:38 AM Received On : 23/12/2024 10:57 AM Reported On : 23/12/2024 11:34 AM

Barcode : 022412230857 Specimen : Whole Blood Consultant : Dr. Kedar R Hibare(PULMONOLOGY)

Sample adequacy : Satisfactory Visit No : OP-002 Patient Mobile No : 9845934106

### HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
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#### COMPLETE BLOOD COUNT (CBC)

Haemoglobin (Hb%) (Photometric Measurement)	9.3 L	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	3.05 L	million/ $\mu$ L	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	28.1 L	%	40.0-50.0
MCV (Mean Corpuscular Volume) (Derived)	92.2	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	30.4	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.0	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	15.3 H	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	184	$10^3/\mu$ L	150.0-450.0
Mean Platelet Volume (MPV)	7.5	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	9.2	$10^3/\mu$ L	4.0-10.0

#### DIFFERENTIAL COUNT (DC)

Neutrophils (VCS Technology Plus Microscopy)	92.5 H	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	5.3 L	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	2.1	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	0.0 L	%	1.0-6.0

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#### Narayana Institute of Cardiac Sciences

(A Unit of Narayana Hrudayalaya Limited) CIN: U85110KA2000PLC027497

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Basophils (VCS Technology Plus Microscopy)	0.1	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	<b>8.51 H</b>	x10 <sup>3</sup> cells/ $\mu$ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	<b>0.49 L</b>	x10 <sup>3</sup> cells/ $\mu$ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.2	x10 <sup>3</sup> cells/ $\mu$ l	0.2-1.0
Absolute Basophil Count (Calculated)	0.01	-	-

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

#### Interpretation Notes

- Haemoglobin , RBC Count and PCV: If below reference range, indicates Anemia. Further evaluation is suggested .  
RBC Indices aid in typing of anemia.  
WBC Count: If below reference range, susceptibility to infection.  
If above reference range- Infection\*  
If very high in lakhs-Leukemia  
Neutrophils -If above reference range-acute infection, mostly bacterial  
Lymphocytes -If above reference range-chronic infection/ viral infection  
Monocytes -If above reference range- TB,Typhoid,UTI  
Eosinophils -If above reference range -Allergy,cough,Common cold,Asthma & worms  
Basophils - If above reference range, Leukemia, allergy  
Platelets: If below reference range- bleeding disorder, Dengue, drug- induced, malignancies  
\* In bacterial infection with fever total WBC count increases.  
Eg Tonsillitis,Sinusitis,Bronchitis,Pneumonia,Appendicitis,UTI -12000-25000 cells/cumm.  
In typhoid and viral fever WBC may be normal.
- DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert.**

--End of Report--



Dr. Deepak M B  
MD, PDF, Hematopathology  
Consultant

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## Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



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