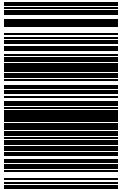


Name	Vishal gusaiwal	Age / Sex	24 Y / Male	Collected On	18/09/2024 09:40 PM
Ref. Doctor	Dr. Umendra Agrahari	Patient ID	OHPJEK9D1003638	Received On	18/09/2024 10:53 PM
Partner		Visit ID	MU7726501	Reported On	18/09/2024 11:17 PM



MU7726501

Test	Results	Units	Biological Reference
<b>HAEMATOLOGY</b>			
<b><u>Complete Blood Count (CBC)</u></b>			
Whole Blood			
Red Blood Cells (RBC) Count DC Impedance Method	5.16	mill/mm <sup>3</sup>	4.5 - 5.5
Hemoglobin (Hb) Cyanide-free SLS method	15.4	g/dL	13 - 17
Hematocrit (HCT)   Packed Cell Volume (PCV) Calculated	47.0	%	40 - 50
Mean Corpuscular Volume (MCV) Calculated	91.0	fL	83 - 101
Mean Corpuscular Hemoglobin (MCH) Calculated	29.8	pg	27 - 32
Mean Corpuscular Hemoglobin Concentration (MCHC) Calculated	32.8	g/dL	31.5 - 34.5
Red Cell Distribution Width (RDW) CV Calculated	13.3	%	11.6 - 14
Mentzer Index Calculated	17.6		Beta Thalassemia trait: < 14 Iron deficiency anaemia: >= 14
Sehgal Index Calculated	1604.8		Beta Thalassemia trait: < 972 Iron deficiency anaemia: => 972
Total White Blood Cell Count (TC) Flow Cytometry	<b>13290</b>	cells/mm <sup>3</sup>	4000 - 10000
<b>Comments</b> Leukocytosis. Kindly correlate clinically and advice follow up.			
<b><u>Differential Count</u></b>			
Neutrophils Flow Cytometry	62.0	%	40 - 80
Lymphocytes Flow Cytometry	31.7	%	20 - 40
Monocytes Flow Cytometry	5.5	%	2 - 10



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Test	Results	Units	Biological Reference
Eosinophils Flow Cytometry	<u>0.5</u>	%	1 - 6
Basophils Flow Cytometry	0.3	%	0 - 2
Absolute Neutrophil Count (ANC) Calculated	<u>8240</u>	/mm <sup>3</sup>	2000 - 7000
Absolute Lymphocyte Count (ALC) Calculated	<u>4213</u>	/mm <sup>3</sup>	1000 - 3000
Absolute Monocyte Count (AMC) Calculated	731	/mm <sup>3</sup>	200 - 1000
Absolute Eosinophil Count (AEC) Calculated	66	/mm <sup>3</sup>	20 - 500
Absolute Basophil Count (ABC) Calculated	40	/mm <sup>3</sup>	0 - 100
Neutrophil Lymphocyte Ratio (NLR) Calculated	2.0		1 - 3
Platelet Count DC Impedance Method	203	10 <sup>3</sup> /μL	150 - 450
Platelet Hematocrit Calculated	0.273	%	0.2 - 0.5
Mean Platelet Volume (MPV) Calculated	<u>13.5</u>	fL	7 - 13

1. Reference Ranges are in accordance with Dacie & Lewis Practical Hematology International Edition (12th).
2. As per International Council for Standardization in Hematology's recommendations Differential Leucocyte counts are additionally reported in Absolute numbers in each cell per unit volume of blood.

Approved By

**Dr. Ankita Nayak**  
MBBS, MD (Pathology)  
Pathologist



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Test	Results	Units	Biological Reference
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## IMMUNOLOGY

Vitamin D, 25-Hydroxy Serum,Chemiluminescent Immunoassay	<b>20.7</b>	ng/mL	Deficient: < 20 Insufficient: 20-30 Sufficient: 30-100 Toxicity: > 100
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### Clinical Significance:

For the diagnosis of vitamin D deficiency, it is recommended that there be a clinical correlation with serum 25(OH)vitamin D, calcium, parathyroid hormone, and alkaline phosphatase. While monitoring oral vitamin D therapy, serum 25(OH)vitamin D should be tested after 3 months of treatment. However, the required dosage of vitamin D supplements and time to achieve target vitamin D levels show seasonal and individual variability depending on age, body fat, sun exposure, physical activity, genetic factors (especially variable vitamin D receptor responses), associated liver or renal disease, malabsorption syndromes, and calcium or magnesium deficiency influencing the metabolism of vitamin D.

Immunoglobulin E (IgE) Serum,Latex-Enhanced Immunoturbidimetry	<b>108.468</b>	IU/mL	0 - 100
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### Clinical Significance:

Immunoglobulin E levels rise during childhood and stabilise during the teenage years. IgE is the mediator of the allergic response. Patients with atopic disease, including allergic asthma, allergic rhinitis, and atopic dermatitis, commonly have moderately elevated IgE levels. Total IgE levels may also be elevated in the presence of some clinical conditions unrelated to allergy. These clinical conditions include parasitic infections, immunodeficiency states, autoimmune diseases, Hodgkins' disease, bronchopulmonary aspergillosis, IgE myeloma, and Sezary syndrome.

Approved By

**Dr. Ankita Nayak**  
MBBS, MD (Pathology)  
Pathologist



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Test	Results	Units	Biological Reference
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Reviewed By

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Pathologist

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MBBS, Diploma in Pathology & Bacteriology  
Pathologist

## CONDITIONS OF LABORATORY TESTING & REPORTING

- Tests marked with NABL symbol are accredited by NABL vide certificate no
- It is presumed that the test sample belongs to the patient named or identified in the test requisition form. Test results released pertain to the specimen submitted.
- Laboratory investigations are only a tool to facilitate arriving at a diagnosis and should be clinically correlated by the Referring Physician.
- All tests are performed and reported as per the turnaround time stated in the Orange Health Labs Directory of Services (DOS).
- Orange Health Labs confirms that all tests have been performed or assayed with the highest quality standards, clinical safety & technical integrity.
- All test results are dependent on the quality of the sample received by the Laboratory and the assay technology.
- Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.
- A requested test might not be performed if:
  - The specimen received is insufficient or inappropriate, or the specimen quality is unsatisfactory
  - Incorrect specimen type
  - Request for testing is withdrawn by the ordering doctor or patient
  - There is a discrepancy between the label on the specimen container and the name on the test requisition form
- Test results may show interlaboratory variations.
- Test results are not valid for medico-legal purposes.
- This is a computer-generated medical diagnostic report that has been validated by an Authorized Medical Practitioner/Doctor. The report does not need a physical signature.

