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PID: 11531375

Age:71.00 Years Sex:FEMALE

Reference:Dr.--

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Complete Blood Count	Result	Biological Reference Interval
(EDTA Whole Blood)		
Hemoglobin (Hb), EDTA whole blood	**11.80**	12.3 - 15.3 g/dL
Method: Photometry		
Total Leucocytes (WBC) count	**7,700**	4000-10000/µL
Method : Coulter Principle / Microscopy		
Platelet count	**249,000**	150000 - 450000 /µL
Method : Coulter Principle / Microscopy		
Red blood cell (RBC) count	**4.10**	4.10 - 5.10 x 10^6 /µL
Method: Coulter Principle		
PCV (Packed Cell Volume)	**35.90**	35.9 - 44.6 %
Method: Calculated		
MCV (Mean Corpuscular Volume)	**87.60**	80.0 - 96.0 fL
Method: Derived from RBC histogram		
MCH (Mean Corpuscular Hb)	**28.70**	27.5 - 33.2 pgms
Method: Calculated		
MCHC (Mean Corpuscular Hb Conc.)	**32.70**	33.4 - 35.5 g/dL
Method: Calculated		
RDW (RBC distribution width)	**16.40**	11.6 - 14.6 %
Method: Derived from RBC Histogram		
WBC Differential Count		
Method: VCSn / Microscopy / Calculated		
Neutrophils	**58**	40 - 80 %
Absolute Neutrophils	**4,466**	2000 - 7000 /µL
Eosinophils	**3**	1 - 6 %
Absolute Eosinophils	**231**	20 - 500 /µL
Basophils	**0**	0 - 2 %
Absolute Basophils	**0**	0 - 100 /µL
Lymphocytes	**33**	20 - 40 %
Absolute Lymphocytes	**2,541**	1000 - 3000 /µL
Monocytes	**6**	2 - 10 %
Absolute Monocytes	**462**	200 - 1000 /µL
-	+	

MC-3143

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"Accreditation as per ISO 15189:2012, Cert.No. MC-3143. Refer scope@ www.nabl-india.org"

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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 monoclonal 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.

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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.

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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 Intavascular 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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REPORT

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Test Description	Observed Value	Biological Reference Interval
CRP(hs) - C- Reactive Protein high sensitivity	36.40	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 : >/= 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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REPORT

Test Description	Observed Value	Biological Reference Interval
Interleukin 6 (IL-6), serum by ECLIA	**7.63**	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, septicimia
  - 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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