



LABORATORY REPORT - FINAL



Name : Mr VIGNESH	Gender : Male	Lab ID : 50439900856
Age : 20 Years	Mob. No. : 9606829139	Pt. ID : 5841329
B2B :	Ref. By : MAMATHA	Pt. Loc :
Reg Date and Time : 16-Apr-2025 09:17	Report Date and Time :	Ref Id1 :
Sample Received at : KA-Hennur		Ref Id2 :
Sample Collected at :		

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
CBC			
Total WBC Count	16810	Cells/cmm	4000 - 11000
Neutrophil	83.4	%	40 - 75
Lymphocyte	11.4	%	20 - 45
Eosinophil	0	%	1 - 6
Thyroid Function Test			
TSH	0.63	μIU/mL	0.7 - 6.4
Serum IgE	278.00	IU/mL	<100

Abnormal Result(s) Summary End

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal,HC- High Critical,LC-Low Critical,C-Critical)

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Reg Date and Time : 16-Apr-2025 09:17 **Report Date and Time :** 16-Apr-2025 13:31 **Ref Id1 :**
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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Complete Blood Count

HB AND INDICES

Haemoglobin SLS	16.3	g/dL	13.5 - 16.5	
PCV Calculated	50.30	%	39 - 54	
RBC (Electrical Impedance) Sheath flow DC detection	5.43	million/cmm	4.2 - 6.5	
Mean Corpuscular Volume Calculated	92.6	fL	75 - 95	
Mean Corpuscular Hemoglobin Calculated	30.0	pg	26 - 32	
Mean Corpuscular Hb Concentration Calculated	32.4	g/dL	30 - 35	
Red Cell Distribution Width (RDW) Calculated	11.70	%	11 - 16	

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count Flow Cytometry	H	16810	Cells/cmm	4000 - 11000
Neutrophil Flowcytometry	H	83.4	%	40 - 75
Lymphocyte Flow Cytometry	L	11.4	%	20 - 45

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal,HC- High Critical,LC-Low Critical,C-Critical)

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Priya Ganesh

Dr. Priya Ganesh Pai
Pathologist
KMC. NO.: 125326

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Eosinophil L 0 % 1 - 6
Flow Cytometry

Monocytes 5.1 % 1 - 10
Flow Cytometry

Basophil 0.1 % 0 - 1
Flow Cytometry

PLATELET COUNT (Optical)

Platelet Count 367000 Cells/cmm 150000 - 450000
Sheath flow DC detection

Mean Platelet Volume (MPV) 9.70 fL 6.5 - 12
Whole Blood EDTA Coll. Time:16-Apr-2025 09:18

Approved By: Dr. Priya Ganesh Pai
Released by: Neuberg Anand Reference Laboratory

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal,HC- High Critical,LC-Low Critical,C-Critical)

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Dr. Priya Ganesh Pai
Pathologist
KMC. NO.: 125326

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Peripheral smear examination	RBCs : Predominantly normocytic normochromic. WBCs : Are increased in number with increase in neutrophils. Platelets : Normal in number. Hemoparasites : Are not seen. IMPRESSION : NEUTROPHILIC LEUCOCYTOSIS.			

Whole Blood EDTA Coll. Time:16-Apr-2025 09:18

Approved By: Dr. Priya Ganesh Pai
Released by: Neuberg Anand Reference Laboratory

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Dr. Priya Ganesh Pai
Pathologist
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Reg Date and Time : 16-Apr-2025 09:17	Report Date and Time : 16-Apr-2025 15:37	Ref Id1 :
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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3) CMIA	0.93	ng/mL	0.7 - 2.0	
Thyroxine (T4) CMIA	7.43	µg/dL	4.5 - 11.0	
TSH CMIA	L 0.63	µIU/mL	0.7 - 6.4	
Serum	Coll. Time:16-Apr-2025 09:18			

Approved By: DR Prajwal A
Released by: Neuberg Anand Reference Laboratory

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal,HC- High Critical,LC-Low Critical,C-Critical)

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DR Prajwal A
HOD Biochemistry
DLH 2018 0000588 KTK

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Serum IgE <i>Immunoturbidimetry</i>	H 278.00	IU/mL	<100	

INTERPRETATIONS:

Useful as an initial (screening) test for allergic disease

Serum levels of IgE are increased in many patients with allergic diseases, parasitic diseases, allergic bronchopulmonary aspergillosis, and the rare hyper IgE syndrome

CAUTIONS:

The probability of finding an increased level of IgE in serum in a patient with allergic disease varies directly with the number of different allergens to which the patient is sensitized.

A normal level of IgE in serum does not eliminate the possibility of allergic disease.

Since not all atopic reactions are Ig E mediated , a total Ig E result in the reference range should always be interpreted in light of other clinical observations.

Normal levels of IgE in serum occur in some patients with allergic disease, especially if there is sensitivity to a limited number of allergens and limited end organ involvement.

Active - B12 (Holotranscobalamine)

Active - B12 27.80 pmol/L 25.1 - 165.0

CMIA

Serum Coll. Time:16-Apr-2025 09:18

Note:
Active B12 test measures the amount of B12 bound to Holo Transcobalamin whereas the serum Vit B12 measure both Transcobalamin (TC) and Haptocorrin (HC) fractions as total Vit B12. It is more sensitive. If the serum vitamin B12 level is < 300 pg/mL, the levels of Active Vit B12 alone or in combination with serum total Vit B12 levels is/are useful in unmasking the deficiency state. Holo TC level of < 32 pmol/L indicates Vit B12 deficiency.

Measurement of Active Vit B12 is found to be more sensitive in detecting Vit B12 deficiency.

Holo Transcobalamin level of < 32 pmol/L has been suggested as cut off to identify the Vit B12 deficiency. Active Vitamin B12 levels will remain unchanged in pregnancy.

High titres of Intrinsic factor blocking auto antibodies (IF Ab) can lead to spuriously normal or high Vitamin B12 values.

Ref: Tietz Textbook of Clinical Chemistry and Molecular Diagnostics;6th Edition; P: 669-674.

Approved By: Dr Champakalakshmi
Released by: Neuberg Anand Reference Laboratory

----- End Of Report -----

For test performed on specimens received or collected from non-NARL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NARL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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Dr Champakalakshmi
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