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| | | | |
|---|---|---|---|
| **NAME** | **: Mrs. SANTOSH** | | |
| **AGE/ GENDER** | : 30 YRS/FEMALE | **PATIENT ID** | : 1546874 |
| **COLLECTED BY** | : | **REG. NO./LAB NO.** | **: 012407120048** |
| **REFERRED BY** | : | **REGISTRATION DATE** | : 12/Jul/2024 02:44 PM |
| **BARCODE NO.** | : 01512996 | **COLLECTION DATE** | : 13/Jul/2024 07:30AM |
| **CLIENT CODE.** | : KOS DIAGNOSTIC LAB | **REPORTING DATE** | : 12/Jul/2024 03:19PM |
| **CLIENT ADDRESS** | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |

# HAEMATOLOGY

## COMPLETE BLOOD COUNT (CBC)

| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|
| **RED BLOOD CELLS (RBCS) COUNT AND INDICES** | | | |
| **HAEMOGLOBIN (HB)** *by CALORIMETRIC* | **11.8[L]** | **gm/dL** | **12.0 - 16.0** |
| RED BLOOD CELL (RBC) COUNT *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE* | 4.31 | Millions/cmm | 3.50 - 5.00 |
| **PACKED CELL VOLUME (PCV)** *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER* | **36.8[L]** | **%** | **37.0 - 50.0** |
| MEAN CORPUSCULAR VOLUME (MCV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER* | 85.4 | fL | 80.0 - 100.0 |
| MEAN CORPUSCULAR HAEMOGLOBIN (MCH) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER* | 27.4 | pg | 27.0 - 34.0 |
| MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER* | 32 | g/dL | 32.0 - 36.0 |
| RED CELL DISTRIBUTION WIDTH (RDW-CV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER* | 14.5 | % | 11.00 - 16.00 |
| RED CELL DISTRIBUTION WIDTH (RDW-SD) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER* | 46 | fL | 35.0 - 56.0 |
| MENTZERS INDEX *by CALCULATED* | 19.81 | RATIO | BETA THALASSEMIA TRAIT: < 13.0<br>IRON DEFICIENCY ANEMIA: >13.0 |
| GREEN & KING INDEX *by CALCULATED* | 28.75 | RATIO | BETA THALASSEMIA TRAIT: < = 65.0<br>IRON DEFICIENCY ANEMIA: > 65.0 |
| **WHITE BLOOD CELLS (WBCS)** | | | |
| TOTAL LEUCOCYTE COUNT (TLC) *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 10100 | /cmm | 4000 - 11000 |
| NUCLEATED RED BLOOD CELLS (nRBCS) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER & MICROSCOPY* | NIL | | 0.00 - 20.00 |
| NUCLEATED RED BLOOD CELLS (nRBCS) % *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER & MICROSCOPY* | NIL | % | < 10 % |
| **DIFFERENTIAL LEUCOCYTE COUNT (DLC)** | | | |

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| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|
| NEUTROPHILS<br>*by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 68 | % | 50 - 70 |
| LYMPHOCYTES<br>*by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 26 | % | 20 - 40 |
| EOSINOPHILS<br>*by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 1 | % | 1 - 6 |
| MONOCYTES<br>*by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 5 | % | 2 - 12 |
| BASOPHILS<br>*by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 0 | % | 0 - 1 |
| **ABSOLUTE LEUKOCYTES (WBC) COUNT** | | | |
| ABSOLUTE NEUTROPHIL COUNT<br>*by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 6868 | /cmm | 2000 - 7500 |
| ABSOLUTE LYMPHOCYTE COUNT<br>*by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 2626 | /cmm | 800 - 4900 |
| ABSOLUTE EOSINOPHIL COUNT<br>*by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 101 | /cmm | 40 - 440 |
| ABSOLUTE MONOCYTE COUNT<br>*by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 505 | /cmm | 80 - 880 |
| ABSOLUTE BASOPHIL COUNT<br>*by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 0 | /cmm | 0 - 110 |
| **PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.** | | | |
| PLATELET COUNT (PLT)<br>*by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE* | 369000 | /cmm | 150000 - 450000 |
| **PLATELETCRIT (PCT)**<br>***by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*** | **0.38$^{H}$** | **%** | **0.10 - 0.36** |
| MEAN PLATELET VOLUME (MPV)<br>*by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE* | 10 | fL | 6.50 - 12.0 |
| **PLATELET LARGE CELL COUNT (P-LCC)**<br>***by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*** | **104000$^{H}$** | **/cmm** | **30000 - 90000** |
| PLATELET LARGE CELL RATIO (P-LCR)<br>*by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE* | 28.3 | % | 11.0 - 45.0 |
| PLATELET DISTRIBUTION WIDTH (PDW)<br>*by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE* | 16.3 | % | 15.0 - 17.0 |

