

Name : MRS PREMA NARAYANAN
Registration No : MH001979196
Patient Episode : I00000624858
Referred By : DR. POONAM PATIL
Receiving Date : 06 Oct 2023 06:26

Age : 78 Yr(s) Sex :Female
Lab No : 13231003706
Collection Date : 06 Oct 2023 04:25
Reporting Date : 06 Oct 2023 07:32

Clinical Laboratory Report

HAEMATOLOGY

COMPLETE BLOOD COUNT (Automated)

Specimen-EDTA Blood

WBC Count (TC)	1450 #	/cu.mm	[4400-11000]
RBC Count	3.34 #	million/cu.mm	[3.80-4.80]
Haemoglobin	9.7 #	g/dl	[12.0-15.0]
Haematocrit [PCV]	27.8 #	%	[36.0-46.0]
MCV	83.2	fl	[83.0-101.0]
MCH	29.0	pg	[27.0-32.0]
MCHC	34.9 #	g/dl	[31.5-34.5]
Platelet Count	124000 #	/ cu.mm	[150000-400000]
RDW (CV)	13.8	%	[11.6-14.0]
IPF	1.00	%	[0.70-9.10]
DIFFERENTIAL COUNT			
Neutrophils	86.3 #	%	[40.0-75.0]
Lymphocytes	10.3 #	%	[20.0-45.0]
Monocytes	3.4	%	[2.0-10.0]
Eosinophils	0.0	%	[0.0-7.0]
Basophils	0.0	%	[0.0-1.0]
Neutrophil Absolute	1251.4 #	/cu mm	[2000.0-7000.0]
Lymphocyte Absolute	149.4 #	/cu mm	[1000.0-3000.0]
Monocyte Absolute	49.3 #	/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 _____ ons are dependent on multiple variables. These results should not be reproduced in part.

Dr. Durgadevi S. (MD, DNB, DM)

Associate Consultant, Hematopathology

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