










**LABORATORY TEST REPORT**

Name	: Mrs. M SATHYAVATHI		
Sample ID	: A1309342		
Age/Gender	: 55 Years/Female	Reg. No	: 0312501170057
Referred by	: Dr. RAVI SHANKAR	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 17-Jan-2025 09:18 PM
Primary Sample	: Whole Blood	Received On	: 17-Jan-2025 10:39 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 17-Jan-2025 11:24 PM
Client Address	: Kimtee colony , Gokul Nagar, Tarnaka	Report Status	: Final Report












**HAEMATOLOGY**

Test Name	Results	Units	Biological Reference Interval
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**Complete Blood Picture(CBP)**

 <b>Haemoglobin (Hb)</b> (Method: Cymeth Method)	<b>10.0</b>	g/dL	12-15
 <b>Haematocrit (HCT)</b> (Method: Calculated)	<b>30.0</b>	%	40-50
 <b>RBC Count</b> (Method: Cell Impedance)	<b>3.50</b>	10 <sup>12</sup> /L	3.8-4.8
 <b>MCV</b> (Method: Calculated)	<b>92</b>	fl	81-101
 <b>MCH</b> (Method: Calculated)	<b>27.4</b>	pg	27-32
 <b>MCHC</b> (Method: Calculated)	<b>29.9</b>	g/dL	32.5-34.5
 <b>RDW-CV</b> (Method: Calculated)	<b>16.3</b>	%	11.6-14.0
 <b>Platelet Count (PLT)</b> (Method: Cell Impedance)	<b>206</b>	10 <sup>9</sup> /L	150-410
 <b>Total WBC Count</b> (Method: Impedance)	<b>4.4</b>	10 <sup>9</sup> /L	4.0-10.0

**Differential Leucocyte Count (DC)**

 <b>Neutrophils</b> (Method: Cell Impedance)	<b>70</b>	%	40-70
 <b>Lymphocytes</b> (Method: Cell Impedance)	<b>22</b>	%	20-40
 <b>Monocytes</b> (Method: Microscopy)	<b>06</b>	%	2-10
 <b>Eosinophils</b> (Method: Microscopy)	<b>02</b>	%	1-6
 <b>Basophils</b> (Method: Microscopy)	<b>00</b>	%	1-2
 <b>Absolute Neutrophils Count</b> (Method: Impedance)	<b>3.08</b>	10 <sup>9</sup> /L	2.0-7.0
 <b>Absolute Lymphocyte Count</b> (Method: Impedance)	<b>0.97</b>	10 <sup>9</sup> /L	1.0-3.0
 <b>Absolute Monocyte Count</b> (Method: Calculated)	<b>0.26</b>	10 <sup>9</sup> /L	0.2-1.0
 <b>Absolute Eosinophils Count</b> (Method: Calculated)	<b>0.09</b>	10 <sup>9</sup> /L	0.02-0.5
 <b>Absolute Basophil ICount</b> (Method: Calculated)	<b>0.00</b>	10 <sup>9</sup> /L	0.0-0.3

**Morphology**

(Method: PAPs Staining)

Anisocytosis with Microcytic hypochromic anemia



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Referred by	: Dr. RAVI SHANKAR	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 17-Jan-2025 09:18 PM
Primary Sample	: Whole Blood	Received On	: 17-Jan-2025 10:52 PM
Sample Tested In	: Serum	Reported On	: 18-Jan-2025 12:05 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Biological Reference Interval
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**Iron Profile-I**

 <b>Iron(Fe)</b> (Method: Ferrozine)	110	µg/dL	50-170
 <b>Total Iron Binding Capacity (TIBC)</b> (Method: Ferrozine)	405	µg/dL	250-450
 <b>Transferrin</b> (Method: Calculated)	283.22	mg/dL	250-380
 <b>Iron Saturation((% Transferrin Saturation))</b> (Method: Calculated)	27.16	%	15-50
 <b>Unsaturated Iron Binding Capacity (UIBC)</b> (Method: FerroZine)	295	ug/dL	110-370

**Interpretation:**

- Serum transferrin (and TIBC) high, serum iron low, saturation low. Usual causes of depleted iron stores include blood loss, inadequate dietary iron. RBCs in moderately severe iron deficiency are hypochromic and microcytic. Stainable marrow iron is absent. Serum ferritin decrease is the earliest indicator of iron deficiency if inflammation is absent.
- **Anemia of chronic disease:** Serum transferrin (and TIBC) low to normal, serum iron low, saturation low or normal. Transferrin decreases with many inflammatory diseases. With chronic disease there is a block in movement to and utilization of iron by marrow. This leads to low serum iron and decreased erythropoiesis. Examples include acute and chronic infections, malignancy and renal failure.
- **Sideroblastic Anemia:** Serum transferrin (and TIBC) normal to low, serum iron normal to high, saturation high.
- **Hemolytic Anemia:** Serum transferrin (and TIBC) normal to low, serum iron high, saturation high.
- **Hemochromatosis:** Serum transferrin (and TIBC) slightly low, serum iron high, saturation very high.
- **Protein depletion:** Serum transferrin (and TIBC) may be low, serum iron normal or low (if patient also is iron deficient). This may occur as a result of malnutrition, liver disease, renal disease.
- **Liver disease:** Serum transferrin variable; with acute viral hepatitis, high along with serum iron and ferritin. With chronic liver disease (eg, cirrhosis), transferrin may be low. Patients who have cirrhosis and portacaval shunting have saturated TIBC/transferrin as well as high ferritin.

\*\*\* End Of Report \*\*\*



*Dr. Vaishnavi*  
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**MD BIOCHEMISTRY**

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