

Patient NAME :		Report STATUS :	
DOB/Age/Gender :		Barcode NO :	
Patient ID / UHID :		Sample Type :	
Referred BY :		Report Date :	
Sample Collected :			



Test Description	Value(s)	Unit(s)	Reference Range
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Nutritional Anaemia Package


Complete Blood Count (CBC)

RBC Parameters			
Hemoglobin <i>colorimetric</i>	13.9	g/dL	12.0-15.0
RBC Count <i>Electrical impedance</i>	4.6	10 ⁶ /μl	3.8 - 4.8
PCV <i>Calculated</i>	41.8	%	36 - 46
MCV <i>Calculated</i>	91.1	fl	83 - 101
MCH <i>Calculated</i>	30.2	pg	27 - 32
MCHC <i>Calculated</i>	33.1	g/dL	31.5 - 34.5
RDW (CV) * <i>Calculated</i>	13.6	%	11.6 - 14.0
RDW-SD * <i>Calculated</i>	44.2 H*	fl	35.1 - 43.9
WBC Parameters			
TLC <i>Electrical impedance and microscopy</i>	11.8 H*	10 ³ /μl	4 - 10
Differential Leucocyte Count			
Neutrophils	87 H*	%	40-80
Lymphocytes	10 L*	%	20-40
Monocytes	2	%	2-10
Eosinophils	1	%	1-6
Basophils	0	%	<2
Absolute Leukocyte Counts			
Neutrophils.	10.27 H*	10 ³ /μl	2 - 7
Lymphocytes.	1.18	10 ³ /μl	1 - 3
Monocytes.	0.24	10 ³ /μl	0.2 - 1.0
Eosinophils.	0.12	10 ³ /μl	0.02 - 0.5
Basophils.	0	10 ³ /μl	0.02 - 0.5
Platelet Parameters			
Platelet Count <i>Electrical impedance and microscopy</i>	224	10 ³ /μl	150 - 410
Mean Platelet Volume (MPV) * <i>Calculated</i>	13.2 H*	fL	9.3 - 12.1
PCT * <i>Calculated</i>	0.3	%	0.17 - 0.32

Note :- (H* - High , L* - Low ,CL* - Critical Low,CH* - Critical High)
outside the scope of tests recognized under the NABL M(EL)T Scheme.



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PDW * <i>Calculated</i>	18.4	fL	8.3 - 25.0
P-LCR * <i>Calculated</i>	48.7	%	18 - 50
P-LCC * <i>Calculated</i>	109	10 ⁹ /L	44 - 140
Mentzer Index * <i>Calculated</i>	19.8	%	> 13

Interpretation:

CBC provides information about red cells, white cells and platelets. Results are useful in the diagnosis of anemia, infections, leukemias, clotting disorders and many other medical conditions.

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Iron Studies

Iron <i>Ferene</i>	64.1	µg/dL	50 - 170
TIBC,(Total Iron Binding Capacity) <i>Method :Spectrophotometric Assay</i>	387.1	µg/dL	250 - 450
UIBC <i>Ferene</i>	323 H*	µg/dL	70 - 310
Transferrin Saturation <i>Method :Derived from IRON and TIBC values</i>	16.56	%	14-50

Interpretation:

Increased levels due to iron ingestion or ineffective erythropoiesis. Decreased levels due to infection, inflammation, malignancy, menstruation and Fe deficiency. Needs to be taken into consideration with TIBC. Transferrin Saturation:- Low level Transferrin Saturation can indicate iron deficiency, erythropoiesis, infection, or inflammation. High level Transferrin Saturation can indicate recent ingestion of dietary iron, ineffective erythropoiesis, haemochromatosis or liver disease. High TIBC, UIBC, or transferrin usually indicates iron deficiency, but they are also increased in pregnancy and with the use of oral contraceptives. Low TIBC, UIBC, or transferrin may occur if someone has: Hemochromatosis, Certain types of anemia due to accumulated iron, Malnutrition, kidney disease that causes a loss of protein in urine.

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Ferritin

Ferritin CMIA	37.9	ng/mL	4.63 - 204.0
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Interpretation:

1. Increased ferritin is seen in iron overload as in multiple blood transfusions, hemochromatosis and anemia of chronic disorders.
2. Decreased ferritin levels are seen in iron deficiency anemia, early stage before iron deficiency manifests as anemia.
3. Increased ferritin is also seen in liver disease, alcoholism, inflammatory conditions, leukemia, Hodgkin's disease and some malignancies.
4. Levels of ferritin are used for monitoring of iron levels during pregnancy, dialysis and during iron therapy

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Vitamin B12 / Cyanocobalamin

Vitamin - B12 CMIA	478	pg/mL	187 - 883
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Interpretation:

Low Values are a sign of a vitamin B12 deficiency. People with this deficiency are likely to have or develop symptoms.

Causes of vitamin B12 deficiency include: Not enough vitamin B12 in diet (rare except with a strict vegetarian diet), Diseases that cause malabsorption (for example, celiac disease and Crohn's disease), Lack of intrinsic factor, Above normal heat production (for example, with hyperthyroidism), Pregnancy. Increased vitamin B12 levels are uncommon. Usually excess vitamin B12 is removed in the urine. Conditions that can increase B12 levels include: Liver disease (such as cirrhosis or hepatitis), Myeloproliferative disorders (for example, polycythemia vera and chronic myelocytic leukemia).

Vitamin B12: Low Levels can cause malabsorption, Lack of intrinsic factor, Above normal heat production (for example, with hyperthyroidism), Pregnancy. High Level Liver disease, Myeloproliferative disorders (for example, polycythemia vera and chronic myelocytic leukemia).

1. Out of 140 healthy indian population, 91% of Vitamin B 12 concentrations was at lower level: 59.00 pg/ml and upper level: 700.00 pg/ml

"Patients on Biotin supplement may have interference in some immunoassays. Ref: Arch Pathol Lab Med—Vol 141, November 2017. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended."

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Folic Acid / Folate (Vitamin B9)

Folate (Folic Acid) * CMA	7.6	ng/mL	3.1 - 20.5
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Interpretation:

Note

1. Drugs like Methotrexate & Leucovorin interfere with folate measurement
2. To differentiate vitamin B12 & folate deficiency, measurement of Methyl malonic acid in urine & serum Homocysteine level is suggested
3. Risk of toxicity from folic acid is low as it is a water soluble vitamin regularly excreted in urine

Comments

Folate plays an important role in the synthesis of purine & pyrimidines in the body and is important for the maturation of erythrocytes. It is widely available from plants and to a lesser extent organ meats, but more than half the folate content of food is lost during cooking. Folate deficiency is commonly prevalent in alcoholic liver disease, pregnancy and the elderly. It may result from poor intestinal absorption, nutrition deficiency, excessive demand as in pregnancy or in malignancy and in response to certain drugs like Methotrexate & anticonvulsants.

Decreased Levels

Megaloblastic anemia, Infantile hyperthyroidism, Alcoholism, Malnutrition, Scurvy, Liver disease, B12 deficiency, dietary amino acid excess, adult Celiac disease, Tropical Sprue, Crohn's disease, Hemolytic anemias, Carcinomas, Myelofibrosis, vitamin B6 deficiency, pregnancy, Whipple's disease, extensive intestinal resection and severe exfoliative dermatitis.

*** End Of Report ***

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