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

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| Test Name | Value | Unit | Biological Reference interval |
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## GLYCOSYLATED HAEMOGLOBIN (HBA1C)

| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|
| GLYCOSYLATED HAEMOGLOBIN (HbA1c): WHOLE BLOOD<br>*by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)* | 5.3 | % | 4.0 - 6.4 |
| ESTIMATED AVERAGE PLASMA GLUCOSE<br>*by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)* | 105.41 | mg/dL | 60.00 - 140.00 |

***INTERPRETATION:***

| AS PER AMERICAN DIABETES ASSOCIATION (ADA): | | |
|---|---|---|
| **REFERENCE GROUP** | **GLYCOSYLATED HEMOGLOGIB (HBAIC) in %** | |
| Non diabetic Adults >= 18 years | <5.7 | |
| At Risk (Prediabetes) | 5.7 – 6.4 | |
| Diagnosing Diabetes | >= 6.5 | |
| Therapeutic goals for glycemic control | **Age > 19 Years** | |
| | Goals of Therapy: | < 7.0 |
| | Actions Suggested: | >8.0 |
| | **Age < 19 Years** | |
| | Goal of therapy: | <7.5 |

**COMMENTS:**

1.Glycosylated hemoglobin (HbA1c) test is three monthly monitoring done to assess compliace with therapeutic regimen in diabetic patients.

*2.Since Hb1c reflects long term fluctuations in blood glucose concentration, a diabetic patient who has recently under good control may still have high concentration of HbAIc. Converse is true for a diabetic previously under good control but now poorly controlled.*

*3.Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targetting a goal of < 7.0% may not be appropiate.*

*4.*High HbA1c (>9.0 -9.5 %) is strongly associated with risk of development and rapid progression of microvascular and nerve complications

5.Any condition that shorten RBC life span like acute blood loss, hemolytic anemia falsely lower HbA1c results.

6.HbA1c results from patients with HbSS,HbSC and HbD must be interpreted with caution , given the pathological processes including anemia,increased red cell turnover, and transfusion requirement that adversely impact HbA1c as a marker of long-term gycemic control.

7.Specimens from patients with polycythemia or post-splenctomy may exhibit increse in HbA1c values due to a somewhat longer life span of the red cells.

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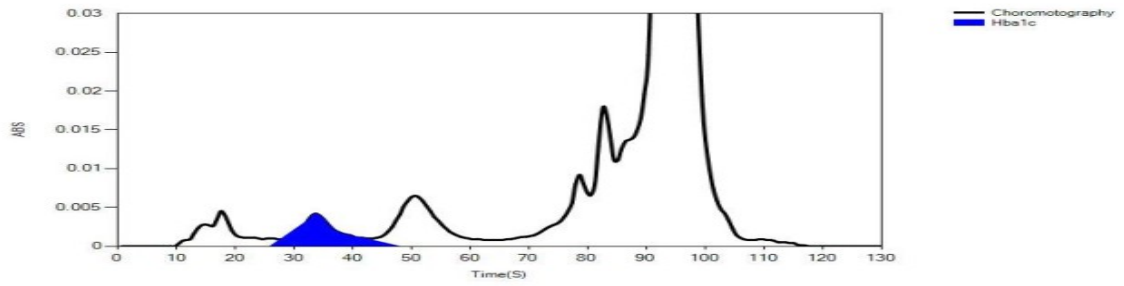
| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|

LIFOTRONIC Graph Report

| | | | | |
|---|---|---|---|---|
| Name : | Case : | Patient Type : | | Test Date : 12/07/2024 15:26:21 |
| Age : | Department : | Sample Type : Whole Blood EDTA | | Sample Id : 01512996 |
| Gender : | | | | Total Area : 13081 |

| Peak Name | Retention Time(s) | Absorbance | Area | Result (Area %) |
|---|---|---|---|---|
| HbA0 | 69 | 3863 | 11837 | 88.7 |
| HbA1c | 37 | 65 | 711 | 5.3 |
| La1c | 24 | 42 | 298 | 2.2 |
| HbF | 19 | 10 | 13 | 0.1 |
| Hba1b | 13 | 46 | 128 | 0.9 |
| Hba1a | 11 | 28 | 94 | 0.7 |

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| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|

