Clinical Laboratory Report

MedPlus Diagnostics

Name	**Kamal Chand Bafna**	Order	PTNOR2600001424
Age / Sex	68 years / Male	Sample Drawn	03-Mar-26 / 08:56 AM
Contact	9841387000	Sample Accepted	03-Mar-26 / 11:45 AM
Collection Centre	INTNMAS95007	Sample Reported	03-Mar-26 / 06:14 PM
Referral Doctor	Self	Report Status	Final

Reticulocyte Count

SampleType: Whole Blood EDTA

Department of Haematology

INVESTIGATION	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Reticulocyte Count	0.8	%	0.6-2.71

Method: NMB Stain and Microscopy

Clinical Significance:

Reticulocytes are immature RBC without nuclei. The reticulocyte count provides an estimate of the rate of red cell production.

• Reticulocytes should ideally be reported as absolute count or as corrected reticulocyte count for proper assessment of bone marrow response (low or appropriate) to anaemia.

Methods of Correcting the Reticulocyte Count for the Degree of Anemia

a) Corrected reticulocyte count = % reticulocytes × (patient Hct/45)

b) Reticulocyte production index = Corrected reticulocyte count ÷ maturation time in peripheral blood in days.

c) Absolute reticulocyte count = % reticulocytes × RBC count/L^3

Reticulocyte maturation time

• 1 day for Hct ≥ 40%
• 1.5 days for Hct 30%-40%
• 2.0 days for Hct 20%-30%
• 2.5 days for Hct <20%.

Causes of reticulocytosis

• Acute blood loss
• Haemolytic anaemia
• Response to specific therapy in nutritional anaemias.

Causes of reticulocytopaenia

a) Deficient red cell production
• Iron deficiency anaemia
• Aplastic anaemia
• Anaemia due to marrow infiltration (leukaemia, lymphoma, metastatic cancer).
• Anaemia of chronic disease

b) Ineffective erythropoiesis
• Megaloblastic anaemia.

P. Rekha

Dr P Rekha
Consultant Pathologist
Regd no:
TN-92546

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

Note: Please contact us for possible remedial action if test results are unexpected.

Abnormal * Critical

Clinical Laboratory Report

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Collection Centre	INTNMAS95007	Sample Reported	03-Mar-26 / 04:14 PM
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Iron Deficiency Anaemia Profile

Unsaturated Iron Binding Capacity (UIBC), Serum

SampleType: Serum

Department of Clinical Biochemistry

INVESTIGATION	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Unsaturated Iron Binding Capacity (UIBC)	158	µg/dL	155-355

Method: Nitroso PSAP

Clinical Significance: UIBC

- Measured serum iron concentration is principally the Fe(III) bound to serum transferrin and does not include the iron contained in serum as free haemoglobin.
- UIBC measurements can be used in conjunction with serum iron concentration to obtain the total-iron binding capacity (TIBC) i.e. the maximum concentration of iron that serum proteins, principally transferrin, can bind.
- **Increased serum levels of TIBC** are seen in : iron deficiency anemia, late pregnancy, oral contraception and viral hepatitis
- **Decreased Serum levels of TIBC** : Chronic infections, malignancy, in iron poisoning, renal disease, nephrosis, kwashiorkor and thalassemia.

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Iron Deficiency Anaemia Profile

Transferrin Saturation
SampleType: Serum

Department of Clinical Biochemistry

INVESTIGATION	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Transferrin Saturation Method: Calculated	15.96	%	15 - 50
Iron Method: TPTZ	30	µg/dL	70-180

Clinical Significance: Iron

- **Measured serum iron concentration is principally the Fe (III) bound to serum transferrin and does not include the iron contained in serum as free haemoglobin.**
- Serum iron concentration is decreased in many but not all patients with iron deficiency anemia; acute infection, immunisation, and myocardial infarction; acute or recent haemorrhage; malignancy; kwashiorkor; late pregnancy; menstruation and nephrosis.
- Serum iron concentration diminishes markedly in patients who are beginning to respond to specific therapy for anemias of other causes e.g. treatment of pernicious anemia with Vit B12.
- Greater than normal concentrations of serum iron occur in iron-overload disorders such as haemochromatosis and in acute iron poisoning following oral or parenteral iron administration.
- Iron levels may also be increased in acute hepatitis, lead poisoning, acute leukemia, thalassemia or oral contraception.

Unsaturated Iron Binding Capacity (UIBC) Method: Nitroso PSAP	158	µg/dL	155-355

Clinical Significance: UIBC

- Measured serum iron concentration is principally the Fe(III) bound to serum transferrin and does not include the iron contained in serum as free haemoglobin.
- UIBC measurements can be used in conjunction with serum iron concentration to obtain the total-iron binding capacity (TIBC) i.e. the maximum concentration of iron that serum proteins, principally transferrin, can bind.
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Total Iron Binding Capacity (TIBC) Method: TPTZ	188	µg/dL	225 - 450

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Iron Deficiency Anaemia Profile

Ferritin, Serum
SampleType: Serum

Department of Clinical Biochemistry

INVESTIGATION	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Ferritin Method: ECLIA	479	ng/mL	30-400

Clinical Significance: Ferritin

- **Ferritin is a compound composed of iron molecules bound to apoferritin. Stored iron represents about 25% of total iron in the body, and most of this iron is stored as ferritin.**
- Ferritin is found in serum in low concentrations and is directly proportional to the body's iron stores.
- Serum ferritin concentration, when analyzed with serum iron, iron-binding capacity, and tissue iron stores, is valuable in the diagnosis of iron-deficiency anemias, anemias of chronic infection, and conditions such as thalassemia and hemochromatosis.
- Measurement of serum ferritin is particularly valuable in distinguishing iron-deficiency anemias caused by low iron stores from those resulting from inadequate iron utilization.

