



Mrs. NANCY RAINA

A-202, DEFENCE COLONY, PHASE 2,
BAKORI ROAD, BAKORI PHATAK, WAG..

Tel No : +919149869687

PIN No: 412207

PID NO: P13724537705556

Age: 77 Year(s) Sex: Female



Reference: SELF

Sample Collected At:
Preventive Care(Mhl)
303 Sunrise Business Park Kisan Nagar
Road No 16 Wagle Estate Thane -
400604.Processing Location:- Metropolis
Healthcare Ltd. Bhandarkar Road, Pune -
411004

VID: 240000109279066

Registered On:

23/12/2024 09:44 AM

Collected On:

23/12/2024 9:37AM

Reported On:

23/12/2024 06:59 PM



CBC Haemogram

Investigation	Observed Value	Unit	Biological Reference Interval
<u>Erythrocytes</u>			
Haemoglobin (Hb)	11.8	gm/dL	12.0-16
Erythrocyte (RBC) Count	4.31	mill/cu.mm	4.2-5.4
PCV (Packed Cell Volume)	35.5	%	37-47
MCV (Mean Corpuscular Volume)	82.3	fL	82-101
MCH (Mean Corpuscular Hb)	27.5	pg	27-34
MCHC (Mean Corpuscular Hb Concn.)	33.4	g/dL	31.5-36
RDW (Red Cell Distribution Width)	19.0	%	11.5-14.0
Nucleated RBC	0.10	per 100 WBCs	
<u>RBC Morphology</u>			
Anisocytosis	1+		
<u>Leucocytes</u>			
Total Leucocytes (WBC) Count	6,200	/c.mm	4300-10300
Absolute Neutrophils Count	4011	/c.mm	2000-7000
Absolute Lymphocyte Count	1432	/c.mm	1000-3000
Absolute Monocyte Count	322	/c.mm	200-1000
Absolute Eosinophil Count	372	/c.mm	20-500
Absolute Basophil Count	62	/c.mm	20-100
Neutrophils	64.7	%	40-80
Lymphocytes	23.1	%	20-40
Monocytes	5.2	%	2.0-10
Eosinophils	6.0	%	1-6
Basophils	1.0	%	0-2
<u>Platelets</u>			
Platelet count	106	1000/c.mm	140-440
MPV (Mean Platelet Volume)	10.6	fL	7.8-11
PCT (Platelet Haematocrit)	0.112	%	0.2-0.5
PDW (Platelet Distribution Width)	17.8	%	9-17
Pathologist Remark	See remark		

Medical Remarks: Mild anisocytosis, rouleaux formation seen. Thrombocytopenia, large platelets seen. Platelet count manually confirmed. Suggested clinical correlation & follow up.

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (Haemoglobin by photometric measurement, WBC, RBC

Dr. Saurabh Joshi

M. D. Pathology

INNER HEALTH REVEALED

This is computer generated medical diagnostics report that has been validated by an Authorized Medical Practitioner/Doctor. The report does not need physical signature. Results relate only to the sample as received. Refer to conditions of reporting overleaf. ** Referred Test

GOLWILKAR

METROPOLIS
The Pathology Specialist

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Investigation**Observed Value****Unit****Biological Reference Interval**

Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically. Differential count is based on approximately 10,000 cells.

Dr. Saurabh Joshi
M. D. Pathology**INNER HEALTH REVEALED**

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The Pathology Specialist

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Investigation	Observed Value	Unit	Biological Reference Interval
 Creatinine, Serum (Serum,Jaffe)	1.49	mg/dL	0.60-1.10
 Electrolytes, Serum (Serum,ISE)			
Sodium, Serum	138	mmol/L	136-145

Interpretation:

- Low levels are noted in prolonged vomiting or diarrhea, diminished reabsorption in the kidney and excessive fluid retention. High levels are seen in case of excessive fluid loss, high salt intake and increased kidney reabsorption

Potassium, Serum	3.40	mmol/L	3.5-5.1
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Interpretation:

- Low levels are noted in reduced intake of dietary potassium or excessive loss of potassium from the body due to diarrhea, prolonged vomiting or increased renal excretion. High levels may be caused by dehydration or shock, severe burns, hemolysis, diabetic ketoacidosis, and retention of potassium by the kidney

Chloride, Serum	100	mmol/L	98-107
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Interpretation:

- Low levels** are noted in reduced dietary intake, prolonged vomiting and reduced renal reabsorption as well as some forms of acidosis and alkalosis. High levels are found in dehydration, kidney failure, some forms of acidosis, high dietary or parenteral chloride intake, and salicylate poisoning.

 Uric Acid, Serum (Serum,Uricase)	6.2	mg/dL	2.4-5.7
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-- End of Report --

Tests marked with NABL symbol are accredited by NABL with certificate no MC-2034

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REVEALED

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Dr. Saurabh Joshi

M.D. B.S.