Atulaya HEALTHCARE
Imaging & Laboratories

Plot 6, Sector 82 JLPL Industrial Area, Mohali
T : 0172 4558888 / 99
E : healthcare@atulaya.com
W : www.atulaya.com
CIN : U85100CH2011PTC033238

M70240813225013

Patient NAME	: Miss.GIZELLE	Sample Collection Time	: 13/Aug/2024 04:04PM
Age/Gender	: 10 Y 5 M 22 D/F	Sample Received in Lab Time	: 13/Aug/2024 04:37PM
UAID/Oth.Lab Ref.	: M7066161/	Reported Time	: 13/Aug/2024 07:06PM
SIN No.	: AEV49581	Ref. Doctor	: Dr. SANJAY RAUT

DEPARTMENT OF HAEMATOLOGY

Peripheral Smear (PBF) , *WHOLE BLOOD EDTA*

PBF	
ANISOCYTOSIS	+
POIKILOCYTOSIS	+
RBC'S	MICROCYTES
WBC'S	ABSOLUTE EOSINOPHIL COUNT INCREASED
PLATELETS	ADEQUATE
HYPOCHROMASIA	+
POLYCHROMASIA	NIL
NORMOBLASTS	NIL
MILD MICROCYTIC HYPOCHROMIC ANAEMIA WITH HEAMOLYSIS	

Dr. Vikas Vohra
(Consultant Pathologist)

Report Authentication QR Code

Only for Clinical Lab Report

Sample Collected At

ATULAYA HEALTHCARE, SEC 70, MOHAL
SCO 542, Sector 70
Mohali

Sample Processed At

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Plot No 6,Sector 82 JLPL
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SIN No.	: AEV49583	Ref. Doctor	: Dr. SANJAY RAUT

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
***Reticulocyte Count ,** *WHOLE BLOOD EDTA*				
RETICULOCYTE COUNT	2.2	%	0.2 - 2.0	Microscopy

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(Consultant Pathologist)

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SIN No.	: AEV49581	Ref. Doctor	: Dr. SANJAY RAUT

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
Complete Blood Count (CBC) , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	**9.2**	g/dl	11.5 - 15.5	Cyan-methemoglobin
RBC COUNT	**5.25**	million/µl	4.0 - 5.2	Optical(2-Dimensional technology)
PCV	**31.9**	%	35 - 45	Mathematical Calculation
MCV	**60.7**	fL	83 - 101	Measured, RBC Histogram
MCH	**17.5**	pg	25 - 33	Mathematical Calculation
MCHC	**28.9**	g/dl	31.0 - 37.0	Mathematical Calculation
R.D.W	**18.5**	%	11.5 - 14.5	Measured, RBC Histogram
TOTAL LEUCOCYTE COUNT	5970	cells/µL	5000 -13000	Peroxidase/Basophil/Lobularity
DIFFERENTIAL LEUCOCYTE COUNT (DLC)				
NEUTROPHILS	48.2	%	40 -80	Peroxidase (Flowcytometry)
ABSOLUTE NEUTROPHIL COUNT	2,878	/µl	2000 - 8000	Peroxidase (Flowcytometry)
LYMPHOCYTES	37.6	%	28 - 48	Peroxidase (Flowcytometry)
ABSOLUTE LYMPHOCYTE COUNT	2,245	/µl	1000 - 5000	Peroxidase (Flowcytometry)
MONOCYTES	**6.2**	%	03 - 06	Peroxidase (Flowcytometry)
ABSOLUTE MONOCYTE COUNT	370.1	/µl	200 - 1000	Peroxidase (Flowcytometry)
EOSINOPHILS	**7.4**	%	0 - 3	Peroxidase (Flowcytometry)
ABSOLUTE EOSINOPHIL COUNT	441.8	/µl	20-500	Peroxidase (Flowcytometry)
BASOPHILS	0.6	%	00 - 01	Basophil/Lobularity(Flowcytometry)
ABSOLUTE BASOPHIL COUNT	35.8	/µl	20 - 100	Basophil/Lobularity(Flowcytometry)
PLATELET COUNT	**489000**	cells/µl	170000 - 450000	Optical(2-Dimensional technology)
PCT	0.33	%	0.19 - 0.39	Mathematical calculation
MPV	**6.7**	fL	6.8 - 10.9	Measured Platelet Histogram
NUCLEATED RED BLOOD CELLS %	0.00	%	<0.01	Peroxidase/Basophil/Lobularity
NUCLEATED RED BLOOD CELLS	0.0			

