

Name : MRS PREMA NARAYANAN  
 Registration No : MH001979196  
 Patient Episode : I00000620981  
 Referred By : DR. POONAM PATIL  
 Receiving Date : 09 Sep 2023 07:17

Age : 78 Yr(s) Sex :Female  
 Lab No : 13230906802  
 Collection Date : 09 Sep 2023 03:28  
 Reporting Date : 09 Sep 2023 08:03

## Clinical Laboratory Report

## HAEMATOLOGY

## COMPLETE BLOOD COUNT (Automated)

## Specimen-EDTA Blood

WBC Count (TC)	3090 #	/cu.mm	[4400-11000]
RBC Count	4.23	million/cu.mm	[3.80-4.80]
Haemoglobin	12.0	g/dl	[12.0-15.0]
Haematocrit [PCV]	35.1 #	%	[36.0-46.0]
MCV	83.0	fl	[83.0-101.0]
MCH	28.4	pg	[27.0-32.0]
MCHC	34.2	g/dl	[31.5-34.5]
Platelet Count	313000	/ cu.mm	[150000-400000]
RDW (CV)	14.0	%	[11.6-14.0]
IPF	1.70	%	[0.70-9.10]
DIFFERENTIAL COUNT			
Neutrophils	57.9	%	[40.0-75.0]
Lymphocytes	35.0	%	[20.0-45.0]
Monocytes	7.1	%	[2.0-10.0]
Eosinophils	0.0	%	[0.0-7.0]
Basophils	0.0	%	[0.0-1.0]
Neutrophil Absolute	1789.1 #	/cu mm	[2000.0-7000.0]
Lymphocyte Absolute	1081.5	/cu mm	[1000.0-3000.0]
Monocyte Absolute	219.4	/cu mm	[200.0-1000.0]
Eosinophil Absolute	0.0 #	/cu mm	[20.0-500.0]
Basophil Absolute	0.0 #	/cu mm	[20.0-100.0]

## Note:

- \* IPF (Immature Platelet Fraction) is an index of thrombopoiesis.
- \* A normal or low IPF in the presence of thrombocytopenia is indicative of decreased thrombopoiesis.
- \* An increased IPF in the presence of thrombocytopenia is indicative of platelet destruction / consumption.
- \* An increased IPF has also been noted as part of Asymptomatic Constitutional Macrothrombocytopenia in the West Bengal population.

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-----END OF REPORT-----

This report is based on the specimen/s received. The report may need to be correlated clinic investigations are dependent on multiple variables. These results should not be reproduced in part.

*Swati Pai*  
 Dr. Swati Pai MD, DNB  
 Consultant Hematopathologist

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