

Halar Road Cross Lane, Besides L.I.C. Bldg. Valsad-396 001. Ph.: (02632) 243280. Mo.: 99250 49280

KARIM SATTAR SHAIKHReg. Date :26/09/2020Male/60 YearsLab. No22173-18

Sample No \*8641\*

Ref. Dr.

Dr. KRUNAL RAMTEKE MD VIBRANT HOSPITAL VAP1

HEMATOLOGY	REPORT	Γ
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Test	Result	Unit	Ref. Range
Haemoglobin:	<u>12.3</u>	g/dL	13.0 - 17.0 g/dL
Total Leucocyte Count:	<u>16400</u>	X 10³ / μL	4000 - 10000 /uL
Differential Count			
Neutrophils:	<u>91</u>	%	40-80
Eosinophils:	01	%	0-6.0
Basophils:	00	%	<2
Lymphocytes:;	<u>06</u>	%	M: 20-40; F: 20-40
Monocytes:	02	%	0-10
Neutrophils Absolute Count:	15.07	$X~10^3$ / $\mu$ L	2.0-7.0
Eosinophils Absolute Count:	0.00	$X~10^3$ / $\mu$ L	0.02-0.50
Basophils Absolute Count:	0.02	$X~10^3$ / $\mu$ L	0.02-0.10
Lymphocytes Absolute Count:	1.03	$X~10^3$ / $\mu$ L	1.0-3.0
Monocytes Absolute Count:	0.28	$X~10^3$ / $\mu$ L	2.0-1.0
Total RBC Count:	<u>4.44</u>	X 106 / μL	M: 4.5-5.5; F: 3.9-4.8
Hematocrit (HCT):	<u>36.5</u>	%	42 - 52 %
MCV:	82.3	fL	83 - 101
MCH:	27.6	pg	27-32
MCHC:	33.5	g/dL	31.5 - 34.5
RDW-SD:	<u>43.4</u>	fL	39 - 46
RDW-CV:	12.9	%	11.6 - 14.0
Platelets Count:	395000	/µL	150000 - 400000
Plateletcrit (PCT):	0.350	%	
Mean Platelet Volume	8.9	fL	
Malaraial Parasite	M.P. are not see	n	

 $\textbf{Method} : \textbf{Fully automated bidirectional interfaced analyser (6 Part Differential \textbf{SYSMEX XN-1000})}.$ 

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## C - REACTIVE PROTEIN TITRE

Test	Result	Unit	Ref. Range
CRP:	<u>37.22</u>	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: 1702.09 ng/mL FEU Up to 500 Fibrinogen Equivalent units

#### INTERPRETATION

Method - 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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# INTERLEUKIN-6

TestResultUnitNormal RangeInter Leukin-6(IL-6):4.3pg/ml0 to 7.0

### **Note & Interpretation**

- \*InterLeukin-6 is a Pleiotropic helical glycosylated cytokine with wide range of functions.
- \*Many different cells are capable of IL-6 synthesis, including Monocytes, macrophage, fibroblasts, endothelial cells, keratinocytes, mast cells, T cells and many Tumor cells.
- \*IL-6 Concentrations is trauma patients may predict later complications from addistional stress or indicate missed injuries or complications.
- \*Sequential measurements in serum or plasma of ICU Patients is useful in evaluating the severity of Systemic Inflammatory Response Syndrome (SIRS), Sepis and Septic shock.
- \*ILI-6 is also useful as an early alarm marker for detection of neonatal sepsis. acute phase response and regulation of metabolic processes.

Elevated IL-6 levels may occur in a variety of acute and chronic diseases associated with inflammation, such as

sepsis, neoplastic disorder, autoimmune diseases, AIDS, Alcoholic Liver disease, and infections, or transplant rejection.

Serum or EDTA/HEPARIN Plasma samples can be used to test IL-6.

Labile parameter, stable for 5 hours at 2- - 25 degree C, if serum is used, use fresh sample, seperate immediately after clotting and if not processed immediately store at 2-8 degree C.

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