

Review on Pathology of Blood and Blood Related Diseases

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Abstract: *Clinical pathology is a field of study through which we diagnose and analyze disease and disorders using tissues of our body and fluids produced by human body. It requires knowledge in many fields like biochemistry, microbiology, hematology and etc. It is a very crucial in the medical field as it is most often the primary step in treating a patient. As it gives information an identification of the disease the patient is suffering from and take the necessary protocols to treat him efficiently. The tests done are performed in a lab or a medical center. The tests usually require a wide array of equipment and chemicals. The tests are carried out by trained professionals who can use the equipment correctly to produce accurate test results. There are many divisions of clinical pathology some of are*

1. Chemical pathology
2. Immunopathology
3. Clinical microbiology
4. Hematopathology.

Keywords: Clinical pathology

Objective:

- 1) To study the instrument
- 2) To study the blood born diseases

I. INTRODUCTION

Pathology means the study of disease and causes and progression. Pathology tests cover blood tests, and tests on urine, and bodily tissues. If you're sick many of the decisions about your care will be based on the results of your blood and pathology test. A pathologist interprets the results of blood and pathology tests and looks for abnormalities that may point disease, such as cancer and other clinical illnesses, or health risks, such as pre-diabetes.

Clinical Chemistry of Blood

Clinical Chemistry is also known as chemical pathology, clinical biochemistry or medical biochemistry is the area of chemistry that generally concerns the analysis of body fluid for diagnostic therapeutic purposes. It is an applied form of biochemistry (not to be confused with medicinal chemistry, which involves basic research for drug development). A clinical chemistry analyzer; hand shows size. The discipline originated in the 19th century with the use of simple chemical reaction tests for various components of blood and urine. In the many decades since, other techniques have been applied as science and technology have advanced, including the use and measurement of enzyme activities, electrophoresis, spectrophotometry, and immunoassay. There are now many blood tests and clinical urine tests with extensive diagnostic capabilities. Most current laboratories are now highly automated to accommodate the high workload typical of a hospital laboratory. Tests performed are closely monitored and quality controlled.

All biochemical tests come under chemical pathology. These are performed on any kind of body fluid, but mostly on serum or plasma. The Serum is the yellow watery part of blood that is left after blood has been allowed to clot and all blood cells have been removed. This is most easily done by centrifugation, which packs the denser blood cells and platelets to the bottom of the centrifuge tube, leaving the liquid serum fraction resting above the packed cells. This initial step before analysis has recently been included in instruments that operate on the "integrated system" principle. Plasma

is in essence the same as a serum but is obtained by centrifuging the blood without clotting. Plasma is obtained by centrifugation before clotting occurs. The type of test required dictates what type of sample is used.

A large medical laboratory will accept samples for up to about 700 different kinds of tests. Even the largest of laboratories rarely do all these tests themselves, and some must be referred to other labs. This large array of tests can be categorized into sub-specialties of

- Special chemistry-elaborate techniques such as electrophoresis, and manual testing methods.
- General or routine chemistry-commonly ordered blood chemistries (e.g., liver and kidney function tests).
- Toxicology-the study of drugs of abuse and other chemicals.
- Clinical endocrinology- the study of hormones, and diagnosis of endocrine disorders.
- Urinalysis-chemical analysis of urine for a wide array of diseases, along with other fluids such as CSF and effusions
- Fecal analysis- Mostly for detection of gastrointestinal disorders.
- Therapeutic Drug Monitoring-measurement of therapeutic medication levels to optimize dosage.

Several simple chemical test sare used to detect and quantify different compounds in blood and urine, the most commonly tested specimens in clinical chemistry. Techniques such asspectrophotometry, immunoassays, and electrophoresis are also used in clinical chemistryto measure the concentration of substances such as hormones, proteins, glucose, lipids, electrolytes, enzymes, and other metabolic products present in human blood and urine.

Key parameters and their significance

Lipids

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Key parameters and their significance

Lipids

The concentration of proteins in the body can be indicative of nutritional and metabolic disorders and some forms of cancer. For example, total protein and albumin levels help diagnose liver or kidney disease in addition to malnutrition. Globulin levels and the ratio of albumin to globulin can help detect infection, inflammation, autoimmune disease, and some forms of blood cancer.

Metabolites

Some metabolic products can be measured to assess the functioning of certain organs. For example, levels of urea, nitrogen, and creatinine in the blood are indicators of kidney function. Similarly, uric acid levels can signal kidney disease, gout, and damage to other tissues. Blood and urine tests that give abnormal results are usually repeated to make sure there is no sample or lab error and are also followed up by more specialized clinical tests.

II. ERYTHROCYTES ABNORMAL CELLS AND THEIR SIGNIFICANCE

Erythrocytes

Erythrocytes are derived from bone marrow ortho-chromic erythroblasts following extrusion of the nucleus. During development in the bone marrow, erythroid cells increase in RNA content for hemoglobin production; this RNA imparts a grayish color to the cell cytoplasm on the Wright-Giemsa stain. As hemoglobin is produced, the cytoplasmic color progressively becomes more orange-pink. Upon release into the circulation, erythrocytes are still slightly immature with slight grayish staining, a finding referred to as polychromasia.