## CLINICAL CHEMISTRY/BIOCHEMISTRY

### GLUCOSE FASTING (F) AND POST PRANDIAL (PP)

| | | | |
|---|---|---|---|
| GLUCOSE FASTING (F): PLASMA<br>*by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)* | 87.32 | mg/dL | NORMAL: < 100.0<br>PREDIABETIC: 100.0 - 125.0<br>DIABETIC: > 0R = 126.0 |
| GLUCOSE POST PRANDIAL (PP): PLASMA<br>*by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)* | 96.63 | mg/dL | NORMAL: < 140.00<br>PREDIABETIC: 140.0 - 200.0<br>DIABETIC: > 0R = 200.0 |

***INTERPRETATION:***

**IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:**

1. A fasting plasma glucose below 100 mg/dL and post-prandial plasma glucose level below 140 mg/dl is considered normal.
2. A fasting plasma glucose level between 100 - 125 mg/dl and post-prandial plasma glucose level between 140 – 200 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.
3. A fasting plasma glucose level of above 125 mg/dL and post-prandial plasma glucose level above 200 mg/dL is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients. A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.

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| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|

## ENDOCRINOLOGY

### THYROID STIMULATING HORMONE (TSH)

| | | | |
|---|---|---|---|
| THYROID STIMULATING HORMONE (TSH): SERUM | 2.512 | µIU/mL | 0.35 - 5.50 |

*by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)*

**3rd GENERATION, ULTRASENSITIVE**

***INTERPRETATION:***

| AGE | REFFERENCE RANGE (µIU/mL) |
|---|---|
| 0 – 5 DAYS | 0.70 – 15.20 |
| 6 Days – 2 Months | 0.70 – 11.00 |
| 3 – 11 Months | 0.70 – 8.40 |
| 1 – 5 Years | 0.70 – 7.00 |
| 6 – 10 Years | 0.60 – 5.50 |
| 11 - 15 | 0.50 – 5.50 |
| > 20 Years (Adults) | 0.27 – 5.50 |
| ***PREGNANCY*** | |
| 1st Trimester | 0.10 - 3.00 |
| 2nd Trimester | 0.20 - 3.00 |
| 3rd Trimester | 0.30 - 4.10 |

**NOTE:-*TSH levels are subjected to circardian variation, reaching peak levels between 2-4 a.m and at a minimum between 6-10 pm. The variation is of the order of 50 %. Hence time of the day has influence on the measured serum TSH concentration.***

**USE**:- TSH controls biosynthesis and release of thyroid harmones T4 & T3. It is a sensitive measure of thyroid function, especially useful in early or subclinical hypothyroidism, before the patient develops any clinical findings or goitre or any other thyroid function abnormality.

**INCREASED LEVELS:**

1.Primary or untreated hypothyroidism, may vary from 3 times to more than 100 times normal depending on degree of hypofunction.
2.Hypothyroid patients receiving insufficient thyroid replacement therapy.
3.Hashimotos thyroiditis.
4.DRUGS: Amphetamines, Iodine containing agents and dopamine antagonist.
5.Neonatal period, increase in 1st 2-3 days of life due to post-natal surge.

**DECREASED LEVELS:**

1.Toxic multi-nodular goitre & Thyroiditis.
2.Over replacement of thyroid harmone in treatment of hypothyroidism.
3.Autonomously functioning Thyroid adenoma
4.Secondary pituatary or hypothalmic hypothyroidism
5.Acute psychiatric illness
6.Severe dehydration.

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| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|

7.DRUGS: Glucocorticoids, Dopamine, Levodopa, T4 replacement therapy, Anti-thyroid drugs for thyrotoxicosis.
8.Pregnancy: 1st and 2nd Trimester

**LIMITATIONS:**

1.TSH may be normal in central hypothyroidism, recent rapid correction of hyperthyroidism or hypothyroidism, pregnancy, phenytoin therapy.
2.Autoimmune disorders may produce spurious results.

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## CLINICAL PATHOLOGY

### URINE ROUTINE & MICROSCOPIC EXAMINATION

**PHYSICAL EXAMINATION**

| | | | |
|---|---|---|---|
| QUANTITY RECIEVED<br>*by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY* | 10 | ml | |
| COLOUR<br>*by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY* | AMBER YELLOW | | PALE YELLOW |
| TRANSPARANCY<br>*by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY* | CLEAR | | CLEAR |
| SPECIFIC GRAVITY<br>*by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY* | 1.01 | | 1.002 - 1.030 |

