



Mr. YASH JHAVERI  
GOVALAI TANK  
Tel No : 8898078870  
PID NO: P81170008528  
Age: 17 Year(s) Sex: Male

Reference: Dr.SAMRAT D SHAH  
Sample Collected At:  
SHREE PALANPURI STANKAVASI JAIN  
ASSOCIATION  
C/O , SAMIR DIAMONDS 910 PRASAD  
CHAMBERS 9TH FLOOR OPERA  
HOUSE MUMBAI 400004  
400004

VID: 81180105507  
Registered On:  
13/06/2018 09:54 AM  
Collected On:  
13/06/2018 9:54AM  
Reported On:  
13/06/2018 01:18 PM

### CBC Haemogram

Investigation	Observed Value	Unit	Biological Reference Interval
<b><u>Erythrocytes</u></b>			
Haemoglobin (Hb)	13.6	gm/dL	12.5-16.5
Erythrocyte (RBC) Count	5.15	mill/cu.mm	4.2-5.6
PCV (Packed Cell Volume)	40.9	%	36-47
MCV (Mean Corpuscular Volume)	79.4	fL	78-95
MCH (Mean Corpuscular Hb)	26.4	pg	26-32
MCHC (Mean Corpuscular Hb Conc.)	33.3	g/dL	32-36
RDW (Red Cell Distribution Width)	12.8	%	11.5-14.0
<b><u>Leucocytes</u></b>			
Total Leucocytes (WBC) count	5,700	cells/cu.mm	4000-10500
Absolute Neutrophils Count	2622	/c.mm	2000-7000
Absolute Lymphocyte Count	2280	/c.mm	1000-3000
Absolute Monocyte Count	285	/c.mm	200-1000
Absolute Eosinophil Count	456	/c.mm	20-500
Absolute Basophil Count	57	/c.mm	20-100
Neutrophils	46	%	44-76
Lymphocytes	40	%	15-43
Monocytes	5	%	4.0-9.0
Eosinophils	<u>8</u>	%	0-6
Basophils	1	%	0-2
<b><u>Platelets</u></b>			
Platelet count	245	$10^3 / \mu\text{l}$	150-450
MPV (Mean Platelet Volume)	<u>9.9</u>	fL	6-9.5
PCT ( Platelet Haematocrit)	0.24	%	0.2-0.5
PDW (Platelet Distribution Width)	11.5	%	9-17

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically. Differential count is based on approximately 10,000 cells.



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b>ESR - Erythrocyte Sedimentation Rate</b> (EDTA Whole Blood)	1	mm/hr	0-15

**Method:** Automated Westergren

**Interpretation:**

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.



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**Investigation**

**Vitamin B12 level**  
(Serum,CMIA)

**Observed Value**

**146**

**Unit**

pg/mL

**Biological Reference Interval**

187-883

**Interpretation :**

1. Vit B12 levels are decreased in megaloblastic anemia, partial/total gastrectomy, pernicious anemia, peripheral neuropathies, chronic alcoholism, senile dementia, and treated epilepsy.
2. An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis.
3. HoloTranscobalamin II levels are a more accurate marker of active VitB12 component.