



MC-6146

Patient Name	: Mr.ASIF IQBAL	Collected	: 18/Sep/2024 07:42PM
Age/Gender	: 38 Y 0 M 0 D /M	Received	: 19/Sep/2024 12:12PM
UHID/MR No	: DSDU.0000003903	Reported	: 19/Sep/2024 01:56PM
Visit ID	: DSDUOPV5522	Status	: Final Report
Ref Doctor	: ANJANADRI DIAGNOSTICS KARATAGI	Client Name	: PCC SINDHANUR
IP/OP NO	:	Center location	: Sindhanur,Sindhanur

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.7	g/dL	13-17	Spectrophotometer
PCV	47.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.2	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	112.5	fL	83-101	Calculated
MCH	37.5	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	15.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,270	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	66	%	40-80	Electrical Impedance
LYMPHOCYTES	24.2	%	20-40	Electrical Impedance
EOSINOPHILS	4	%	1-6	Electrical Impedance
MONOCYTES	5.1	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6118.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2243.34	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	370.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	472.77	Cells/cu.mm	200-1000	Calculated
BASOPHILS	64.89	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.73		0.78- 3.53	Calculated
PLATELET COUNT	324000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	26	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are predominantly macrocytic. Few ovalocytes seen..

WBCs: are normal in total number with normal morphology and distribution. Few hyper segmented neutrophils seen.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

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Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:HA07684443

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory





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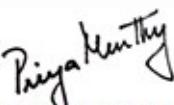
DEPARTMENT OF HAEMATOLOGY

IMPRESSION: MACROCYTIC BLOOD PICTURE.

Note: Kindly evaluate for Vitamin B12 and Folate deficiency.

*** End Of Report ***




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Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.

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