Abnormalities of Erythrocytes

Primary abnormalities of the erythrocyte membrane led to a variety of clinical syndromes including hereditary spherocytosis, hereditary elliptocytosis, and related disorders. Clinical and laboratory manifestations, as well as associated molecular defects, of these disorders, vary widely.

Erythrocytes give their significance in Human Body

A type of blood cell that is made in the bone marrow and found in the blood. Erythrocytes contain a protein called hemoglobin, which carries oxygen from the lungs to all parts of the body. Anemia is the most common blood condition in the U.S. It affects almost 6% of the population, women, young children, and people with long-term diseases are more likely to have anemia. Important things to remember are: Certain forms of anemia are passed down through your genes, and infants may have it from birth. Women are at risk of iron deficiency anemia because of blood loss from their periods and higher blood supply demands during pregnancy. Older adults have a greater risk of anemia because they are more likely to have kidney disease or other chronic medical conditions.

There are many types of anemia. All have different causes and treatments. Some forms --like the mild anemia that happens during pregnancy aren't a major concern. But some types of anemia may reflect a serious underlying medical condition

Anemia Symptoms

The signs of anemia can be so mild that you might not even notice them. At a certain point. As your blood cells decrease,

symptoms often develop. Depending on the cause of the anemia symptoms may include:

Headache

- Dizziness
- Tiredness or weakness
- Fast
- Problems with growth, for children and teen so Shortness of breath
- Pale skin
- Cold hands and feet
- Pain, including in your bones, chest, belly and joints

Anemia Types and causes

There are more than 400 types of anemia, and they're divided into three groups: Anemia is caused by blood loss.

Anemia is caused by decreased or faulty red blood cell production.

Anemia caused by the destruction of red blood cells Anemia Caused by Blood Loss. You can lose red blood cells through bleeding. This can happen slowly over along period, and

You might not notice. Causes can include:

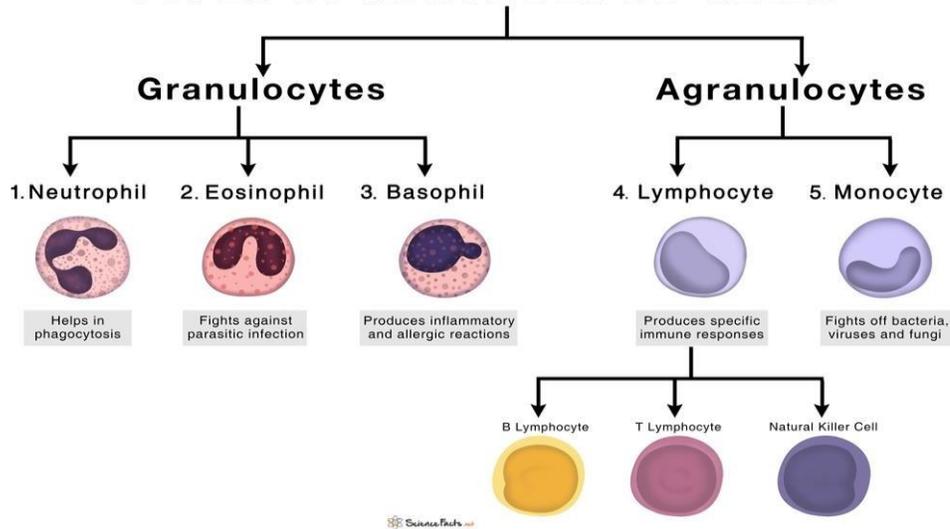
Non-steroidal anti-inflammatory drugs (NSAIDs) such as aspirin or ibuprofen, which can cause ulcers and gastritis.

Gastrointestinal conditions such as ulcers, hemorrhoids, gastritis (inflammation of your stomach) and cancer.

A woman's period, especially if you have heavy menstruation (or heavy period). This can be associated with fibroids.

Post trauma or post-surgery as well.

TYPES OF WHITE BLOOD CELLS



III. DISORDER OF WBC

White blood cells disorders occur when you have too many or too few white blood cells. White blood cells, also known as leukocytes, are one of four types of cells that make up blood. They are produced in the bone marrow and play an important role in your immune system. Doctors can measure these cells with a test called a white blood cell (WBC) count. When white blood cells are abnormally high, it usually suggests that your immune system is fighting a disease or infection. When they are too low, it suggests that a disease, autoimmune disorder, or other condition has weakened your immune system. While you cannot diagnose any medical condition based on a white blood cell count, the test can often be the first sign of a disease and even hint at what kind of disease you have.

A disorder refers to any condition that disrupts the normal functioning of the body. White blood cell disorders fall into two categories:

Neutrophils: Blood cells that mainly fight bacterial infections

Eosinophils: Blood cells that mainly fight parasitic infections

Basophils: Blood cells that help trigger inflammation to fight infections, diseases or toxins.

Leukopenia: A decrease in white blood cells, which can be caused by cells being destroyed or by not enough cells being made.

Leukocytosis: An increase in white blood cells, which can be a normal response of the immune system but also caused by certain cancerous or non-cancerous diseases. There are also five major types of white blood cells, each of which has a specific function

Monocytes: Frontline defenders that attack anything the immune system considers abnormal

Lymphocytes: Blood cells that produce immune proteins called antibodies that target and fight specific disease-causing organisms. Some diseases only affect one type of white blood cell, while others affect many. For instance, lymphocytic leukocytosis only affects lymphocytes, while neutrophilic leukocytosis only affects neutrophils.³ The type of cells affected can help doctors figure out what type of condition they are dealing with.

