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Contact:
Report Of: Mr. KULDIP GURAV
Pt. Contact:

Sample ID	2300223852
Patient ID	10023107394
Received on	21/11/2023 17:12
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Referred by	**DR.SHRINATH KSHIRSAGAR**

Reticulocyte Count

Patient Name: Mr. KULDIP GURAV Patient DOB/Age: 31 yrs

Gender: MALE Sample Type: Peripheral Blood

UHID:

Clinical History:

Test Description	Result	Reference Interval
Reticulocyte Count	0.10%	0.50 - 2.50

METHOD

New methylene blue staining; microscopy

INTERPRETATION

Reticulocytes are early red cells that are released prematurely in blood circulation under conditions of stressed erythropoiesis associated with accelerated red cell production. Therefore, a high reticulocyte count is observed in hemolytic anemia, following major bleeding episodes and following hematinic therapy in nutritional anemia, Low reticulocyte count on the other hand, is seen in conditions associated with aplasia or hypoplasia of the erythroid lineage in the bone marrow, due to shrinkage of erythron associated with decreased production of erythropoietin in renal failure and as a result of decreases availability of iron to the erythroid precursors, e.g. in anemia of chronic disorders. Other conditions associated with low reticulocyte count are bone marrow involvement by hematolymphoid malignancies, and the effect of some drugs and toxic substances on erythropoiesis. Rising reticulocyte hemoglobin content (CHr or Ret-He) is a good indicator of an early response in patients with suppressed erythropoiesis due to the various causes mentioned above.

Since the reticulocyte count needs to be corrected for the degree of anemia, a few indices and calculated values that are derived from reticulocyte count and other red cell parameters such as reticulocyte production index or corrected reticulocyte count are used for obtaining more representative information. Similarly, modern analysers can assess immature reticulocyte fraction (IRF) based on the RNA content of these cells.

END OF REPORT

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