

**KARIM SATTAR SHAIKH**  
**Male/60 Years**

Reg. Date : **28/09/2020**  
Lab. No **22346-18**  
Sample No  
\*8843\*

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

## HEMATOLOGY REPORT

Test	Result	Unit	Ref. Range
<b>Haemoglobin:</b>	13.2	g/dL	13.0 - 17.0 g/dL
<b>Total Leucocyte Count:</b>	<b>18880</b>	X 10 <sup>3</sup> / $\mu$ L	4000 - 10000 /uL
<b>Differential Count</b>			
Neutrophils:	<b>84</b>	%	40-80
Eosinophils:	01	%	0-6.0
Basophils:	00	%	<2
Lymphocytes:;	<b>12</b>	%	M: 20-40; F: 20-40
Monocytes:	03	%	0-10
Neutrophils Absolute Count:	15.93	X 10 <sup>3</sup> / $\mu$ L	2.0-7.0
Eosinophils Absolute Count:	0.04	X 10 <sup>3</sup> / $\mu$ L	0.02-0.50
Basophils Absolute Count:	0.02	X 10 <sup>3</sup> / $\mu$ L	0.02-0.10
Lymphocytes Absolute Count:	2.27	X 10 <sup>3</sup> / $\mu$ L	1.0-3.0
Monocytes Absolute Count:	0.62	X 10 <sup>3</sup> / $\mu$ L	2.0-1.0
<b>Total RBC Count:</b>	4.73	X 10 <sup>6</sup> / $\mu$ L	M: 4.5-5.5; F: 3.9-4.8
<b>Hematocrit (HCT):</b>	<b>39.4</b>	%	42 - 52 %
MCV:	83.4	fL	83 - 101
MCH:	27.9	pg	27-32
MCHC:	33.5	g/dL	31.5 - 34.5
RDW-SD:	<b>45.4</b>	fL	39 - 46
RDW-CV:	13.3	%	11.6 - 14.0
<b>Platelets Count:</b>	446000	/ $\mu$ L	150000 - 400000
Plateletcrit (PCT):	0.386	%	
Mean Platelet Volume	8.6	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 :	7.67	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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IMMUNO-DIAGNOSTIC &amp; PATHOLOGY LABORATORY

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## **D - DIMER**

Test	Result	Unit	Ref. Range
D - Dimer Level:	<b><u>1783.93</u></b>	ng/mL FEU	Up to 500 Fibrinogen Equivalent units

### INTERPRETATION

Method - Fluorescent Immunoassay on Minividas/Ichroma 2

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

Elevated levels are seen in.

- Deep vein thrombosis
- 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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**VIBRANT HOSPITAL VAP1****ACTIVATED PARTIAL THROMBOPLASTIN TIME**

Test	Result	Unit	Ref. Range
<b>Activated Partial Thromboplastin Time ( APTT ) :</b>			
Patient's Value :	33.9	Seconds	
Mean Value:	Seconds		
Ratio :		Seconds	
Control :	28.0	Seconds	

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