Symptoms

Symptoms of white blood cell disorders can vary based on the underlying cause, although some people may be asymptomatic (without symptoms). If symptoms develop, they can often be non-specific. There can even be an overlap in symptoms between leukopenia and leukocytosis.

Leukopenia

Fever, Chills, Fatigue, Lightheadedness or dizziness, Sweating. A general feeling of unwellness, Body aches, Cough, Sore throat, Trouble breathing.

Leukocytosis

Trouble breathing, Fever, Fatigue, Bleeding, bruising, Lightheadedness or dizziness, Sweating, Pain or tingling in the legs, arms, Vision problems, Unclear thinking, Loss of appetite

Causes

There are many different causes of white blood cell disorders. Some are due to a severe infection, an autoimmune disease, genetics, or cancers affecting blood cells or bone marrow. Others are treatment-related or are caused by problems with other types of blood cells, such as red blood cells. Some are entirely idiopathic, the meaning of unknown origin. Some of the white blood cell disorders associated with leukopenia include:

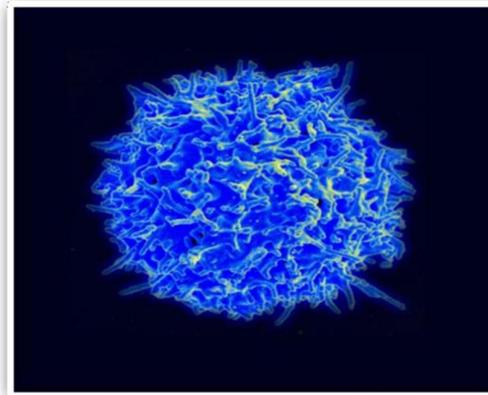
1. Autoimmune neutropenia: A condition in which your immune system mistakenly attacks and destroys neutrophils
2. Aplastic anemia: A rare condition in which the body stops producing enough new.
3. Congenital neutropenia: A genetic disorder in which the body doesn't make enough blood cells neutrophils
4. Chronic granulomatous disease: A genetic disorder that causes certain white blood cells to malfunction and behave abnormally
5. Cyclic neutropenia: A rare genetic disorder in which neutrophil production drops every 21 days or so.

Lymphocytes and Platelets, their role in health and diseases

Lymphocytes:

A small white blood cell (leukocyte) plays a larger role in defending the body against disease.

Lymphocytes are responsible for immune responses. There are two main types of lymphocytes: B cells and T cells. The B cells make antibodies that attack bacteria and toxins while the T cells attack body cells themselves when they have been taken over by viruses or have become cancerous. Lymphocytes secrete products (lymphokines) that modulate the functional activities of many other types of cells and are often present at sites of chronic inflammation



Platelets

Platelets are tiny blood cells that help your body form clots to stop bleeding. If one of your blood vessels gets damaged, it sends out signals to the platelets. The platelets then rush to the site of damage and form a plug (clot) to fix the damage. The process of spreading across the surface of a damaged blood vessel to stop bleeding is called adhesion. This is because when platelets get to the site of the injury, they grow sticky tentacles that help them stick (adhere) to one another. They also send out chemical signals to attract more platelets. The additional platelets pile onto the clot in a process called aggregation.

Clinical Chemistry of Urine

Physical examination of urine includes a description of the volume, color, clarity, odor, and specific gravity. Chemical examination of urine includes the identification of protein, nitrites, blood cells, glucose, pH, ketone bodies, and leukocyte esterase, bilirubin, urobilinogen. Urine is an aqueous solution of greater than 95% water. Other constituents include sodium, potassium, urea, chloride, creatinine and other dissolved ions, and inorganic and organic compounds. Urea is a non-toxic molecule made of toxic ammonia and carbon dioxide.

Abnormal constituents of urine and their significance in diseases

The analysis of urine for both normal and abnormal constituents is of great help in biochemical analysis in understanding the health status and following up the necessary treatment and its supervision. The normal constituents of the urine include inorganic substances like calcium, sodium, potassium, chlorides, and organic constituents like urea, uric acid, creatinine, etc. The abnormal constituents of urine that are found in pathological conditions are proteins like albumin, carbohydrates like glucose, ketone bodies like acetone, acetoacetic acid and beta-hydroxybutyric acid, bile salts and bile pigments and blood.

Abnormal constituents of the urine are bile salts, bile pigments, sugar, proteins, blood, and ketone bodies. It is observed in Diabetes mellitus, Diabetes insipidus, Addison's disease.

Chronic progressive renal failure, excess water intake, intake of diuretics like caffeine, alcohol, etc.

Any abnormal constituents found in urine are an indication of disease. The presence of red blood cells in urine is referred to as hematuria. The presence of proteins, which are normally too large to pass through the tubules, can be an indication of damage to the tubules and is called proteinuria.

Proteinuria

It means the presence of protein in the urine. Normal urine in all animal species contains a little or small amount of protein from the desquamation of epithelial cells and other sources, but the amount is insufficient to produce a positive reaction to the standard test. Proteinuria is usually associated with the following disease conditions. Hemoglobinuria, myoglobinuria, hematuria. Glomerulonephritis, renal infarction, nephrosis, amyloidosis, congestive heart failure.

