

RAM MILAN PANDEY
Male/65 Years

Reg. Date : **30/11/2021**
Lab. No **77059-18**
Sample No
9310

Ref. Dr.

Dr. POOJA D TANDEL M D MEDICINE
VIBRANT HOSPITAL VAP1

HEMATOLOGY REPORT

| Test | Result | Unit | Ref. Range |
|-------------------------------|--------------------|-----------------------------|------------------------|
| Haemoglobin: | <u>10.3</u> | g/dL | 13.0 - 17.0 g/dL |
| Total Leucocyte Count: | 4110 | X 10 ³ / μ L | 4000 - 10000 /uL |
| Differential Count | | | |
| Neutrophils: | 60 | % | 40-80 |
| Eosinophils: | <u>08</u> | % | 1.0-6.0 |
| Basophils: | 00 | % | <1-2 |
| Lymphocytes:; | 20 | % | M: 20-40; F: 20-40 |
| Monocytes: | <u>12</u> | % | 2-10 |
| Neutrophils Absolute Count: | 2.48 | X 10 ³ / μ L | 2.0-7.0 |
| Eosinophils Absolute Count: | 0.31 | X 10 ³ / μ L | 0.02-0.50 |
| Basophils Absolute Count: | 0.04 | X 10 ³ / μ L | 0.02-0.10 |
| Lymphocytes Absolute Count: | 0.77 | X 10 ³ / μ L | 1.0-3.0 |
| Monocytes Absolute Count: | 0.51 | X 10 ³ / μ L | 0.2-1.0 |
| Total RBC Count: | <u>3.77</u> | X 10 ⁶ / μ L | M: 4.5-5.5; F: 3.9-4.8 |
| Hematocrit (HCT): | <u>30.1</u> | % | 42 - 52 % |
| MCV: | 80.0 | fL | 83 - 101 |
| MCH: | 27.3 | pg | 27-32 |
| MCHC: | 34.2 | g/dL | 31.5 - 34.5 |
| RDW-SD: | <u>43.9</u> | fL | 39 - 46 |
| RDW-CV: | 13.3 | % | 11.6 - 14.0 |
| Platelets Count: | 175000 | / μ L | 150000 - 400000 |
| Plateletcrit (PCT): | 0.172 | % | |
| Mean Platelet Volume | 9.8 | fL | |
| Malariaial Parasite | M.P. are not seen | | |

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

LAB USE ONLY (Enter Date/Time:30/11/2021 1:34:00 PM) (Verify Date/Time:30/11/2021 3:41:00 PM)


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



IMMUNO-DIAGNOSTIC & PATHOLOGY LABORATORY

Halar Road Cross Lane, Besides L.I.C. Bldg.
Valsad-396 001. Ph.: (02632) 243280. Mo.: 99250 49280**RAM MILAN PANDEY**
Male/65 YearsReg. Date : **30/11/2021**
Lab. No **77059-18**
Sample No
9310

Ref. Dr.

Dr. POOJA D TANDEL M D MEDICINE
VIBRANT HOSPITAL VAP1**C - REACTIVE PROTEIN TITRE**

| Test | Result | Unit | Ref. Range |
|--------|--------------------------------|------|--|
| CRP : | <u>37.32</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. | | |

LAB USE ONLY (Enter Date/Time:30/11/2021 9:12:00 AM) (Verify Date/Time:30/11/2021 12:42:00 PM)

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



IMMUNO-DIAGNOSTIC & PATHOLOGY LABORATORY

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

RAM MILAN PANDEY
Male/65 Years

Reg. Date : **30/11/2021**
 Lab. No **77059-18**
 Sample No
 9310

Ref. Dr.

Dr. POOJA D TANDEL M D MEDICINE
VIBRANT HOSPITAL VAP1

D - DIMER

| Test | Result | Unit | Ref. Range |
|------------------|----------------------|-----------|---------------------------------------|
| D - Dimer Level: | <u>594.60</u> | 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.

LAB USE ONLY (Enter Date/Time:30/11/2021 9:12:00 AM) (Verify Date/Time:30/11/2021 12:42:00 PM)


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