Dr. Mehul R. Solanky
M. D. (Path. & Bact.)
Advanced Diagnostic Lab
IMMUNO-DIAGNOSTIC & PATHOLOGY LABORATORY
Halar Road Cross Lane, Besides L.I.C. Bldg.
Valsad-396 001. Ph.: (02632) 243280. Mo.: 99250 49280

KARIM SATTAR SHAIKH
Male/60 Years

Reg. Date : **02/10/2020**
Lab. No **22829-18**
Sample No
9597

Ref. Dr.
Dr. KRUNAL RAMTEKE MD
VIBRANT HOSPITAL VAP1

H E M A T O L O G Y R E P O R T

Test	Result	Unit	Ref. Range
Haemoglobin:	13.0	g/dL	13.0 - 17.0 g/dL
Total Leucocyte Count:	**15970**	X 10^3 / µL	4000 - 10000 /uL
Differential Count			
Neutrophils:	**88**	%	40-80
Eosinophils:	01	%	0-6.0
Basophils:	00	%	<2
Lymphocytes:;	**09**	%	M: 20-40; F: 20-40
Monocytes:	02	%	0-10
Neutrophils Absolute Count:	14.16	X 10^3 / µL	2.0-7.0
Eosinophils Absolute Count:	0.03	X 10^3 / µL	0.02-0.50
Basophils Absolute Count:	0.02	X 10^3 / µL	0.02-0.10
Lymphocytes Absolute Count:	1.36	X 10^3 / µL	1.0-3.0
Monocytes Absolute Count:	0.40	X 10^3 / µL	2.0-1.0
Total RBC Count:	**4.64**	X 106 / µL	M: 4.5-5.5; F: 3.9-4.8
Hematocrit (HCT):	**39.7**	%	42 - 52 %
MCV:	85.4	fL	83 - 101
MCH:	28.0	pg	27-32
MCHC:	32.7	g/dL	31.5 - 34.5
RDW-SD:	**51.1**	fL	39 - 46
RDW-CV:	**14.6**	%	11.6 - 14.0
Platelets Count:	333000	/µL	150000 - 400000
Plateletcrit (PCT):	0.286	%	
Mean Platelet Volume	8.6	fL	
Malaraial Parasite	M.P. are not seen		

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

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I N T E R L E U K I N - 6

Test	Result	Unit	Normal Range
Inter Leukin-6(IL-6):	2.79	pg/ml	0 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.**

*ILl-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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D - DIMER

Test	Result	Unit	Ref. Range
D - Dimer Level:	**683.35**	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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ACTIVATED PARTIAL THROMBOPLASTIN TIME

Test	Result	Unit	Ref. Range
Activated Partial Thromboplastin Time (APTT) :			
Patient's Value :	34.0	Seconds	
Mean Value:	Seconds		
Ratio :		Seconds	
Control :	28.0	Seconds	

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M.D.(Path & Bact)