

**AMIT KUMAR PAUL**  
**Male/32 Years**

Reg. Date : **05/06/2021**  
Lab. No **55495-18**  
Sample No  
\*1041\*

Ref. Dr.  
**C/o. VIBRANT HOSPITAL**  
**VIBRANT HOSPITAL VAP1**

## HEMATOLOGY REPORT

Test	Result	Unit	Ref. Range
<b>Haemoglobin:</b>	14.6	g/dL	13.0 - 17.0 g/dL
<b>Total Leucocyte Count:</b>	9940	X 10 <sup>3</sup> / µL	4000 - 10000 /uL
<b>Differential Count</b>			
Neutrophils:	61	%	40-80
Eosinophils:	02	%	1.0-6.0
Basophils:	00	%	<1-2
Lymphocytes:;	28	%	M: 20-40; F: 20-40
Monocytes:	09	%	2-10
Neutrophils Absolute Count:	6.07	X 10 <sup>3</sup> / µL	2.0-7.0
Eosinophils Absolute Count:	0.18	X 10 <sup>3</sup> / µL	0.02-0.50
Basophils Absolute Count:	0.08	X 10 <sup>3</sup> / µL	0.02-0.10
Lymphocytes Absolute Count:	2.79	X 10 <sup>3</sup> / µL	1.0-3.0
Monocytes Absolute Count:	0.82	X 10 <sup>3</sup> / µL	0.2-1.0
<b>Total RBC Count:</b>	4.72	X 10 <sup>6</sup> / µL	M: 4.5-5.5; F: 3.9-4.8
<b>Hematocrit (HCT):</b>	45.6	%	42 - 52 %
MCV:	96.5	fL	83 - 101
MCH:	30.9	pg	27-32
MCHC:	32.0	g/dL	31.5 - 34.5
RDW-SD:	<b>58.5</b>	fL	39 - 46
RDW-CV:	<b>14.7</b>	%	11.6 - 14.0
<b>Platelets Count:</b>	<b>132000</b>	/µL	150000 - 400000
Plateletcrit (PCT):	0.165	%	
Mean Platelet Volume	12.5	fL	
Malariaial Parasite	M.P. are not seen		

**Method:** Fully automated bidirectional interfaced analyser (6 Part Differential **SYSMEX XN-1000**).

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**Dr. Mehul SOLANKY**  
M.D.(Path & Bact)

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## C - REACTIVE PROTEIN TITRE

Test	Result	Unit	Ref. Range
CRP :	2.13	mg/L	Adult < 6.0 mg/L Newborn upto 3 weeks < 4.1 mg/L Infants & Children < 2.8 mg/L
Method	BY IMMUNOTURBIDOMETRIC METHOD.		

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## **D - DIMER**

<b>Test</b>	<b>Result</b>	<b>Unit</b>	<b>Ref. Range</b>
D - Dimer Level:	254.75	ng/mL FEU	Up to 500 Fibrinogen Equivalent units

### INTERPRETATION

Method - Immunoturbidimetry on Cobas 400 ,Flouroscent Immunoassay on Minividas/Ichroma 2

Concentrations of approximately ng/mL or more are considered pthological.  
Increased levels of D-Dimer in plasma indicaates that excessive amounts of fibrin have formed in the vascular tree. Through Activated Fibrinolytic system,fibrin is degraded by plasmin to various slouble fragments in which the D-DImer configuration occurs.

Eleveted levels are seen in.

- Deep vein thromobosis
- pulmonary embolism
- Disseminated intravascular coagulation (DIC) disorder.
- Evaluation of acute myocardial infarction and unstable angina.
- Presence of D - Dimer in pre eclampsia suggest a severe disease.

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