Clinical Laboratory Tests

	HEMATOLOGICAL TEST							
	Test	Notes	1	1				
RBCs	1- RBCs Count	 No. of RBCs in mm³ blood Indirect estimate of blood's Hb 						
	2- Hct or PCV Packed Cell Volume	 % of packed RBC in whole blood after centrifugation 3x Hb - % or fraction of 1 	AnemiaOver hydrationBlood loss	- Dehydration				
	3- Hb	 Grams of Hb in 100 ml (1 dl) or 1 L Estimates O₂ carrying capacity Depend on No. of RBCs & amount of Hb in each RBC 	- Anemia					
	4- RBC Indices (Wintrobe)	RBCs size, Hb conc. & Hb weightUsed to categorize anemiasPeripheral blood smear	Variation in RBC shape (poikilocytosis) → sickle-cell anemia Variation in RBC size (anisocytosis) → mixed anemia					
	5- MCV (Mean Cell Volume)	- Ratio between Hct & RBC count - MCV = Hct (%) X 10 RBC count (In millions)	- Microcytic → Iron deficiency	 Macrocytic → Vit B₁₂ def. → Folic acid def. 				
	6- MCH (Mean Cell Hb)	- Amount of Hb in average RBC - MCH = Hb X 10 RBC count (In millions)						
	7- MCHC (Mean Cell Hb Conc.)	- Average conc. of Hb in average RBC - MCHC = <u>Hb (g/100ml) X 100</u> Hct	- Hypochromia → Iron deficiency					
	8- Reticulocyte count	 Measure of immature RBCs containing remnants of nuclear material (Reticulum) They circulate in blood for 1-2 days Index of bone marrow production of mature RBCs 	- Drug-induced aplastic anemia	 Hemolytic anemia Acute blood loss Response to the treatment of a factor def. (Fe,B₁₂,folate) Polychromasia 				

RBCs	9- ESR (Erythrocyte Sedimentation Rate)	 Rate of RBCs settling of whole uncoagulated blood over time Used to 1- Follow the <u>clinical course</u> of a disease 2- Presence of <u>occult organic</u> disease 3- Differentiate conditions with <u>similar symptomatology</u> Angina: No change, Myocardial infarction: 		 Infection (Acute or Chronic) Tissue necrosis or infarction Malignancy Rheumatoid collagen diseases Myocardial infarction
WBCs	1- WBCs Count	- No. of WBCs in mm ³ blood	Leucopenia - Bone marrow depression - Metastatic carcinoma - Lymphoma - Antineoplastic agents	Leucocytosis - Infection (Bacterial) - Leukemia - Tissue necrosis
	2- Neutrophils	 Mature: Polymorphnuclear leukocytes PMNs "polys" or Segmented "segs" Immature: "bands" or "stabs" Chemotaxis: Body's 1st line of defence Congregate at sites in response to stimulus 	Neutropenia Overwhelming infection (Bone marrow is unable to keep up with the demand) Viral Infectn: mumps, measles Idiocyncratic drug reactions Chemotherapy ANC = %Neutrophils X Total WBCs Absolute Neutrophil Count Neutropenia is ANC < 1000 cells/mm³	Neutrophilic Leucocytosis With ↑ in immature cells Systemic infectn: pneumonia Viruses: Chicken pox, herpes zoster Rickettsial diseases: Rocky Mountain spotted fever Fungi Stress: Physical, hemorrhage, emotional Inflammatory dis.: rheumatic fever, rheumatoid arth., gout Hypersensitivity to drugs Tissue necrosis: burns, myocardial infarction, cancers Metabolic dis: Uremia, diabetic ketoacidosis Myelogenous leukemia Certain drugs: epinephrine, lithium

WBCs	3- Basophils	 Blue with basic dye Function in circulation not understood In tissues they're referred to as mast cells 	- Not apparent bec. of their small no.	Basophilia - CML (Chronic Myelogenus Leukemia)				
	4- Eosinophils	- Red with acidic dye - Associated with immune reactions		Eosinophilia - Allergic reactions: asthma, hay fever, drug allergy) - Parasitic infestation: trichinosis, amebiasis)				
	5- Lymphocytes	- Immunologic activity: produce antibodies B lymphocytes	Lymphocytopenia - Debilitating illness - Immunodeficiency - AIDS	<u>Lymphocytosis</u> - Viral infection				
	6- Monocytes	- Phagocytic cells		Monocytosis - TB - Subacute bacterial endocarditis - Recovery phase of infectn				
Platelets	Platelets (Thrombocytes)	Smallest blood elementInvolved in blood clottingVital to formation of hemostatic plug after vascular injury	Thrombocytopenia Moderate < 100,000/mm³ Severe < 50,000/mm³ Idiopathic thrombocytopenic purpura Drugs: quinidine,					