**CHEMICAL EXAMINATION**

| | | | |
|---|---|---|---|
| REACTION<br>*by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY* | ACIDIC | | |
| PROTEIN<br>*by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY* | Negative | | NEGATIVE (-ve) |
| SUGAR<br>*by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY* | Negative | | NEGATIVE (-ve) |
| pH<br>*by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY* | <=5.0 | | 5.0 - 7.5 |
| BILIRUBIN<br>*by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY* | Negative | | NEGATIVE (-ve) |
| NITRITE<br>*by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.* | Negative | | NEGATIVE (-ve) |
| UROBILINOGEN<br>*by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY* | Normal | EU/dL | 0.2 - 1.0 |
| KETONE BODIES<br>*by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY* | Negative | | NEGATIVE (-ve) |
| BLOOD<br>*by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY* | Negative | | NEGATIVE (-ve) |
| ASCORBIC ACID<br>*by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY* | NEGATIVE (-ve) | | NEGATIVE (-ve) |

**MICROSCOPIC EXAMINATION**

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| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|
| RED BLOOD CELLS (RBCs)<br>*by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT* | NEGATIVE (-ve) | /HPF | 0 - 3 |
| PUS CELLS<br>*by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT* | 1-3 | /HPF | 0 - 5 |
| EPITHELIAL CELLS<br>*by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT* | 3-5 | /HPF | ABSENT |
| CRYSTALS<br>*by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT* | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| CASTS<br>*by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT* | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| BACTERIA<br>*by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT* | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| OTHERS<br>*by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT* | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| TRICHOMONAS VAGINALIS (PROTOZOA)<br>*by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT* | ABSENT | | ABSENT |

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| | | | |
|---|---|---|---|
| **NAME** | **: Mrs. SANTOSH** | | |
| **AGE/ GENDER** | : 30 YRS/FEMALE | **PATIENT ID** | : 1546874 |
| **COLLECTED BY** | : | **REG. NO./LAB NO.** | **: 012407120048** |
| **REFERRED BY** | : | **REGISTRATION DATE** | : 12/Jul/2024 02:44 PM |
| **BARCODE NO.** | : 01512996 | **COLLECTION DATE** | : 13/Jul/2024 07:30AM |
| **CLIENT CODE.** | : KOS DIAGNOSTIC LAB | **REPORTING DATE** | : 15/Jul/2024 06:51AM |
| **CLIENT ADDRESS** | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |

| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|

# MICROBIOLOGY

## CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: URINE

**CULTURE AND SUSCEPTIBILITY: URINE**

| | |
|---|---|
| DATE OF SAMPLE | 13-07-2024 |
| SPECIMEN SOURCE | URINE |
| INCUBATION PERIOD<br>*by AUTOMATED BROTH CULTURE* | 48 HOURS |
| CULTURE<br>*by AUTOMATED BROTH CULTURE* | STERILE |
| ORGANISM<br>*by AUTOMATED BROTH CULTURE* | NO AEROBIC PYOGENIC ORGANISM GROWN AFTER 48 HOURS OF INCUBATION AT 37*C |

**AEROBIC SUSCEPTIBILITY: URINE**

***INTERPRETATION:***

1. In urine culture and sensitivity, presence of more than 100,000 organism per mL in midstream sample of urine is considered clinically significant. However in symptomatic patients , a smaller number of bacteria (100 to 10000/mL) may signify infection.
2. Colony count of 100 to 10000/ mL indicate infection, if isolate from specimen obtained by suprapubic aspiration or “in-and-out” catheterization or from patients with indwelling catheters.

**SUSCEPTIBILITY:**

1. A test interpreted as **SENSTITIVE** implies that infection due to isolate may be appropriately treated with the dosage of an antimicrobial agent recommended for that type of infection and infecting species, unless otherwise indicated..
2. A test interpreted as **INTERMEDIATE** implies that the” Infection due to the isolate may be appropriately treated in body sites where the drugs are physiologically concentrated or when a high dosage of drug can be used”.
3. A test interpreted as **RESISTANT** implies that the “isolates are not inhibited by the usually achievable concentration of the agents with normal dosage, schedule and/or fall in the range where specific microbial resistance mechanism are likely (e.g. beta-lactamases), and clinical efficacy has not been reliable in treatment studies.

**CAUTION:**

Conditions which can cause a false Negative culture:

1. Patient is on antibiotics. Please repeat culture post therapy.
2. Anaerobic bacterial infection.
3. Fastidious aerobic bacteria which are not able to grow on routine culture media.
4. Besides all these factors, at least in 25-40 % of cases there is no direct correlation between in vivo clinical picture.
5. Renal tuberculosis to be confirmed by AFB studies.

*** End Of Report ***

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