



BML543442

Laboratory Investigation Report

Name : Ms. NISHANTHI PUSHPA KUMARI WELLAGE
DOB : 26/02/1981
Age / Gender : 44 Y 1 M / Female
Referred by : DR HUMAIRA
Centre : CITICARE MEDICAL CENTER

Ref No. : 27193
Sample No. : 2503556880
Collected : 29/03/2025 18:00
Registered : 29/03/2025 23:12
Reported : 29/03/2025 23:39

HEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	12.4		g/dL	12 - 15.5	Photometric
RBC COUNT	4.3		10 ⁶ /μL	3.9 - 5	Electrical Impedance
HEMATOCRIT	35.8		%	35 - 45	Calculation
MCV	83.1		fL	82 - 98	Calculation
MCH	28.8		pg	27 - 32	Calculation
MCHC	34.6		g/dL	32 - 37	Calculation
RDW	15.5		%	11.9 - 15.5	Calculation
RDW-SD	44.2		fL		Calculation
MPV	7.2	L	fL	7.6 - 10.8	Calculation
PLATELET COUNT	356		10 ³ /uL	150 - 450	Electrical Impedance
PCT	0.3		%	0.01 - 9.99	Calculation
PDW	16		Not Applicable	0.1 - 99.9	Calculation
NUCLEATED RBC (NRBC) [^]	0		/100 WBC		VCS 360 Technology
ABSOLUTE NRBC COUNT [^]	0		10 ³ /uL		Calculation
EARLY GRANULOCYTE COUNT (EGC) [^]	0.6		%		VCS 360 Technology
ABSOLUTE EGC [^]	0		10 ³ /uL		Calculation
WBC COUNT	8.2		10 ³ /μL	4 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)					
NEUTROPHILS	60		%	40 - 75	VCS 360 Technology
LYMPHOCYTES	30		%	30 - 60	VCS 360 Technology
EOSINOPHILS	6		%	0 - 6	VCS 360 Technology
MONOCYTES	4		%	1 - 6	VCS 360 Technology
BASOPHILS	0		%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	4.9		10 ³ /uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	2.1		10 ³ /uL	1.2 - 6.6	Calculation
ABSOLUTE MONOCYTE COUNT	0.6		10 ³ /uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.5		10 ³ /uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0		10 ³ /uL	0 - 0.11	Calculation

Dr. Adley Mark Fernandes
M.D (Pathology)
Pathologist

Gyoma V. Shah
Dr. Vyoma V Shah
M.D (Pathology)
Clinical Pathologist

Haleem
HALEEM HAKKIM
Laboratory Technician

This is an electronically authenticated report

Page 1 of 4

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Test result pertains only to the sample tested and to be interpreted in the light of clinical history. These tests are accredited under ISO 15189:2012 unless specified by (^). Test marked with # is performed in an accredited referral laboratory.





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HEMATOLOGY

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COMPLETE BLOOD COUNT (CBC)

INTERPRETATION NOTES :

Please note update on CBC report format, reference ranges and method(Beckman Coulter).

Sample Type : EDTA Whole Blood

End of Report

Dr. Adley Mark Fernandes
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Pathologist

Vyoma V. Shah
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IMMUNOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
# IGA (IMMUNOGLOBULIN A)	356.00		mg/dL	70-400	Immunoturbidimetry

INTERPRETATION NOTES :

- Increased IgA: Seen in chronic liver diseases, chronic infections, autoimmune disorders (e.g., rheumatoid arthritis, lupus), sarcoidosis, Wiscott-Aldrich syndrome, and IgA myeloma.
- Decreased IgA: Occurs in acquired and congenital immunodeficiencies like Bruton-type agammaglobulinemia, non-IgA myeloma, protein-losing gastroenteropathies, and skin loss due to burns.

Clinical Utility:

- IgA Total helps in the detection of monoclonal gammopathies and immune deficiencies.
- Evaluate patients suspected of IgA deficiency prior to transfusion.

Associated tests:

- Immunoglobulin Profile IgG, IgM and IgA (I0265)

Reference:

- Kit Insert
- Wallach's Interpretation of Diagnostic Tests 10th Edition.

# IGG (IMMUNOGLOBULIN G)	1254.00		mg/dL	700 - 1600	Immunoturbidimetry
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INTERPRETATION NOTES :

- Decreased levels are seen in congenital and acquired immunodeficiency diseases, selective IgG subclass inherited immunodeficiency disorders, protein-losing gastric diseases, nephrotic syndrome and through the skin in burns.
- Increased concentrations occur in systemic lupus erythematosus, chronic liver diseases, infectious diseases, myeloma, and cystic fibrosis

Clinical Utility:

- IgG Total aids in the defence against microorganisms, direct neutralization of toxins, and induction of complement fixation.
- It crosses the placental barrier and provides passive immune protection for the foetus and newborn.

Note:

- Immunoglobulin levels are found higher after the use of probiotics as compared to the baseline.
- Consumption of Lycium Barbarum juice, resistant corn starch, or saffron tablets, alcohol, and stress is associated with higher IgG levels.
- Fasting, smoking, and oral corticosteroids is associated with lower IgG levels.

Associated Tests:

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Pathologist

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Sunjo Cyrilla Berka

SUNJO CYRILLA BERKA
Laboratory Technician

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IMMUNOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
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• Immunoglobulin Profile IgG, IgM and IgA (I0265), IgG4 Sub Class (I0013)

Reference:

- Kit Insert
- Khan SR, van der Burgh AC, et al. Determinants of Serum Immunoglobulin Levels: A Systematic Review and MetaAnalysis. Front Immunol. 2021 Apr 7;12:664526. doi: 10.3389/fimmu.2021.664526. PMID: 33897714; PMCID: PMC8058410.

# IGM (IMMUNOGLOBULIN M)	78.10		mg/dL	40 - 230	Immunoturbidimetry
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INTERPRETATION NOTES :

1. Decreased levels are seen in primary immunodeficiency conditions and in secondary immune insufficiencies like advanced malignant tumours, lymphatic leukemias, multiple myeloma and Waldenstrom's disease.
2. Increased concentrations occur due to polyclonal or oligoclonal immunoglobulin proliferations seen in hepatic disease, acute/chronic infections and autoimmune disease.

This test is performed in an accredited referral laboratory.

Sample Type : Serum

End of Report

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