Comment:

A complete blood count is a blood panel that gives information about the cells in a patient's blood, such as the cell count for each cell type. It is done on automated cell counter. The sample collected in EDTA is well preserved for 1 day. After 24 – 48 hrs, RBC morphology show increased in MCV & HCT. All abnormal haemograms are reviewed and confirmed microscopically.
Critical value of Hemoglobin established as per laboratory policy: Adult : < 7.0 or > 20, NewBorn : < 10 or > 22, Critical value of TLC established as per laboratory policy: Adult : < 2000 or > 30000 NewBorn : < 2000 or > 43000, Critical value of PCV established as per laboratory policy: Adult : < 20 or > 60 NewBorn : < 33 or > 71, Critical value of Platelets established as per laboratory policy: Adult : <40000 or > 1000000. Such critical value if obtained needs urgent medical attention.

Dr. Vikas Vohra
(Consultant Pathologist)

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UAID/Oth.Lab Ref.	: M7066161/	Reported Time	: 13/Aug/2024 05:12PM
SIN No.	: AEV49581	Ref. Doctor	: Dr. SANJAY RAUT

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
Erythrocyte Sedimentation Rate (ESR) , *WHOLE BLOOD EDTA*				
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm/hr	≤12	Modified Westergrens

Dr. Vikas Vohra
(Consultant Pathologist)

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UAID/Oth.Lab Ref.	: M7066161/	Reported Time	: 14/Aug/2024 10:47AM
SIN No.	: AEV49583	Ref. Doctor	: Dr. SANJAY RAUT

DEPARTMENT OF HAEMATOLOGY

PDF Attached

HB Electrophoresis (HPLC) , *WHOLE BLOOD EDTA*

Test Name	Result	Unit	Bio. Ref. Range	Method
FETAL HEMOGLOBIN (Hb F)	<0.03	%	0.10 - 1.50	HPLC
Peak 2	5.8	%		HPLC
Peak 3	3.4	%		HPLC
HEMOGLOBIN A (Hb Adult)	78.9	%		HPLC
HEMOGLOBIN A2 (HbA2)	2.3	%	1.50 - 3.50	HPLC
Hb D+	0.00	%		HPLC
Hb S+	0.00	%		HPLC
Hb C+	0.00	%		HPLC
Hb E+	0.00	%		HPLC
UNKNOWN (Unidentified)	0.0	%		HPLC
Others (Non Specific)	0.00	%		
HAEMOGLOBIN	8.8	g/dl	11.5 - 15.5	Cyan-methemoglobin
RBC COUNT	5.21	million/µl	4.0 - 5.2	Optical(2-Dimensional technology)
MCV	60.4	fL	83 - 101	Measured, RBC Histogram
MCH	16.9	pg	25 - 33	Mathematical Calculation
R.D.W	18.4	%	11.5 - 14.5	Measured, RBC Histogram

TEST DONE ON TOSOH HLC-723G11

Suggestive Interpretation : ***Normal Hb Chromatographic Pattern.***

NB : *Hb A2 may be suppressed in concomitant Iron Deficiency.*
Advised: 1. Complete Blood Count
2. Serum Iron & TIBC

Repeat Hb HPLC after correction of anaemia in view of RBC indices and RDW.

