







Patient Name : Mrs.KAVITHA R Age/Gender : 49 Y 0 M 0 D /F

UHID/MR No : DMKG.0000001921 Visit ID : DMKGOPV3613

Ref Doctor : Dr.SELF

IP/OP NO

Collected : 07/May/2021 01:20PM Received : 07/May/2021 04:02PM Reported : 07/May/2021 05:09PM

Status : Final Report

Client Name : PCC MALKAJGIRI HYDERABAD

Patient location : Malkajgiri, Hyderabad

| DEPARTMENT OF HAEMATOLOGY | | | | | |
|----------------------------------|----------------|---------------|-----------------|--------------------------------|--|
| Test Name | Result | Unit | Bio. Ref. Range | Method | |
| | 1 | 1 | | . | |
| COMPLETE BLOOD COUNT (CBC), WHO | OLE BLOOD-EDTA | | 2 | | |
| HAEMOGLOBIN | 12.2 | g/dL | 12-15 | Spectrophotometer | |
| PCV | 37.70 | % | 36-46 | Electronic pulse & Calculation | |
| RBC COUNT | 4.31 | Million/cu.mm | 3.8-4.8 | Electrical Impedence | |
| MCV | 87 | fL | 83-101 | Calculated | |
| MCH | 28.4 | pg | 27-32 | Calculated | |
| MCHC | 32.5 | g/dL | 31.5-34.5 | Calculated | |
| R.D.W | 14.2 | % | 11.6-14 | Calculated | |
| TOTAL LEUCOCYTE COUNT (TLC) | 4,000 | cells/cu.mm | 4000-10000 | Electrical Impedance | |
| DIFFERENTIAL LEUCOCYTIC COUNT (I | DLC) | A.O. | | | |
| NEUTROPHILS | 57.3 | % | 40-80 | Electrical Impedance | |
| LYMPHOCYTES | 30.2 | % | 20-40 | Electrical Impedance | |
| EOSINOPHILS | 3.5 | % | 1-6 | Electrical Impedance | |
| MONOCYTES | 7.4 | % | 2-10 | Electrical Impedance | |
| BASOPHILS | 1.6 | % | <1-2 | Electrical Impedance | |
| ABSOLUTE LEUCOCYTE COUNT | | | > | | |
| NEUTROPHILS | 2292 | Cells/cu.mm | 2000-7000 | Electrical Impedance | |
| LYMPHOCYTES | 1208 | Cells/cu.mm | 1000-3000 | Electrical Impedance | |
| EOSINOPHILS | 140 | Cells/cu.mm | 20-500 | Electrical Impedance | |
| MONOCYTES | 296 | Cells/cu.mm | 200-1000 | Electrical Impedance | |
| BASOPHILS | 64 | Cells/cu.mm | 0-100 | Electrical Impedance | |
| PLATELET COUNT | 244000 | cells/cu.mm | 150000-410000 | Electrical impedence | |



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IP/OP NO

: Dr.SELF

Collected

: 07/May/2021 01:20PM

Received

: 07/May/2021 04:26PM : 07/May/2021 06:11PM

Reported Status

Client Name

: Final Report

: PCC MALKAJGIRI HYDERABAD

Patient location

: Malkajgiri, Hyderabad

| DEPARTMENT OF HAEMATOLOGY | | | | | |
|---------------------------------|--------|-------------|-----------------|--------|--|
| Test Name | Result | Unit | Bio. Ref. Range | Method | |
| | • | | | • | |
| D-DIMER , CITRATE PLASMA | 333.44 | ng/mL (FEU) | <500 | ELFA | |

Comment:

D-dimer reflects the presence of stabilized fibrin and this has made this marker a useful tool in the diagnosis of venous thromboembolism (VTE). This test is indicated for use in conjunction with a clinical pretest probability assessment model to exclude deep vein thrombosis (DVT) and pulmonary embolism (PE) disease in outpatients suspected of DVT or PE.

D-dimer is not specific for DVT/PE and elevated levels are also observed in a variety of other conditions where activation of coagulation and fibrinolysis occurs (for example, surgery, trauma, infection, inflammation, pregnancy, cancer).

Under certain conditions, lower than expected D-dimer results may occur giving rise to false-negatives. Therefore, it is not safe to use D-dimer for exclusion of DVT/PE in patients with high pre-test probability, long duration of DVT/PE symptoms (more than one week) or already under anticoagulant treatment.



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: DMKG.0000001921 : DMKGOPV3613

Ref Doctor

IP/OP NO

: Dr.SELF

Collected

: 07/May/2021 01:20PM

Received

: 07/May/2021 04:03PM : 07/May/2021 06:40PM

Reported Status

: Final Report

Client Name

: PCC MALKAJGIRI HYDERABAD

Patient location

: Malkajgiri, Hyderabad

| DEPARTMENT OF BIOCHEMISTRY | | | | | |
|--|--------|------|-----------------|-----------------|--|
| Test Name | Result | Unit | Bio. Ref. Range | Method | |
| C-REACTIVE PROTEIN CRP (QUANTITATIVE) , SERUM | 18.605 | mg/L | <10.0 | IMMUNOENZYMATIC | |

Comment:

C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation. Measuring changes in the concentration of CRP provides useful diagnostic information about the level of acuity and severity of a disease. Unlike ESR, CRP levels are not influenced by hematologic conditions such as anemia, polycythemia etc.

Increased levels are consistent with an acute inflammatory process. After onset of an acute phase response, the serum CRP concentration rises rapidly (within 6-12 hours and peaks at 24-48 hours) and extensively. Concentrations above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).

| LDH: LACTATE DEHYDROGENASE, | 221 | U/L | 120-246 | Kinetic (Pyruvate to |
|-----------------------------|-----|-----|---------|----------------------|
| SERUM | | | | lactate) Method |

*** End Of Report

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