

Dr. Vinay Chopra  
MD (Pathology & Microbiology)  
Chairman & Consultant Pathologist

Dr. Yugam Chopra  
MD (Pathology)  
CEO & Consultant Pathologist

NAME : Mrs. AMARJEET KAUR  
AGE/ GENDER : 70 YRS/FEMALE  
COLLECTED BY :  
REFERRED BY :  
BARCODE NO. : 01512522  
CLIENT CODE. : KOS DIAGNOSTIC LAB  
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1538341  
REG. NO./LAB NO. : 012407040047  
REGISTRATION DATE : 04/Jul/2024 02:37 PM  
COLLECTION DATE : 04/Jul/2024 02:38PM  
REPORTING DATE : 04/Jul/2024 04:41PM

Test Name	Value	Unit	Biological Reference interval
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## HAEMATOLOGY

### HAEMOGLOBIN (HB)

HAEMOGLOBIN (HB) 10.6<sup>L</sup> gm/dL 12.0 - 16.0  
by CALORIMETRIC

#### INTERPRETATION:-

Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the bodys tissues and returns carbon dioxide from the tissues back to the lungs.

A low hemoglobin level is referred to as ANEMIA or low red blood count.

#### ANEMIA ( DECREASED HAEMOGLOBIN):

- 1) Loss of blood (traumatic injury, surgery, bleeding, colon cancer or stomach ulcer)
- 2) Nutritional deficiency (iron, vitamin B12, folate)
- 3) Bone marrow problems (replacement of bone marrow by cancer)
- 4) Suppression by red blood cell synthesis by chemotherapy drugs
- 5) Kidney failure
- 6) Abnormal hemoglobin structure (sickle cell anemia or thalassemia).

#### POLYCYTHEMIA (INCREASED HAEMOGLOBIN):

- 1) People in higher altitudes (Physiological)
- 2) Smoking (Secondary Polycythemia)
- 3) Dehydration produces a falsely rise in hemoglobin due to increased haemoconcentration
- 4) Advanced lung disease (for example, emphysema)
- 5) Certain tumors
- 6) A disorder of the bone marrow known as polycythemia rubra vera,
- 7) Abuse of the drug erythropoietin (Epogen) by athletes for blood doping purposes (increasing the amount of oxygen available to the body by chemically raising the production of red blood cells).

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD



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**TOTAL LEUCOCYTE COUNT (TLC)**

TOTAL LEUCOCYTE COUNT (TLC)	10200	/cmm	4000 - 11000
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
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#### DIFFERENTIAL LEUCOCYTE COUNT (DLC)

<b>NEUTROPHILS</b> by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	45 <sup>L</sup>	%	50 - 70
<b>LYMPHOCYTES</b> by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	23	%	20 - 40
<b>EOSINOPHILS</b> by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	24 <sup>H</sup>	%	1 - 6
<b>MONOCYTES</b> by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	8	%	2 - 12
<b>BASOPHILS</b> by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	0	%	0 - 1
<b>IMMATURE GRANULOCTE (IG) %</b> by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	0	%	0 - 5.0

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

\*\*\* End Of Report \*\*\*



  
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