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Iron Deficiency Anaemia Profile

Iron - Serum
SampleType: Serum

Department of Clinical Biochemistry

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Conditions of Reporting

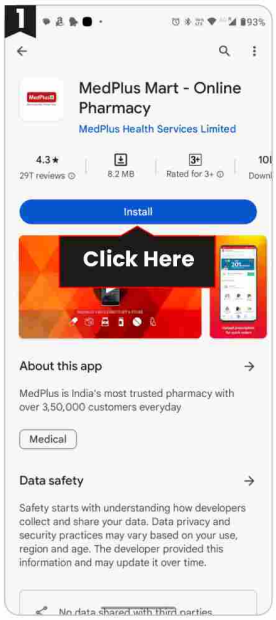
1. Laboratory reports will aid in diagnosis of clinical conditions in conjunction with clinical signs, symptoms and related investigations. They are best interpreted by qualified medical professionals who understand reporting units, reference ranges and limitations of technologies and their correlation with other clinical findings.
2. The interpretations provided by MedPlus are for the guidance of patients and referring doctors. MedPlus nor its affiliates assume any liability or responsibility for any damage of any nature whatsoever that may be incurred in any person as a result of the use of the information provided in the report.
3. It is presumed that the test(s) performed are, on the specimen(s)/sample(s) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the said specimen(s) or sample(s).
4. The results of tests may vary from lab to lab and also from time to time for the same parameters for the same patient. Assays are performed with reasonable care and in accordance with standard procedures. The reported results are dependent on individual assay methods, equipment used, method specificity, sensitivity, drug interaction and the quality of the specimen(s)/samples(s) received.
5. Should the results indicate unexpected abnormality, the same should be reconfirmed after appropriate clinical correlation.
6. Histopathology specimen(s)/sample(s) will be preserved for one month from the date of testing and slides/reports will be preserved for five years. Other clinical specimen(s)/sample(s) will be discarded after seven days from the date of testing, unless otherwise specified by the client. Such preservation shall be subject to sample integrity.
7. Preliminary Report, if any indicates that the results are primary and they are yet to be reported for one or more of the tests, or else, as in case with many microbiology test, a "final" culture, identification or drug susceptibility result might be pending. When all results are available the "Preliminary report" will be replaced by "Final Report". Client shall rely only on the final report.
8. This report is not valid for Medico-legal purposes.
9. Tests are performed as per the test schedule in the test listing. In unforeseen circumstances such as non-availability of relevant kits, instrument breakdown, natural calamities etc, tests may not be reported as per schedule.
10. The sex of the foetus will not be revealed as per the prenatal diagnostic techniques (PNDT) Act, 1994.
11. All queries pertaining to this report should be directed to MedPlus Health Services Limited
12. All investigations are limited by the sensitivity and specificity of the assay and the condition of the specimen received by the laboratory. Assay result should be interpreted only in the context of other clinical findings and the clinical status of the patient.
13. Partial reproduction of this report is not permitted.

Accreditation

NABL accreditation signifies that a laboratory meets international quality standards and is competent to provide accurate and reliable test results. NABL accreditation is awarded to those laboratory's whose testing and calibration services are of high quality.

IMPORTANT
You can ask for a copy of the NABL certification of MedPlus Diagnostics. Please email: wecare@medplusindia.com

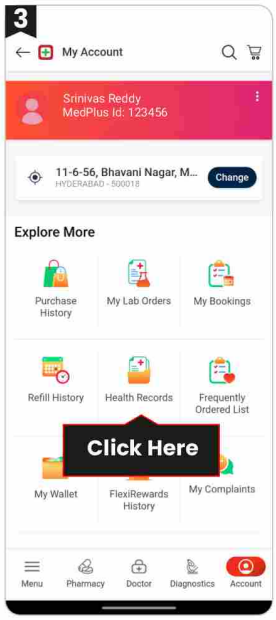
Follow these steps to see all results from last 1 year, in one table



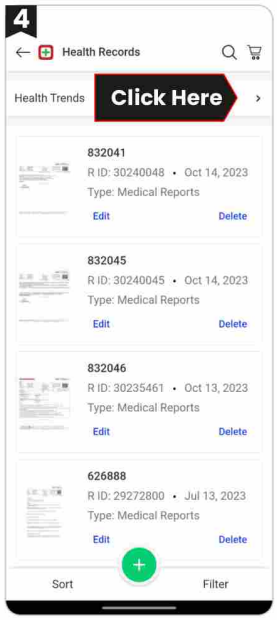
Install MedPlus Mart app: Google Play/ App Store.

After installing, you must register with the same mobile number as your MedPlus Advantage Plan.

Click on the band on top, where your name is mentioned.

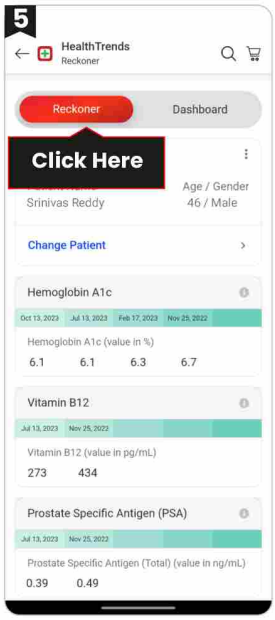


In this section, "Explore More", click on "Health Records".



In this section you can access visit/ test reports.

In the band on top, click on "Health Trends".



Click on "Reckoner", to see the test-wise tabulation of your lab results, from past and current visits.