

**HEMATOLOGY**

Sl. No.-

PX.....

Date.....

**REPORT OF BLOOD****HEMATOLOGY****JHARGRAM DISTRICT HOSPITAL**Name Nityanada Nayek Age 60Y Sex MDepartment / Ward CCU-7 Ticket SI./RG. 10167 Date of delivery 19.1.19

HEMATOLOGY	VALUE	Ref. Range	BODY FLUIDS.....
✓ 1. Hb%	<u>5.0</u> gm/dl	M-15.5±2.5/F-14.0±2.0	<b>a) Physical Exam</b>
✓ 2. T.C. of WBC	<u>7500</u> c.mm	(4-11) x 1000	1. Volume :
3. T.C. of RBC	c.mm	5.0±1.0 x 10 <sup>6</sup>	2. Colour :
✓ 4. Platelet Count	<u>Adequate</u> c.mm	1.5-4.0 lac	3. PH :
5. ESR (1st hour)	mm	upto 20mm	4. Coagulam :
ESR (2nd hour)	mm	upto.....mm	5. Apearance :
6. PCV	%	M-45.±7/F-42±7	6. Deposit :
7. MCV	/fL	86±8	<b>b) Chemical Exam</b>
8. MCH	p.g	29.5 + 2.5	1. Sugar :
9. MCHC	g/dl	32±2	2. Protein :
10. B.T.			3. LDH :
11. C.T.			4. Chloride :
12. M.P. (side)			5. Others :
13. M.P. (Antigen)			<b>c) Microscopical Exam</b>
✓ 14. DC of WBC			Total Cell Count /cumm
Nutrophil	<u>70</u> %	Remarks	Type of Cell
Lymphocyte	<u>28</u> %		Bl. Sugar F/R/PP.....mg/dl
Monocyte	<u>01</u> %		Bl. Urea <u>250</u> mg/dl
Eosionophil	<u>01</u> %		Serum Creatinine <u>9.16</u> mg/dl
Basophil	<u>00</u> %		Na <sup>+</sup> .....mmol/L
15. Comment on WBC (Abnormal Cell)			K <sup>+</sup> .....mmol/L
			Ca <sup>++</sup> .....mmol/L
16. Comment on RBC			(Signature of MO / Pathologist)
17. Others			