

PATIENT NAME : ISHAMMA

REF. DOCTOR : DR. SUDHEENDRA GHOSH

ISHAMMA	ACCESSION NO : 4182VI009189	AGE/SEX : 75 Years Female
	PATIENT ID : ISHAF2009474182	DRAWN : 20/09/2022 19:11:11
	CLIENT PATIENT ID:	RECEIVED : 20/09/2022 19:13:39
	ABHA NO :	REPORTED : 20/09/2022 23:36:06

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

HAEMATOLOGY - CBC

ERYTHRO SEDIMENTATION RATE, BLOOD

SEDIMENTATION RATE (ESR)	119 High	0 - 35	mm at 1 hr
--------------------------	-----------------	--------	------------

Interpretation(s)

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD-TEST DESCRIPTION :- Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

- ESR is not diagnostic it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition.CRP is superior to ESR because it is more sensitive and reflects a more rapid change.

TEST INTERPRETATION : Increase in: Infections, Vasculities, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.

Finding a very accelerated ESR(>100 mm/hour) in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).

In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.

Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS : False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia

False Decreased : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

REFERENCE : Nathan and Oski's Haematology of Infancy and Childhood, 5th edition 2. Paediatric reference intervals. AACCC Press, 7th edition. Edited by S. Soldin 3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis,10th edition.


HAEMATOLOGY

TOTAL LEUKOCYTE COUNT

WHITE BLOOD CELL COUNT	14.77 High	4.0 - 10.0	thou/ μ L
------------------------	-------------------	------------	---------------

DIFFERENTIAL LEUCOCYTE COUNT (DLC)

NEUTROPHILS	76	40 - 80	%
LYMPHOCYTE	18 Low	20 - 40	%
BASOPHILS	0	0 - 1	%
MONOCYTES	5	2 - 10	%
EOSINPHIL	1	1 - 6	%



DR.VAISHALI RAJAN, MBBS DCP
(Pathology)
(Reg No - TCC 27150)
Lab Director & HOD Hematology



View Details



View Report



ULR No.666000001615539-4182

PATIENT NAME : ISHAMMA

REF. DOCTOR : DR. SUDHEENDRA GHOSH

ISHAMMA	ACCESSION NO : 4182VI009189	AGE/SEX : 75 Years Female
	PATIENT ID : ISHAF2009474182	DRAWN : 20/09/2022 19:11:11
	CLIENT PATIENT ID:	RECEIVED : 20/09/2022 19:13:39
	ABHA NO :	REPORTED : 20/09/2022 23:36:06

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

and cirrhosis of liver. The D-dimer levels also increase during pregnancy. In surgical cases, the D-Dimer level generally rises in the first 2 to 3 days post-operatively. If the elevated D-dimer level persists, or tends to rise further, it is a warning sign of an impending or an ongoing thromboembolic episode. Although a negative D-dimer test does not completely rule out thrombosis, it is a useful adjunct in the diagnostic work up. Monitoring of D-Dimer levels in DVT cases on oral anticoagulation is currently being used for determining the risk of recurrence of DVT and therefore, the duration of therapy.

False positive D-Dimer test results may be seen in the presence of high levels of rheumatoid factor (RF), elevated fibrinogen and slightest coagulation of the sample. A negative D-dimer test does not completely rule out thrombosis.

Disclaimer: This test should not be used to exclude deep vein thrombosis (DVT) or pulmonary embolism.

SEROLOGY

CRP, SEMI-QUANTITATIVE, SERUM

C-REACTIVE PROTEIN **128.13 High** < 5 mg/L

Comments

Rechecked

Interpretation(s)

CRP, SEMI-QUANTITATIVE, SERUM-C - reactive protein (CRP) is an acute phase reactant protein that has the property of showing elevations in concentrations in response to stressful or inflammatory states that occur with infection, injury, surgery, trauma or other tissue necrosis.

Synthesis of CRP increases within 4-6 hours of onset of inflammation, reaching peak values within 1-2 days. CRP levels also fall quickly after resolution of inflammation since its half life is 6 hours. The main limitation of CRP is in its non-specific response and should not be interpreted without a complete clinical history and evaluation.: Latex particle agglutination

ALLERGY

TOTAL IGE, SERUM

TOTAL IGE **203.1 High** Upto 100 IU/mL

Interpretation(s)

TOTAL IGE, SERUM-Introduction:

Total Immunoglobulin (IgE), serum measures the total quantity of circulating IgE in human serum samples. Immunoglobulin E (IgE) is one of the 5 classes of immunoglobulins and is defined by the presence of the epsilon heavy chain.


Test Utility:

Elevated levels may be found in,

1. Allergy - IgE antibodies appear as a result of sensitization to allergens, and the measurement of circulating total IgE assists the clinical diagnosis of IgE-mediated allergic disorders. Elevated levels of circulating total IgE are usually seen in atopic eczema, 60% of patients with extrinsic asthma, and about 30% cases of hay fever. However a markedly elevated total IgE may bind non-specifically with allergen solid phase and result in weakly positive specific IgE that may not be clinically relevant.
2. Parasitic infestations - Ascariasis, Visceral larva migrans, Hookworm disease, Schistosomiasis, Echinococcosis.
3. Monoclonal IgE myeloma
4. Allergic Bronchopulmonary Aspergillosis (ABPA)

Decreased levels may be found in,

1. Hereditary deficiencies



BABU K MATHEW
HOD -BIOCHEMISTRY



View Details



View Report



PATIENT NAME : ISHAMMA

REF. DOCTOR : DR. SUDHEENDRA GHOSH

ISHAMMA	ACCESSION NO : 4182VI009189	AGE/SEX : 75 Years Female
	PATIENT ID : ISHAF2009474182	DRAWN : 20/09/2022 19:11:11
	CLIENT PATIENT ID:	RECEIVED : 20/09/2022 19:13:39
	ABHA NO :	REPORTED : 20/09/2022 23:36:06

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

- 2. Acquired immunodeficiency
- 3. Ataxia telangiaectasia
- 4. Non-secretory myeloma

Limitation:

A normal level of IgE does not eliminate the possibility of allergy, hence test is not recommended as a stand-alone screen. Value is influenced by type of allergen, duration of stimulation, presence of symptoms, hyposensitization treatment.

****End Of Report****

Please visit www.ddrcsrl.com for related Test Information for this accession



BABU K MATHEW
HOD -BIOCHEMISTRY



View Details



View Report



ULR No.666000001615539-4182