Hematuria

It is the presence of intact blood cells in the urine. It may appear as gross blood clots passed at the beginning, during, or at the end of urination or as more uniform discoloration of the urine throughout the urination without clots. If large clots are present, obstruction of U.T. may occur, resulting in stranguria and dysuria.

Crystalluria:

It is the presence of crystals in the urine of herbivorous animals has no special significance unless they occur in large numbers and one associated with irritation of U.T. It may occur without clinical signs or may indicate a severe problem in renal tissues or U.T. infection.

Casts and cells

Casts are organized, tubular structures, which vary in appearance depending on their composition. They occur only when the kidneys are involved in the disease process. They present as an indication of inflammatory or degenerative changes in the kidney where they are formed by the agglomeration of desquamated cells and protein.

Pyuria

It is the presence of purulent debris in the urine. Pyuria indicates an inflammatory exudation at any point of the urinary tract, usually in the pelvis and bladder. This purulent debris may appear in the form of grass clots or shreds or only be detectable by microscopic examination. Pyuria is usually accompanied by the presence of bacteria in the urine. Also, dysuria, stranguria and crystalluria are evident.

Myoglobinuria

It is the presence of myoglobin in the urine. Myoglobinuria is good evidence of severe muscular destruction such as in azoturia in horses. It may be observed in enzootic muscular dystrophy but the amount of myoglobin in such young animals is insufficient to cause the problem.

Hemoglobinuria:

It is defined as the presence of hemoglobin in the urine. False hemoglobinuria occurs with cases of hematuria when the R.B. Cs are destroyed and liberate their contents of hemoglobin into the urine. Meanwhile, true hemoglobinuria is manifested by deep red discoloration of the urine caused by lysis of R.B. Cs due to many diseases such as Bacillary hemoglobinuria.

Significance

The advent of plastic strips that can be dipped into urine to detect the presence of protein, glucose, acetone, and other abnormal constituents has considerably eased the task of those supervising prenatal care in some parts of the world. It is, of course, mandatory to test urine at every routine examination of the pregnant woman. The strips are useful for screening purposes, although with some good eye for color and the means for accurate timing are required. In other areas, the older practice of boiling the upper half of a tube of urine to detect protein may still be necessary, and Fehling's and Benedict's solutions are used to diagnose glycosuria. The importance of prenatal care lies more in ensuring that urine is examined satisfactorily than in the method employed.

Abnormal constituents most commonly found in urine are protein (proteinuria), glucose (glycosuria) and acetone (ketonuria), and all may have a significance that must not be ignored.

Proteinuria

The most important causes of proteinuria in pregnancy are:

- (1) Chronic renal disease.
- (2) Postural or orthostatic albuminuria.
- (3) Urinary tract infection

- (4) Pre-eclampsia.
- (5) Contamination of the specimen.
- (6) General diseases,

Analysis of constituents of Urine

Color-Yellow to Amber

Volume-1-2Its. But varies due to climatic conditions and water consumption etc. Specific gravity-1.012-1.024

PH-slightly acidic, Range: 4.8-7.5 Odor-characteristics.

Chemical composition

Urine is an important excretion of the body and its physical and chemical analyses indicate several health problems. Some physical properties are listed below:

Color: The urine color is pale yellow in healthy individuals. Some abnormal colors are: Dark Yellow: when water deficiency, dehydration occurs.

Light Yellow: in diabetes.

Reddish: due to blood, indicating injuries in the urinary tract. Greenish-yellow: in jaundice. Coffee color: in hemoglobinuria.

Volume: Normal urine volume varies with water intake, season, and dietary status. High volume is suggestive of diabetes. Low volume indicates dehydration.

Transparency: Normal urine appears transparent. Most urine samples develop turbidity in a few hours when left in the laboratory.

PH: Urine pH is lightly variable due to the nature of the diet. The pH tends to become acidic after a high protein or meat diet.

Specific gravity: Specific gravity is a measure of dissolved solutes in a solution. Urine-specific gravity ranges from 1.005 to 1.050. Specific gravity is usually inversely related to volume. Specific gravity tends to be lower in winter and higher in summer.

The chemical composition of urine is also an important indicator of health states.

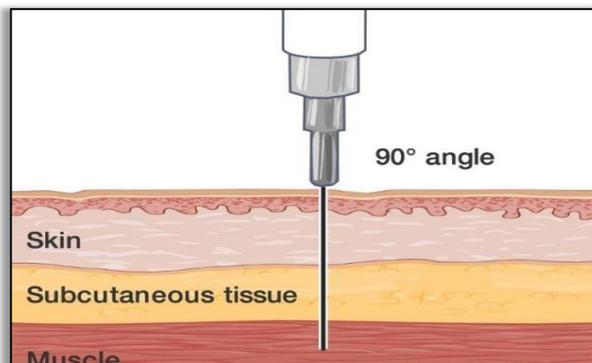
Normal chemicals and constituents are urea, creatinine, organic acids, electrolytes, uric acid, etc.

