

Valsad-396 001. Ph.: (02632) 243280. Mo.: 99250 49280

 AMIT KUMAR PAUL
 Reg. Date :
 28/05/2021

 Male/32 Years
 Lab. No
 54256-18

Sample No *9585*

Ref. Dr.

Dr. POOJA D TANDEL M D MEDICINE VIBRANT HOSPITAL VAP1

HEMATOLOGY REPORT

	<u> </u>	<u>LUGI</u>	<u>KEPUKI</u>
Test	Result	Unit	Ref. Range
Haemoglobin:	14.1	g/dL	13.0 - 17.0 g/dL
Total Leucocyte Count:	9320	$X~10^{3}$ / μL	4000 - 10000 /uL
Differential Count			
Neutrophils:	<u>83</u>	%	40-80
Eosinophils:	03	%	1.0-6.0
Basophils:	00	%	<1-2
Lymphocytes:;	<u>12</u>	%	M: 20-40; F: 20-40
Monocytes:	02	%	2-10
Neutrophils Absolute Count:	7.75	$X~10^{3}$ / μ L	2.0-7.0
Eosinophils Absolute Count:	0.24	$X~10^3$ / μ L	0.02-0.50
Basophils Absolute Count:	0.06	$X~10^3$ / μ L	0.02-0.10
Lymphocytes Absolute Count:	1.12	$X~10^3$ / μ L	1.0-3.0
Monocytes Absolute Count:	0.15	$X~10^3$ / μ L	0.2-1.0
Total RBC Count:	<u>4.51</u>	X 106 / μL	M: 4.5-5.5; F: 3.9-4.8
Hematocrit (HCT):	42.9	%	42 - 52 %
MCV:	95.2	fL	83 - 101
MCH:	<u>31.3</u>	pg	27-32
MCHC:	32.9	g/dL	31.5 - 34.5
RDW-SD:	<u>55.1</u>	fL	39 - 46
RDW-CV:	<u>14.1</u>	%	11.6 - 14.0
Platelets Count:	<u>126000</u>	/µL	150000 - 400000
Plateletcrit (PCT):	0.160	%	
Mean Platelet Volume	12.7	fL	
Malaraial 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

28/05/2021

54256-18

Test	Result	Unit	Ref. Range
CRP:	0.60	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

Test Result Unit Ref. Range

D - Dimer Level: 586.47 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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