

PID: 11531375

Reference: Dr.--

Collection Date:
24-05-2021 02:36 PM
Sample Date:
24-05-2021 02:36 pm
Report Date:
24-05-2021 08:41 PM

Age: 71.00 Years Sex: FEMALE

Complete Blood Count

(EDTA Whole Blood)

Hemoglobin (Hb), EDTA whole blood

Method: Photometry

Total Leucocytes (WBC) count

Method: Coulter Principle / Microscopy

Platelet count

Method: Coulter Principle / Microscopy

Red blood cell (RBC) count

Method: Coulter Principle

PCV (Packed Cell Volume)

Method: Calculated

MCV (Mean Corpuscular Volume)

Method: Derived from RBC histogram

MCH (Mean Corpuscular Hb)

Method: Calculated

MCHC (Mean Corpuscular Hb Conc.)

Method: Calculated

RDW (RBC distribution width)

Method: Derived from RBC Histogram

WBC Differential Count

Method: VCSn / Microscopy / Calculated

Neutrophils

Absolute Neutrophils

Eosinophils

Absolute Eosinophils

Basophils

Absolute Basophils

Lymphocytes

Absolute Lymphocytes

Monocytes

Absolute Monocytes

-

Result

11.80

7,700

249,000

4.10

35.90

87.60

28.70

32.70

16.40

58

4,466

3

231

0

0

33

2,541

6

462

+

Biological Reference Interval

12.3 - 15.3 g/dL

4000-10000/ μ L

150000 - 450000 / μ L

4.10 - 5.10 x 10⁶ / μ L

35.9 - 44.6 %

80.0 - 96.0 fL

27.5 - 33.2 pgms

33.4 - 35.5 g/dL

11.6 - 14.6 %

40 - 80 %

2000 - 7000 / μ L

1 - 6 %

20 - 500 / μ L

0 - 2 %

0 - 100 / μ L

20 - 40 %

1000 - 3000 / μ L

2 - 10 %

200 - 1000 / μ L



Awanti Golwilkar Mehendale
Dr. (Mrs.) Awanti Golwilkar Mehendale
MBBS, MD(Path) Regn.No:2000/02/1052
A.G Diagnostics Pvt. Ltd.

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Complete Blood Count Findings

R.B.C. : Mild anisocytosis.

W.B.C. : No abnormality detected

Platelets : Adequate

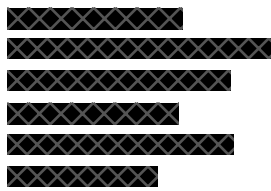
Remark : ON FOLLOW UP.
SUGGESTED B12, FOLIC ACID SUPPLEMENT & FOLLOW UP.

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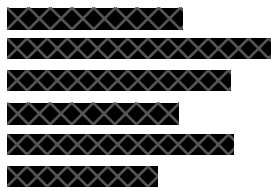
Test Description	Observed Value	Biological Reference Interval
Ferritin, serum by CMIA	93.18	Female : 4.63- 204 ng/mL

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

Haematology :

Erythrocyte Sedimentation Rate, EDTA Whole Blood

31

Female under 50 Yrs : Upto 20mm/hr.
Female 50 - 85 Yrs : Upto 30mm/hr.
Female > 85 yrs : Upto 42mm/hr.
Results corrected to 18 deg. celsius

Technique : Automated Westergren Method .

1. ESR is markedly elevated in monodonal gammopathy such as multiple myeloma, in severe polyclonal hyperglobulinemia due to inflammatory disease, and in hyperfibrinogenemia.
2. Moderate elevations are common in active inflammatory disease such as rheumatoid arthritis, chronic infections, collagen disease and neoplastic disease
3. ESR has little diagnostic value in these disorders but can be useful in monitoring disease activity.
4. Useful in the diagnosis and in monitoring polymyalgia rheumatica and temporal arteritis.
5. Moderate increase is seen in pregnancy (beginning at the 10th to 12th week) and returns to normal about 1 month postpartum .
6. Red cells with an abnormal or irregular shape, such as sickle cells or spherocytes, hinder rouleaux formation and lower the ESR.



MC-3143

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Test Description

Observed Value

Biological Reference Interval

Enzymes :

LDH-Lactate Dehydrogenase,serum by UV Kinetic

205.00

81 to 234 U/Lt.



Mehendale

Dr.(Mrs.) Awanti Golwilkar Mehendale
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A.G Diagnostics Pvt. Ltd.

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	542.90	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.

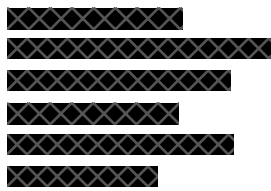
Please interpret with caution if patient is on anticoagulant therapy.

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Test Description	Observed Value	Biological Reference Interval
CRP(hs) - C- Reactive Protein high sensitivity	<u>36.40</u>	See clinical information below Method : Nephelometry / Immunoturbidimetry

Kindly correlate clinically and follow up.

Clinical Information :

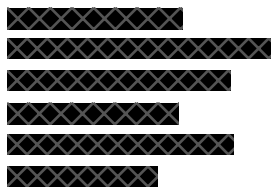
1. C-reactive protein (CRP) is a biomarker of inflammation. Plasma CRP concentrations increase rapidly and dramatically (100-fold or more) in response to tissue injury or inflammation.
2. High-sensitivity CRP (hs-CRP) is more precise than standard CRP when measuring baseline (i.e. normal) concentrations 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>7.63</u>	Upto 7 pg/mL

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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