Abnormal chemical constituents are: Proteins indicating kidney disease, Bile salts-indicating obstructive jaundice, Bile pigments-indicating jaundice, Ketone bodies indicating diabetes and ketosis

Hemoglobin-indicating injuries in the urinary tract, Indican bodies indicating constipation. Normal urine contains

both organic and inorganic constituents.

Inorganic constituent includes Na⁺, Cl⁻, K⁺, Ca⁺⁺, MgSO₄⁻, NH₃ & traces of bicarbonate. Organic constituents include urea, uric acid, creatinine, urobilinogen, hippuric acid, indican.



Intramuscular Injection

The importance route is mostly used for drugs dissolved in oily substances or for those in a micro crystalline formulation that are very poorly soluble in aqueous solution that is water (e.g. procaine or penicillin G). Advantages are rapid absorption in many ways, often in under 30 min. It is widely used route

of administration of the various types of medicine and the drugs which are not given by others route like intravenous route of administration, subcutaneous injection hence it is important.

Intramuscular injection is the method of injecting main medications into the depth of the bulk of specifically on the selected muscle.

Other advantages of the intramuscular route include the opportunity to inject a large amount of solution and a reduce the pain and local irritation compared with subcutaneous injections. Potential complications include serious infections and nerve damage is observed. The latter results from the choice of a wrong site for injection.

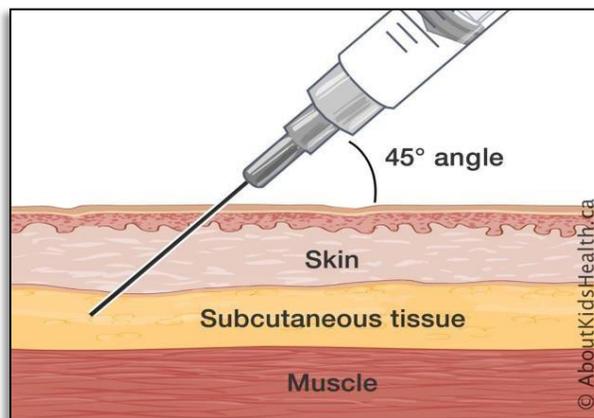
In this process the bulky muscles have more vascularity, and therefore the injected drug quick reaches into the systemic circulation and then reach into the specific region of action. eases Glucose indicating diabetes

Bypassing the first-pass metabolism. It is one of the most common medical procedures which performed on an annual basis once in year. However, there is still a deficiency of uniform guidelines and an algorithm in giving in intramuscular amongst health professionals in worldwide. Drugs which given intramuscularly both for prophylactic and curative purposes, and the most common medications include:

Antibiotics- It consists penicillin G benzathine penicillin, streptomycin Biologicals- It consists immunoglobins, vaccines, and toxoids Hormonal agents- testosterone.

Subcutaneous injection:-

Medications administered by the subcutaneous injection consists drugs that can be given in small amounts (usually less than 1 mL to 2 ml is safe). Insulin and many hormones are commonly administered by the subcutaneous injections



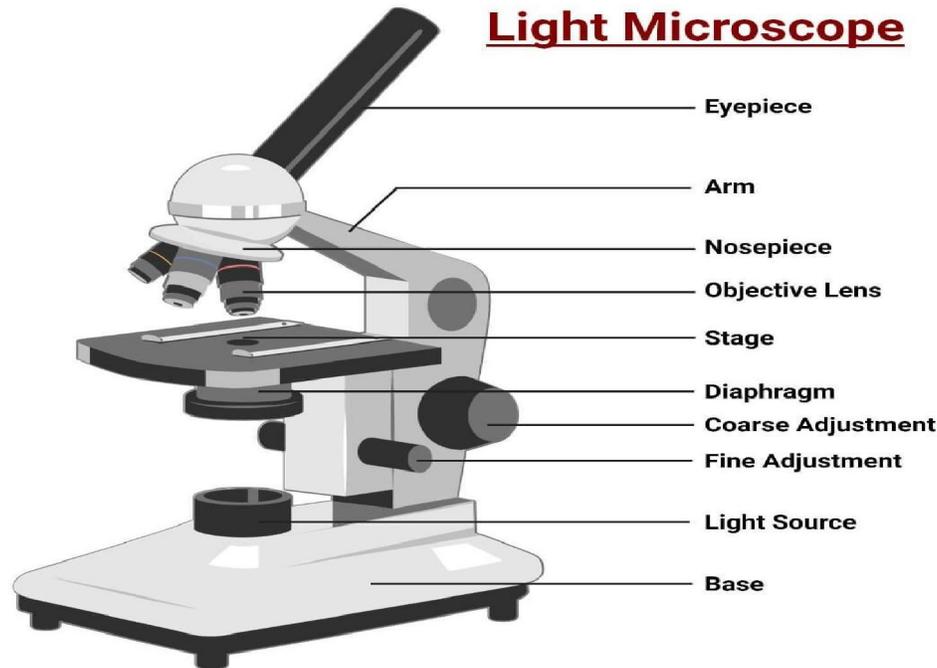
By using this route to administration drug quickly can also be administered via subcutaneous injection. Epinephrine comes in an automated injector, is called as an EpiPen, that's used to quickly treat serious allergic reactions. While it's used to be given intramuscularly, epinephrine is also work if given subcutaneously. Some pain medication example morphine and hydromorphone also called Dilaudid can be given by subcutaneous injection as well. Drugs that decrease nausea and vomiting like metoclopramide or dexamethasone (DexPak) are also given by subcutaneous injection.

