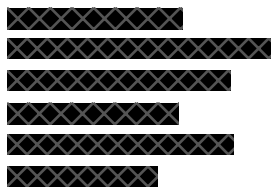


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Age:70.90 Years Sex:FEMALE

Reference:Dr.--

Collection Date:
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Complete Blood Count (EDTA Whole Blood)	Result	Biological Reference Interval
Hemoglobin (Hb), EDTA whole blood Method: Photometry	11.80	12.3 - 15.3 g/dL
Total Leucocytes (WBC) count Method : Coulter Principle / Microscopy	11,400	4000-10000/ μ L
Platelet count Method : Coulter Principle / Microscopy	457,000	150000 - 450000 / μ L
Red blood cell (RBC) count Method: Coulter Principle	4.18	4.10 - 5.10 x 10 ⁶ / μ L
PCV (Packed Cell Volume) Method: Calculated	35.70	35.9 - 44.6 %
MCV (Mean Corpuscular Volume) Method: Derived from RBC histogram	85.40	80.0 - 96.0 fL
MCH (Mean Corpuscular Hb) Method: Calculated	28.30	27.5 - 33.2 pgms
MCHC (Mean Corpuscular Hb Conc.) Method: Calculated	33.10	33.4 - 35.5 g/dL
RDW (RBC distribution width) Method: Derived from RBC Histogram	14.20	11.6 - 14.6 %
WBC Differential Count Method: VCSn / Microscopy / Calculated		
Neutrophils	72	40 - 80 %
Absolute Neutrophils	8,208	2000 - 7000 / μ L
Eosinophils	1	1 - 6 %
Absolute Eosinophils	114	20 - 500 / μ L
Basophils	0	0 - 2 %
Absolute Basophils	0	0 - 100 / μ L
Lymphocytes	23	20 - 40 %
Absolute Lymphocytes	2,622	1000 - 3000 / μ L
Monocytes	4	2 - 10 %
Absolute Monocytes	456	200 - 1000 / μ L
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Complete Blood Count Findings

R.B.C. : Normocytic, Normochromic

W.B.C. : Mild polymorphonuclear leucocytosis.

Platelets : Mild thrombocytosis.

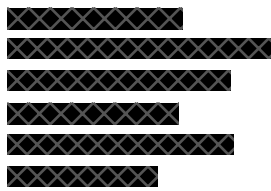
Remark : SUGGESTED CLINICAL CORRELATION, B12, FOLIC ACID SUPPLEMENT & FOLLOW UP.

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Test Description	Observed Value	Biological Reference Interval
Ferritin, serum by CMIA	118.00	Female : 4.63- 204 ng/mL

Ferritin is the major iron storage protein for the body. Ferritin is found chiefly in the cytoplasm of cells of the reticuloendothelial system and is a constituent of normal human serum. Generally the concentration of ferritin is directly proportional to the total iron stores in the body. There is a significant positive correlation between age and serum ferritin concentrations in females, but not in males. Patients with iron deficiency anemia have serum ferritin concentration approximately one-tenth of normal while patients with iron overload (hemochromatosis, hemosiderosis) have serum ferritin concentrations much higher than normal. Ferritin is a positive acute phase reactant in both adults and children, whereby chronic inflammation results in a disproportionate increase in ferritin in relation to iron reserves. Elevated ferritin is also observed in acute and chronic liver disease, chronic renal failure, and in some types of neoplastic disease.



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Test Description

Observed Value

Biological Reference Interval

Enzymes :

LDH-Lactate Dehydrogenase,serum by UV Kinetic

175.00

81 to 234 U/Lt.



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MBBS, MD (Pathology)

Dr. Vinanti Golwilkar

MBBS, MD (Pathology)

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Test Description	Observed Value	Biological Reference Interval
Coagulation :		
D-Dimer, Citrate plasma	614.60	0 to 500 ng/ml (FEU) Upto four fold higher results may be observed in normal pregnancy. Method : ELFA / CLIA

Kindly correlate clinically and follow up.

Note :

D-Dimer assay results may be affected by sample integrity, drug history and assay platform used.
Kindly interpret the result in view of above factors and clinical details. In case of any discrepancy, repeat the estimation on fresh sample for confirmation.

D-Dimer is a fibrin degradation product.

D-Dimer is increased in : 1) DIC (Disseminated Intravascular Coagulation).

2) DVT (Deep Vein Thrombosis).

3) Hypercoagulable states.

4) Recent surgery, trauma, infection.

Increased levels may also be seen in the following conditions :

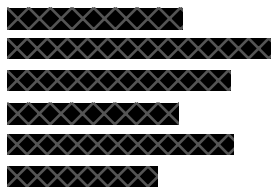
Liver disease, cardiac disease, rheumatoid arthritis, eclampsia, malignancy, hemolysis, lipemia & hyperbilirubinemia.

Please interpret with caution if patient is on anticoagulant therapy.



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Test Description	Observed Value	Biological Reference Interval
CRP(hs) - C- Reactive Protein high sensitivity	1.83	See clinical information below Method : Nephelometry / Immunoturbidimetry

Clinical Information :

1. C-reactive protein (CRP) is a biomarker of inflammation. Plasma CRP concentrations increase rapidly and dramatically (100-fold or more) in response to tissue injury or inflammation.

2. High-sensitivity CRP (hs-CRP) is more precise than standard CRP when measuring baseline (i.e. normal) concentrations and enables a measure of chronic inflammation. It is recommended for cardiovascular risk assessment. Atherosclerosis is an inflammatory disease and hs-CRP has been endorsed by multiple guidelines as a biomarker of atherosclerotic cardiovascular disease risk.

Low cardiovascular risk : < 2.0 mg/L
High cardiovascular risk : \geq 2.0 mg/L
Acute inflammation : > 10.0 mg/L

3. A single test for high-sensitivity CRP (hs-CRP) may not reflect an individual patient's basal hs-CRP level. Repeat measurement may be required to firmly establish an individual's basal hs-CRP concentration. The lowest of the measurements should be used as the predictive value.

Reference : Mayo Medical Laboratories

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Test Description	Observed Value	Biological Reference Interval
Interleukin 6 (IL-6), serum by ECLIA	<u>17.31</u>	Upto 7 pg/mL

Kindly correlate clinically and follow up.

Note :

IL-6 assay results may be affected by :


- Sample integrity
- Sample type (serum / plasma)
- Treatment given
- Assay platform used

Kindly interpret the result in view of the above factors and clinical details.

Please repeat on fresh sample if required. (Serum should be separated immediately after clotting).

- * Interleukin-6 (IL-6) is produced by different cell types, including macrophages, endothelial cells and T cells, in response to microbial invasion or other cytokines such as tumour necrosis factor (TNF).
- * IL-6 induces expression of C-reactive protein (CRP), fibrinogen and serum amyloid A also known as acute phase response.
- * Elevated IL-6 seen in :
 - Infections
 - Sepsis, septicemia
 - Rheumatoid arthritis
 - Systemic lupus erythematosus
 - Ankylosing spondylitis
 - Inflammatory Bowel Disease
- * IL-6 concentration correlate with severity of sepsis.

End of Report


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