DIAGNOSTIC REPORT

DDRC agilus diagnostics

PATIENT NAME : ISHAMMA	**REF. DOCTOR :** SELF	
ISHAMMA	ACCESSION NO : **4170ZB001398**	AGE/SEX : 79 Years Female
	PATIENT ID : ISHAF2009474182	DRAWN : 23/02/2026 09:15:02
695029	CLIENT PATIENT ID: ISHAF2009474182	RECEIVED : 23/02/2026 10:26:48
	ABHA NO :	REPORTED : 23/02/2026 13:39:02

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

HAEMATOLOGY - CBC

CBC + ESR

BLOOD COUNTS,EDTA WHOLE BLOOD

HEMOGLOBIN	**10.8 Low**	12.0 - 15.0	g/dL
RED BLOOD CELL COUNT	**3.37 Low**	3.8 - 4.8	mil/µL
WHITE BLOOD CELL COUNT	**2.30 Low**	4.0 - 10.0	thou/µL
PLATELET COUNT	**80 Low**	150 - 410	thou/µL

Comments

RECHECKED ON SMEAR

RBC AND PLATELET INDICES

HEMATOCRIT	**33.0 Low**	36 - 46	%
MEAN CORPUSCULAR VOLUME (MCV)	97.7	83 - 101	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	**32.1 High**	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC)	32.8	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW)	**16.8 High**	11.6 - 14.0	%
MEAN PLATELET VOLUME (MPV)	9.0	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT

SEGMENTED NEUTROPHILS	56	40 - 80	%
LYMPHOCYTES	38	20 - 40	%
MONOCYTES	02	2 - 10	%
EOSINOPHILS	04	1 - 6	%
ABSOLUTE NEUTROPHIL COUNT	**1.29 Low**	2.0 - 7.0	thou/µL
ABSOLUTE LYMPHOCYTE COUNT	**0.87 Low**	1.0 - 3.0	thou/µL
ABSOLUTE MONOCYTE COUNT	**0.05 Low**	0.2 - 1.0	thou/µL
ABSOLUTE EOSINOPHIL COUNT	0.09	0.02 - 0.50	thou/µL

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HOD - HAEMATOLOGY

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ULR No.666000017466112-4170

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Test Report Status **Final**	Results	Biological Reference Interval	Units
ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD			
SEDIMENTATION RATE (ESR)	**60 High**	0 - 35	mm at 1 hr

Interpretation(s)
BLOOD COUNTS,EDTA WHOLE BLOOD-The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.
RBC AND PLATELET INDICES-Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait (<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.
WBC DIFFERENTIAL COUNT-The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.
(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients A.-P. Yang, et al. International Immunopharmacology 84 (2020) 106504
This ratio element is a calculated parameter and out of NABL scope.
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: Polycythermia 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. AACC Press, 7th edition. Edited by S. Soldin 3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis,10th edition.

****End Of Report****
Please visit www.agilusdiagnostics.com for related Test Information for this accession

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