Dr. Romilla Mittal
(MD, DNB Pathology)

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UAID/Oth.Lab Ref.	: M7066161/	Reported Time	: 13/Aug/2024 05:17PM
SIN No.	: AFD62175	Ref. Doctor	: Dr. SANJAY RAUT

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
***Immunoglobulin IGA ,** *SERUM*				
IMMUNOGLOBULIN - IgA	247	mg/dL	40 - 350	Polyethylene glycol-enhanced immunoturbidimetric

Comment:
IgA makes up the majority of immunoglobulin in mucosal secretions, including nasal and pulmonary secretions, saliva and intestinal fluids, tears, and secretions of the genitourinary tract. IgA is the second most frequent type of monoclonal immunoglobulin identified in multiple myeloma.
Elevation of immunoglobulin A may occur in monoclonal gammopathies such as multiple myeloma, primary systemic amyloidosis, monoclonal gammopathy of undetermined significance, and related disorders.
Decreased levels are found in patients with primary or secondary immune deficiencies.

***Homocysteine Serum/PLASMA ,** *SERUM*				
HOMOCYSTEINE	8.6	µmol/L	<30	CLIA

Comment:

Clinical Significance
Homocysteine is linked to increased risk of premature coronary artery disease, stroke ant Thromboembolism and additionally alzheimer's disease, Osteoporosis, Venous Thrombosis, schizophrenia, Cognitive Deficiency and pregnancy complications.
High Values
Elevated Homocysteine may be due to increasingh age, genetic traits, drugs, Renal dysfuncion, and dietary deficiency of vitamins or smoking. To lower your Homocysteine, eat more green vegetables, stop smoking, Alcohol. Folic Acid helps lowering elevated levels.
Caution while interpretation
To get most accurate results, it is mandatory to separate serum immediately. In separated serum, Homocysteine remains stable for at least 48 hours at room tempreature.

Please correlate with clinical conditions

Babita
Dr. Babita Goyal
(MD Biochemistry)

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UAID/Oth.Lab Ref.	: M7066161/	Reported Time	: 13/Aug/2024 05:17PM
SIN No.	: AFD62175	Ref. Doctor	: Dr. SANJAY RAUT

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
Vitamin D 25 Hydroxy (D3) , *SERUM*				
VITAMIN D (25 - OH VITAMIN D)	**28.16**	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<20
INSUFFICIENCY	20 – <30
SUFFICIENCY	30 – 100
TOXICITY	>100

The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D.Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs)
The reference ranges discussed in the preceding are related to total 25-OHD; as long as the combined total is 30 ng/mL or more, the patient has sufficient vitamin D. Levels needed to prevent rickets and osteomalacia (15 ng/mL) are lower than those that dramatically suppress parathyroid hormone levels (20–30 ng/mL). In turn, those levels are lower than levels needed to optimize intestinal calcium absorption (34 ng/mL). Neuromuscular peak performance is associated with levels approximately 38 ng/mL.

Critical value of VIT D established as per laboratory policy:
: > 100
Such critical value if obtained needs urgent medical attention.

Babita
Dr. Babita Goyal
(MD Biochemistry)

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UAID/Oth.Lab Ref.	: M7066161/	Reported Time	: 14/Aug/2024 09:58AM
SIN No.	: AFD62175	Ref. Doctor	: Dr. SANJAY RAUT

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
***Tissue Transglutaminase Antibody IGA(TTGA) ,** *SERUM*				
TISSUE TRANSGLUTAMINASE ANTIBODY -IgA	**>400**	AU/ML	<20.0	CLIA

Comment:

1. Test to be performed before eliminating gluten from the diet.
2. Presence of immune complexes or other immunoglobulin aggregates may cause an increased level of non-specific binding leading to false positive results.
3. Negative tTG IgG result in an untreated patient does not rule out gluten-sensitive enteropathy as the patient may be IgA positive or have no antibody to tTG.
4. All results should be used in conjunction with clinical findings and other serological tests.
5. A useful test for exclusion of Celiac disease is HLA - DNA testing for the presence of DQ2 (DQB1*02,DQA1*05) and DQ8 (DQ1*03, DQA1*03, DQA1*03). Celiac disease can be excluded in 90% cases if all these alleles are negative.