Some vaccines or drugs and allergy shots are injected as a subcutaneous injection. Many other vaccines are administered as an intramuscular injection into the muscle tissue. Drug injections administered in a same manner for a long time of period, the guideline for drug injection has been updated based on clinical trials for best treatment with overcoming technical disadvantages. The most common disadvantages are considerable variation in absorption and action of drug from the patient to patient, but important is from injection to injection for that the patient.

Intravenous administration provides an excellent administration for the injection which is highly concentrated, acidic and irritant solutions

Light microscope:

Light microscopy is used to make small systems and samples seen by using supplying a magnified photo of ways they have interaction with visible light e.g. Their absorption, reflection and scattering. This is useful to understand what the pattern looks as if and what it is manufactured from, however also permits us to peer strategies of the microscopic international, inclusive of how substances diffuse throughout a cellular membrane.



Fundamentally, a microscope comprises subsystems: an illumination machine to illuminate the sample and an imaging device that produces a magnified photograph of the mild that has interacted with the pattern, that can then be considered by means of eye or using a digital camera system. Early microscopes used an illumination device comprising daylight that became accrued and reflected onto the pattern by a mirror. Today, maximum microscopes use synthetic mild sources which include mild bulbs, mild-emitting diodes (LEDs) or lasers to make greater dependable and controllable illumination systems, which can be tailored to a given utility. In those structures, mild from the supply is typically amassed the usage of a condenser lens and then formed and optically filtered before being focused onto the sample. Shaping the mild is essential to gain excessive resolution and comparison, and regularly includes controlling the pattern vicinity this is illuminated and the angles at which mild impinges on it. Optical filtering of the illumination mild, using optical filters that adjust its spectrum and polarization, can be used to spotlight certain functions of a sample, to improve the visibility of weak signatures or to have a look at a sample's fluorescence.

Applications:

- Light microscopy may be used to demonstrate the presence of chemical factors at the tissue level.
- For instance, Perl's Prussian blue method is used for the detection of iron (III) and Von Koss's silver reaction for the detection of certain calcium, other reactions may be used to detect gold, copper, lead, and zinc.
- It needs to be noted that these techniques hit upon the sure form of an element; any free paperwork will commonly be lost in the course of the fixation length.
- For the detection of free calcium, light or confocal microscopy using fluorescent dyes have outdated the greater conventional staining methods.
- In popular, light microscopy is limited through each the variety of factors for which stains are available and by means of the decision of the mild microscope, which confines observations at first-class to the extent of man or woman cells. For unambiguous detection of factors and their localization on the mobile

and subcellular level, EM strategies are required.

- Light interacts with matter in very predictable ways allowing for optical system design. Depending on the refractive index, transmittance, and dispersive properties of a material, light can be made to perform optical "tricks" to generate contrast in otherwise clear samples.
- Technological advances in transmitted light microscopy have allowed biologists to visualize previously inaccessible cellular features.
- For instance, Frits Zernike was awarded the Nobel Prize in Physics (1953) for his invention of the phase contrast microscope, which transforms optical path and refractive differences into contrast.
- As the nucleus has a higher refractive index than the cytoplasm, light travelling through each can be modulated independently to create either constructive (bright) or destructive interference (dark).
- The resulting contrast-enhanced image permits improved visualization of both cellular compartments, as compared to standard brightfield images. Further, as the amount of interference is linearly related to the refractive index of a material, phase contrast microscopy can also be used to quantify features such as bulk protein concentration. Later, Shinya Inoue used polarized light microscopy to exploit the birefringence generated by sub-resolution microtubules in the mitotic spindle, leading to the first description of microtubules as protein-based fibers connected to chromosomes.
- An additional triumph of transmitted light microscopy was the invention of video enhanced Differential Interference Contrast (DIC) imaging at the Marine Biological Laboratory in the 1980s.
- Using this technology, Vale and colleagues discovered the kinesin motor protein that transports vesicles along microtubules in neurons.

IV. INTRODUCTION TO SEMI-AUTO ANALYZER

In semi-automatic methods, the reaction mixture is formed manually. A suitable volume is added in the reaction vessel, then the enzyme is added manually, and mixed with the components of the reaction vessel and then the sensor is allowed to follow the reaction automatically by using auto-sensor.

A large number of methods are used to follow the enzyme-catalyzed reactions then almost any chemical or physical change that can be measured in the recording instrument which may be used. The mostly used method is to measure changes in absorption of light and various instruments are used for this purpose, from simple filter colorimeters to spectrophotometers. Another important method of study the enzyme-catalyzed reactions is by measuring deviations in fluorescence. Fluorescence spectroscopy is so sensitive and is useful. For example, in measuring reduced pyridine nucleotides.

A Biochemistry Analyzer is the clinical chemical analyzer machine that can measure the constituent present within a collected sample consisting of blood, urine and plasma, initially, this procedure was performed manually by the lab technicians and analysts, then it became tedious and caused hindrances. To prevent the delay in introduced test results for each sample, the necessity for an analyzing machine was registered. Technology gives us a way to an Automatic Biochemistry Analyzer. This semi-automatic machine cannot diagnose diseases and their causes of issues and symptoms in the human body. There might be different varieties of the analyzer which need to be studied and needs realized for recognize level of automation is required for the analyzer. Here, we are considering that the Semi-Automatic Biochemistry Analyzer.

