

**REPORT**

Name	: Mrs. SHARANYA	Sample ID	: A0933778
Age/Gender	: 35 Years/Female	Reg. No	: 0312408290009
Referred by	: Dr. M VARUN REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 29-Aug-2024 09:49 AM
Primary Sample	: Whole Blood	Received On	: 29-Aug-2024 12:53 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 29-Aug-2024 03:10 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**HAEMATOLOGY**

Test Name	Results	Units	Ref. Range	Method
<b>Complete Blood Picture(CBP)</b>				
Haemoglobin (Hb)	9.5	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	34.5	%	40-50	Calculated
RBC Count	4.73	10 <sup>12</sup> /L	3.8-4.8	Cell Impedence
MCV	73	fl	81-101	Calculated
MCH	20.1	pg	27-32	Calculated
MCHC	27.6	g/dL	32.5-34.5	Calculated
RDW-CV	17.1	%	11.6-14.0	Calculated
Platelet Count (PLT)	156	10 <sup>9</sup> /L	150-410	Cell Impedence
Total WBC Count	6.0	10 <sup>9</sup> /L	4.0-10.0	Impedence
<b>Differential Leucocyte Count (DC)</b>				
Neutrophils	50	%	40-70	Cell Impedence
Lymphocytes	40	%	20-40	Cell Impedence
Monocytes	06	%	2-10	Microscopy
Eosinophils	04	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	3	10 <sup>9</sup> /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	2.4	10 <sup>9</sup> /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.36	10 <sup>9</sup> /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.24	10 <sup>9</sup> /L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10 <sup>9</sup> /L	0.0-0.3	Calculated
Morphology	Anisocytosis with Microcytic hypochromic anemia			PAPs Staining



Swarnabala - M  
DR.SWARNA BALA  
MD PATHOLOGY

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 29-Aug-2024 09: 49 AM
Primary Sample	: Whole Blood	Received On	: 29-Aug-2024 12: 53 PM
Sample Tested In	: Serum	Reported On	: 29-Aug-2024 03: 14 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Iron Profile-II</b>				
Ferritin	10.4	ng/mL	10-291	CLIA
Iron(Fe)	26	µg/dL	50-170	Ferrozine
Total Iron Binding Capacity (TIBC)	496	µg/dL	250-450	Ferrozine
Transferrin	346.85	mg/dL	250-380	Calculated
Iron Saturation((% Transferrin Saturation)	5.24	%	15-50	Calculated
Unsaturated Iron Binding Capacity (UIBC)	470	ug/dL	110-370	FerroZine

**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.

Correlate Clinically.

Result rechecked and verified for abnormal cases

Laboratory is NABL Accredited

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



*Dr. Vaishnavi*  
DR. VAISHNAVI  
MD BIOCHEMISTRY