CONDITIONS / PREREQUISITES OF REPORTING

1. Identity of patient is not verified. Test results released pertain to the specimen submitted.
2. All test results are dependent on the quality of the specimen received by the Laboratory.
3. Investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.
4. Please note that results of the test(s) may vary from laboratory to laboratory depending on the technology and methodology used. Furthermore, some parameters may vary from time to time even for the same patient. Test result may vary based on the time of collection, physiological condition, any medicine consumed, nutritional / diet change. Sometimes test(s) may have to be repeated in the interest of quality assurance.
5. In certain instances, a second specimen may be required from the patient on account of an indeterminate result, or pre-analytical / analytical reason.
6. Some tests are referred to other laboratories to provide a wider test menu to the patient. In such cases, the test reports may get delayed and those tests are marked as #.
7. Delay in issuing test reports may occur due to unavoidable/unforeseen circumstances like shortage or non-availability of the test kits or instrument failure etc.
8. In the case of alarming and unexpected test results, you are advised to contact the laboratory immediately for further discussions and action. Laboratory results are meant to be correlated with the patient's clinical history. In such circumstances please call at: 0172 455 8888 / 97795 99499
9. Reporting of tests will be as per the defined laboratory turnaround time (TAT) for each test. The same will be informed to the patient during registration and/or phlebotomy. Tests not under the scope of NABL accreditation have been highlighted with an *.
10. Please note: Histopathology specimens are retained for 6 months only from the date of the sample collection and blocks & slides are retained for 10 years from the date of its reporting. A minimum of 48 hours prior notice is required for the issuing of the slides and blocks.
11. Test results are not valid for Medico Legal purposes. Neither Atulaya Healthcare nor its directors/employees/representatives assume any liability or responsibility, for any loss or damage or expenditure that may be incurred by any person, including the patient, as a result of assuming the meaning or contents of this report without further validation.
12. To maintain confidentiality, certain reports may not be mailed at the discretion of the management.
13. Subject to the jurisdiction of the Courts of Law in the Union Territory of Chandigarh.
14. This medical diagnostic report has been e-signed by Authorized Medical Practitioner/Doctor. The report does not need physical signature.

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

Dr. Babita Goyal
(MD Biochemistry)

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Chromatogram Report

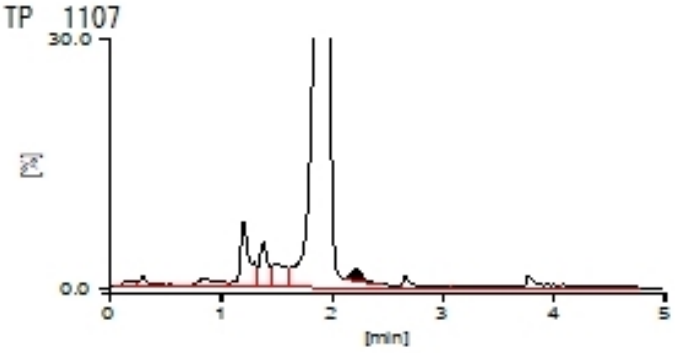
Hlc-723G11 V3.06 1234 2024-08-14 07:43:27

ID AEV49583
Sample No. 2024081407410002 SL 0001 - 02
Patient ID
Name
Comment

CALIB F Y =1.2644X + 0.3392
A2 Y =1.3431X + 0.6081

Name	%	Time	Area
F			
A0	78.9	1.93	815.28
A2	2.3	2.22	12.38
E+			
D+			
S+			
C+			
	Total Area		1033.32

HbF 0.0 % **HbA2 2.3 %**



[Unknown Peak]

Name	%	Time	Area
P00	0.7	0.16	7.56
P01	0.8	0.30	8.22
P02	0.5	0.45	5.36
P03	1.8	0.85	19.05
P04	5.8	1.21	60.14
P05	3.4	1.38	35.20
P06	3.3	1.49	34.10

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