Semi-Automatic Analyzer working depends on two measurement methods:

Optical Methods

Electrochemical Methods.

The working is same as that of the Fully Automated Analyzer's. The main difference between them is that Semi-Automatic analyzers are most practical for use in small scale laboratories and the medical practices. This is because of its ability to easily handle a lower number of samples at a time as compared to the fully automatic Analyzers. This machinery is Semi-Automatic, bench-type that used in Laboratory, research, in-vitro diagnosis, clinical tests, and also hospital use. This analyzer contains high-speed processor and a built-in thermal printer and connection to an external printer for quality reports.

At the end, this analyzer proved that itself it's the best delivery results as proven in the topreviews of the clinical technicians. With Med source Ozone do all efforts into quick delivery and the acceptance to the labs and the clinics, this analyzer is good and reliable choice. Though in the case. a semi-Automatic biochemistry analyzer follows the Colorimetric, Photometry, and principles of Absorbance for the working under the many optical techniques. And it follows the working of a direct potentiometer and indirect potentiometer principles under electrochemical technology. To know if a Semi-Automatic analyzer meets your necessary needs you need to choose a measurement technique, various operation method, sample status, and which used reagent management to know the need.

Varioustests performed using semiautoanalyzer:-

Estimation of the SGPT by using semiautoanalyzer (IFCC kinetic method)

ALT or SGPT catalyzes the reversible transport of an amino group from the alanine into oxoglutarates which produces glutamate and pyruvate. The pyruvate was reduced to the lactate by LDH and the NADH.

Estimation of the total cholesterol by using semiautoanalyzer (cholesterol oxidase and peroxidase method)

Cholesterol esterase CHE is hydrolyzed the esterified cholesterol into the free form of cholesterol. The free cholesterol produced was oxidized to form the hydrogen peroxide (H₂O₂), which can react with phenol and the 4-amino antipyrine by the peroxidase to produce red-colored quinonimine dye complex. The intensity of the color form was directly proportional to the cholesterol present in the serum sample.

Estimation of a triacylglycerol by use of semiauto analyzer (enzymatic glycerol phosphate oxidase and peroxidase method)

Lipoprotein lipase hydrolyzed TGs to produce glycerol and free form of fatty acid. The glycerol produced with the help of ATP in the presence of glycerol kinase produces glycerol 3 P. oxidized by use of glycerol phosphate oxidase to form H₂O₂ which reacted with phenolic compound and the 4-amino antipyrine by the catalytic action of peroxidase to produce a red-colored quinonimine dye complex, intensity of color produced which was directly proportional to the TGs present in the sample.

Analysis of constituents of blood and urine

SGOT:-

The SGOT test for blood test. It helps to measure how well the liver is function by determine levels of a aspartate aminotransferase in blood. Too many of enzyme can indicate a problem, like liver damage [50]

SGPT:-

In the treatment of the tuberculosis the patient is directly give Anti Tuberculosis Drugs without measure Serum Glutamic Pyruvic Transaminase (SGPT) and Serum Glutamic Oxaloacetic Transaminase (SGOT) to know whether or not there is liver injury before treatment.

Hematological values:

Locally derived reference values for hematological indices are urgently needed to account for regional variations in ecology, ethnicity, vitamins, race, gender among many different variables. These values are essential for have a look at player choice and screening, prognosis as well as right patient control. Most of the translation of hematological indices currently used in many African rural locations is drawn from values primarily based on exclusive populace in Europe North America. Reliable scientific laboratory reference values are critical issue in comparative selection-making system for creating a scientific prognosis and different physiological evaluation. Established values offer a crucial tool for patient management and influences choices on player in trials or exclusion in medical research.

These values are vital for correctly screening of take a look at contributors into clinical research studies, monitoring pathophysiological changes after continuation or ailment states, or following the management of medication in healing or medical interventions and vaccine research.

Research is an increasing number of being done in Africa, in particular preventive intervention trials for infectious diseases. Although several steps were put in area with the purpose of enhancing the reach infrastructure international, laboratory reference stages used for trial screening and evaluating detrimental events are frequently based on facts derived predominantly from European and American populations. Reference programming language values are classically

derived from biometric parameters that fall inside two standard deviations (95% Confidence Interval) of the suggest of a wholesome population. It is a extensively general precept that international populations need to set up and validate reference values based totally on the winnings situations and situations.

Blood Collection, Hematological Analysis and Quality Control

While blood became amassed by using phlebotomy in zero 5ml micrometertubes containing ethylenediamine tetra acetic acid (EDTA) (Becton Dickinson, Franklin Lakes, NJ) Hematology evaluation became performed within 24 hours of specimen collection the usage of a 3-Par differential Coulter counter hematology analyzer. Prior to use, the hematology instrument become on website online using validation strategies from Contract Laboratory Services (CLS1) South Africa, CLS also carried out Good Clinical Laboratory Practices (GCLP) schooling to the laboratory group of workers who were involved inside the observe. Internal great manage samples with recognized concentrations had to be analyzed on the hematology gadget and consequences confined to be inside CLS supplied ranges before patient samples can be analyzed. The laboratory additionally registered in a UKNEQAS External Quality assurance provider, which affords EQA samples in keeping with month.

