



अधिकारी भारतीय आयुर्विज्ञान संस्थान भोपाल
All India Institute of Medical Sciences Bhopal
Department of Pathology And Lab Medicine

Hematology

CR No : 239212500583907 Lab/Study No. : 250224H0448 Acceptance Date : 24-Feb-2025 16:09
Patient Name : Sonali Masram Age/Sex : 31 Yr/F Coll./Study Date : 24-Feb-2025 12:56
Sample Type/No : Whole Blood/250224H0448 Ward/OPD : OPD Reporting Date : 03-Mar-2025 15:55
Dept/Unit : Unit 1 OBGY

| Investigation | Result | Unit | Ref. Range |
|---------------|--------|------|------------|
|---------------|--------|------|------------|

Hb Hplc

Hb Adult A0

HB A2

HB F

S Window

Red cell indices:

| |
|----------------------------|
| RBC: 5.15 million/ μ L |
| Hb: 11.7 g/dL |
| MCV: 71.7 fL |
| MCH: 22.7 pg |

| |
|----------------------------|
| MCHC: 31.7 g/dL |
| RDW: 15.5 % |
| Reticulocyte count: 1.77 % |

Hemoglobin concentration on HPLC:

| Type of Hemoglobin | Concentration % |
|--------------------|-----------------|
| HbF | 1.0 |
| HbA0 | 61.3 |
| HbA2 | 3.7 |
| HbS | 26.9 |

Impression: HbS Heterozygous (Sickle cell trait) with possibility of coexistent alpha thalassemia.

Advice: Family screening and DNA analysis.

Dr Shivanee Joshi
Senior Resident

Dr Garima Goel
Professor

All reports need clinical correlation. Kindly discuss if necessary. No part of the report can be reproduced without written permission of the department.

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Method BIO RAD D10 High Performance Liquid Chromatography

DISCLAIMER :

1. Results relate only to the sample, as received.
2. HPLC gives only a presumptive diagnosis of hemoglobinopathies. For definitive diagnosis, molecular studies and genetic testing are required.
3. All test should be correlated with age and history transfusion.
4. If there is history of blood transfusion in the last 03 months, repeat testing 03 months post transfusion is recommended.
5. In case of hemoglobinopathy, parent/ family studies and counselling is advised.
6. Iron deficiency anemia may be associated with spurious low HbA2 levels.
7. Megaloblastic anemia may be associated with spurious high HbA2 levels.
8. DNA analysis is recommended to rule out alpha thalassaemia and silent carriers.

| | | | |
|---------------------------|------|-----------------|----------|
| White Blood Cell Count | 9.81 | Thousand/MicroL | 4 - 11 |
| Neutrophils | 78.8 | % | 40 - 70 |
| Lymphocytes | 14.2 | % | 20 - 40 |
| Monocytes | 5.4 | % | 2 - 8 |
| Eosinophils | 1.1 | % | 1 - 6 |
| Basophils | 0.5 | % | 0 - 1 |
| Imature Granulocytes | 3.3 | % | 0 - 1 |
| Nucleated RBC | 0.1 | - | - |
| Absolute Neutrophil Count | 7.73 | Thousand/MicroL | 1.50 - 7 |
| Absolute Lymphocyte Count | 1.39 | Thousand/MicroL | 1 - 3.70 |
| Absolute Monocyte Count | 0.53 | Thousand/MicroL | 0 - 0.70 |
| Absolute Eosinophil Count | 0.11 | Thousand/MicroL | 0 - 0.40 |
| Absolute Basophil Count | 0.05 | Thousand/MicroL | 0 - 0.10 |
| Absolute IG | 0.32 | Thousand/MicroL | 0 - 0.10 |
| Absolute NRBC | | | |
| R B C Count | 5.15 | Million/MicroL | 4 - 5.50 |
| Hemoglobin | 11.7 | gm/dL | 11 - 15 |
| Hematocrit | 36.9 | % | 37 - 47 |

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| Mean Cell Volume | 71.7 | fL | 76 - 93 |
| Mean Cell Hemoglobin | 22.7 | pg | 27 - 32 |
| Mean Cell Hb Concentration | 31.7 | g/dL | 32 - 36 |
| Rdw SD | 38.8 | fL | 35 - 56 |
| RDW CV | 15.5 | % | 11 - 16 |
| Platelet Count | 336 | Thousand/MicroL | 150 - 450 |
| Mean Platelet Volume | 11.2 | fL | 6.5 - 12 |
| P-LCR | 35.8 | % | 13 - 43 |
| Platelet Distribution Width | 15.4 | fL | 9 - 17 |
| PCT | 0.38 | % | 0.17 - 0.28 |
| Reticulocytes | | | |
| IRF | | | |
| Reticulocyte Hemoglobin | | | |
| Method | Photometry, Impedance and Fluorescence Flowcytometry | | |

Comments:

***** END OF THE REPORT *****

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