

C000000799-MEDITRUST PATHOLOGY LAB

Name	: MRS. VIJLA JAIN	Age/Gender	: 73 Yrs/FEMALE
Reg No	: 0001BD015740	Barcode No	: 50045094
Sample Coll Dt	: 01/01/0001 12:00:00	Reg Date	: 30/04/2021 12:27 PM
Sample Rcv Dt	: 30/04/2021 12:27 PM	Reported Date	: 01/05/2021 03:22 PM
Report Status	: Final	Referred By	: SELF

Tests	Results	Biological Reference Range	Units
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HEMATOLOGY

D-DIMER; SEMI QUANTITATIVE

D DIMER	1003	High 0.0 - 500	ng FEU/mL
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Specimen:
PLASMA CITRATE

Interpretation :

1. D-dimer is a fibrin degradation product, a small protein fragment present in the blood after a blood clot is degraded by fibrinolysis. The product increases in conditions inducing inappropriate fibrinolysis.
2. This assay can aid in the diagnosis of Deep Vein Thrombosis (DVT) & pulmonary embolism (PE). The test results should be correlated with Imaging studies.
3. Elevated D-dimer is seen in hypercoagulability, DVT (Deep Vein Thrombosis, DIC (Disseminated Intravascular Coagulation), recent surgery, trauma or infection.

COMPLETE BLOOD COUNT (CBC), WHOLE BLOOD

COMPLETE BLOOD COUNT (CBC) WHOLE BLOOD

HEMOGLOBIN	6.3	Low 12 - 15	g/dL
HEMATOCRIT	22.8	Low 36 - 46	%
RBC COUNT	3.70	Low 3.80 - 4.80	10 ⁶ /uL
MCV	61.7	Low 83 - 101	fL
MCH	17.0	Low 27 - 32	pg
MCHC	27.5	Low 31.50 - 34.50	g/dL
RDW-CV	19.6	High 11.60 - 14.0	%
PLATELET COUNT	313	150 - 410	10 ³ /uL
TOTAL LEUCOCYTE COUNT	3.7	Low 4.0 - 10.0	10 ³ /uL

Specimen:
EDTA WHOLE BLOOD

DIFFERENTIAL LEUKOCYTE COUNT, WHOLE BLOOD

NEUTROPHILS	67.0	40 - 80	%
LYMPHOCYTES	23.5	20 - 40	%
MONOCYTES	8.7	2 - 10	%
EOSINOPHILS	0.5	Low 1 - 6	%
BASOPHILS	0.3	<2.0	%
ABSOLUTE NEUTROPHIL COUNT	2.49	2 - 7	10 ³ /uL
ABSOLUTE LYMPHOCYTE COUNT	0.87	Low 1 - 3	10 ³ /uL
ABSOLUTE MONOCYTE COUNT	0.32	0.20 - 1.0	10 ³ /uL



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ABSOLUTE EOSINOPHIL COUNT	0.02	0.02 - 0.50	10 ³ /uL
ABSOLUTE BASOPHIL COUNT	0.01	0.02 - 0.10	10 ³ /uL
NEUTROPHIL-LYMPHOCYTE RATIO	5	High Normal 1-3	
		An NLR of 6-9 suggests mild stress	
		Critically ill ~9 or higher	

METHOD : CALCULATED

Specimen:

EDTA WHOLE BLOOD

MEAN PLATELET VOLUME

MEAN PLATELET VOLUME(MPV)*	9.6	8.0 - 11.0	fL
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Specimen:

EDTA WHOLE BLOOD



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BIOCHEMISTRY

FERRITIN, SERUM

FERRITIN	14.55	4.63 - 204.00	ng/mL
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METHOD : CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY (CMIA)

Specimen:
SERUM

Comment:

Ferritin estimation is useful in the diagnosis of iron deficiency anemia and iron overload.

Increased levels seen in hemochromatosis, frequent blood transfusions with packed RBCs and alcoholic liver disease.

Decreased levels seen in heavy menstrual bleeding, poor absorption of iron, iron deficiency anaemia and long term GI bleed.

Ferritin is an acute phase reactant and thus may be increased with inflammation, chronic infection, liver disease, auto-immune disorders and some type of cancers. Ferritin is not used to detect or monitor these conditions.

C-REACTIVE PROTEIN (QUANTITATIVE), SERUM

C-REACTIVE PROTEIN	4.7	<5.0	mg/L
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Specimen:
SERUM

Interpretation:

CRP is a classic acute phase protein of human serum, synthesized by hepatocytes. The presence of agglutinates indicates concentration of CRP in the sample equal or greater than 6 mg/L (above normal), which increase significantly after most form of organic disease, tissue injuries, bacterial, & viral infections inflammation, malignant neoplasia and disease activity in inflammatory.

****End Of Report****



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