White blood cells (WBCs), crimson blood cells (RBCs), hemoglobin (HGB), hematocrit (HCT), platelets, granulocytes, lymphocytes, and monocytes had been immediately measured. Red blood cellular indices of MCV, MCH, and MCHC (g/dL), RDW and MPV had been extrapolated. The analyzer did not give separate counts of neutrophils, basophils and eosinophils.

Thyroid Function Test

Commonly Included Tests:

Thyroid assessments commonly used encompass TSH, free hormones, thyroid antibodies (TPO Ab, TP-Ab), TSH receptor antibodies (TRAb), and Thyroglobulin (Tg). Serum is used for testing. The blood pattern has to be accumulated in a plain tube and sent to the lab immediately for processing. Thyroid medicinal drugs (thyroid hormones and antithyroid drugs) need to be unnoticed prior to blood taking. To lessen the variability of check effects specimens, need to be received at the identical time of day and prandial kingdom. Early morning fasting values are higher than late morning non-fasting TSH by using a median of 25%. TSH also well-known shows diurnal rhythmicity with a nadir inside the overdue afternoon and peak at night time.

Thyrotropin or Thyroid Stimulating Hormone (TSH):

Med the present day TSH assays in use can measure TSH levels of zero 01 mIU/L or decrease imprecision of 20% This stage of TSH is also called the useful sensitivity of the assay. The sensitivity of the assay in untreated hyperthyroidism is often >0.01 mIU/L. Thus, we are able to distinguish moderate hyperthyroidism from subjects. However, a few unwell euthyroid subjects in interval may additionally have TSH values at or near 0.01 mIU/L, and require TSH assays with Bier detection limits (e.g. 0.004 mIU/L) for clearer diagnostic delineation. The normal range for TSH is around zero. Four four 0ml

(SAMPLE REPORT)



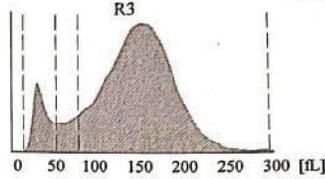
SHREEYASH

CLINICAL LABORATORY

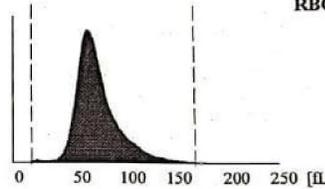
REG NO. : IPD / 30
 NAME : MRS. Leela Khandalkar
 REF BY : Dr Shreeyash Hospital
 AGE : 45 YEARS SEX : Female
 DATE : 09/11/2022

CBC (COMPLETE BLOOD COUNT)
 (Done on fully Automatic BC2800 Haematology Analyser)

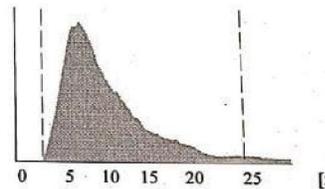
TESTS	RESULTS	REF RANGE
Haemoglobin	: 13.0 gm/dl	11 - 16
WBC Count		
Total WBC Count	: 20000 /cmm	4000 - 10000
DIFFERENTIAL COUNT		
Neutrophil	: 85 %	45 - 70
Lymphocytes	: 10 %	20 - 45
Eosinophil	: 02 %	00 - 06
Monocytes	: 03 %	00 - 08
Basophil	: 00 %	00 - 01
RBC Indices		
Red Blood Cell Count	: 3.81 mil./cumm	4.5 - 6.5
Haematocrit (P C V)	: 38.8 %	35 - 49
MCV	: 101.9 fL	76 - 96
MCH	: 34.1 pg	27 - 32
MCHC	: 33.5 gm/dl	32 - 36
RDW-CV	: 15.9 %	11.5 - 14.5
RDW-SD	: 57.4 fL	39 - 46
PLATELET Indices		
Platelet Count	: 363000 /cumm	150000 - 450000
MPV	: 9.5 fL	7.4 - 10.4
PDW	: 14.7 fL	15.0 - 17.0
PCT	: 0.344 %	0.100 - 0.282
PERIPHERAL BLOOD SMEAR		
Platelets	: Adequate	
WBC Morphology	: Neutrophilic Leucocytosis	
RBC Morphology	: Normocytic Normochromic	



WBC



RBC



PLT

.....End Of The Report.....





Medical Laboratory Technology
Bsc.MLT, DMLT

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Report

Pathology is the branch of medicine that treats the essential nature of the disease. The study of Pathology is essential to detect the disease of the urinary system as well as metabolic diseases like Diabetes or Liver disease thus, this studies provides valuable data like Clinical chemistry of blood its key parameters and their significance, Erythrocytes abnormal cells and their significance, Disorders of WBC, Lymphocytes Platelets and their role in health and diseases. As well as most prominently the test on Urine was done and it shows The Normal Chemical Composition of Urine i.e Urea, Chloride, Sodium, Potassium, Creatinine And Abnormal constituents of urines are sugar. proteins, blood, bile salts, bile pigments, and ketone bodies and also their disease causes are studied.

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