

+91 12345 67890

https://www.yourlabname.in/

Mr. Saubhik Bhaumik

Age / Sex : 28 YRS / M

Referred by : Dr. Sachin Patil (MBBS)

Reg. no. : 1018

1018

Registered on : 28/10/2024 06:22 PM

Collected on : 28/10/2024 Received on : 28/10/2024

Reported on : 28/10/2024 06:23 PM



HAEMATOLOGY

TEST	VALUE	UNIT	REFERENCE
PLATELET COUNT	3.7	lakhs/cumm	1.5 - 4.1

Physiological basis

Platelets are released from megakaryocytes in bone marrow and are important for normal hemostasis. An estimated platelet count may be obtained from blood smear by multiplying the number of platelets per 100 × oil immersion field by 10,000.

Increased in:

Myeloproliferative disorders (polycythemia vera, chronic myeloid leukemia, essential thrombocythemia, myelofibrosis), some myelodysplastic disorders, acute blood loss, postsplenectomy, pre-eclampsia, reactive thrombocytosis secondary to inflammatory disorders, infection, tissue injury, iron deficiency, malignancies.

Decreased in:

Bone marrow suppression or replacement/infiltration, myelodysplasia, chemotherapy, drugs, alcohol, infection (eg, HIV), congenital marrow failure (eg, Fanconi anemia), Increased destruction or excessive pooling: hypersplenism, DIC, TTP, platelet antibodies (ITP), drugs (eg, quinidine, cephalosporins, clopidogrel)

Comments

Platelet counts are determined in patients with suspected bleeding disorders, purpura or petechiae, leukemia/lymphoma, or DIC, and in patients on chemotherapy, and to determine the response to platelet transfusions. There is little tendency to bleed until the platelet count falls below 0.2Lakhs/cumm. Bleeding due to low platelet counts typically presents as petechiae, epistaxis, and gingival bleeding. For invasive procedures, platelet counts > 0.5 Lakhs/cumm are desirable.

~~~ End of report ~~~

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Mr. Sachin Sharma DMLT, Lab Incharge **Dr. A. K. Asthana**MBBS, MD Pathologist

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## NOT VALID FOR MEDICO LEGAL PURPOSE

Work timings: Monday to Sunday, 8 am to 8 pm