

(A Unit of KOS Healthcare)



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

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

NAME : Mrs. KAVITA

**AGE/ GENDER** : 30 YRS/FEMALE **PATIENT ID** : 1547725

COLLECTED BY : REG. NO./LAB NO. : 012407130062

REFERRED BY: LOOMBA HOSPITAL (AMBALA CANTT)REGISTRATION DATE: 13/Jul/2024 01:05 PMBARCODE NO.: 01513074COLLECTION DATE: 13/Jul/2024 01:08 PMCLIENT CODE.: KOS DIAGNOSTIC LABREPORTING DATE: 13/Jul/2024 01:15 PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

### HAEMATOLOGY

HAEMOGLOBIN (HB)

HAEMOGLOBIN (HB) 11.2<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 (DECRESED 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 erythropoetin (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



DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)





(A Unit of KOS Healthcare)



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

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

: 13/Jul/2024 01:18PM

**NAME** : Mrs. KAVITA

**AGE/ GENDER PATIENT ID** : 30 YRS/FEMALE : 1547725

**COLLECTED BY** REG. NO./LAB NO. :012407130062

: LOOMBA HOSPITAL (AMBALA CANTT) REFERRED BY **REGISTRATION DATE** : 13/Jul/2024 01:05 PM BARCODE NO. :01513074 **COLLECTION DATE** : 13/Jul/2024 01:08PM

: KOS DIAGNOSTIC LAB **CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit **Biological Reference interval** 

### **BLOOD GROUP (ABO) AND RH FACTOR TYPING**

REPORTING DATE

**ABO GROUP** by SLIDE AGGLUTINATION RH FACTOR TYPE by SLIDE AGGLUTINATION

CLIENT CODE.

0

**POSITIVE** 



DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)





(A Unit of KOS Healthcare)



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

NAME : Mrs. KAVITA

**AGE/ GENDER** : 30 YRS/FEMALE **PATIENT ID** : 1547725

COLLECTED BY : REG. NO./LAB NO. : 012407130062

**REFERRED BY**: LOOMBA HOSPITAL (AMBALA CANTT) **REGISTRATION DATE**: 13/Jul/2024 01:05 PM **BARCODE NO.**: 01513074 **COLLECTION DATE**: 13/Jul/2024 01:08 PM

**CLIENT CODE.** : KOS DIAGNOSTIC LAB **REPORTING DATE** : 13/Jul/2024 04:45PM

**CLIENT ADDRESS**: 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

**BLEEDING TIME (BT)** 

BLEEDING TIME (BT) 1 MIN 40 SEC MINS 1 -

by DUKE METHOD

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)



CLIENT CODE.



## **KOS Diagnostic Lab**

(A Unit of KOS Healthcare)



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

: 13/Jul/2024 04:45PM

NAME : Mrs. KAVITA

**AGE/ GENDER** : 30 YRS/FEMALE **PATIENT ID** : 1547725

COLLECTED BY : REG. NO./LAB NO. : 012407130062

**REFERRED BY**: LOOMBA HOSPITAL (AMBALA CANTT) **REGISTRATION DATE**: 13/Jul/2024 01:05 PM **BARCODE NO.**: 01513074 **COLLECTION DATE**: 13/Jul/2024 01:08 PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

: KOS DIAGNOSTIC LAB

Test Name Value Unit Biological Reference interval

**CLOTTING TIME (CT)** 

REPORTING DATE

CLOTTING TIME (CT) 4 MIN 25 SEC MINS 4 - by CAPILLARY TUBE METHOD



DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)





(A Unit of KOS Healthcare)



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

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

NAME : Mrs. KAVITA

**AGE/ GENDER** : 30 YRS/FEMALE **PATIENT ID** : 1547725

COLLECTED BY : REG. NO./LAB NO. : 012407130062

REFERRED BY: LOOMBA HOSPITAL (AMBALA CANTT)REGISTRATION DATE: 13/Jul/2024 01:05 PMBARCODE NO.: 01513074COLLECTION DATE: 13/Jul/2024 01:08 PMCLIENT CODE.: KOS DIAGNOSTIC LABREPORTING DATE: 13/Jul/2024 02:07 PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

### IMMUNOPATHOLOGY/SEROLOGY

HEPATITIS C VIRUS (HCV) ANTIBODY: TOTAL

HEPATITIS C ANTIBODY (HCV) TOTAL: SERUM 0.11 S/CO NEGATIVE: < 1.00 by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY) POSITIVE: > 1.00

HEPATITIS C ANTIBODY (HCV) TOTAL NON - REACTIVE

RESULT

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

INTERPRETATION:-

RESULT (INDEX)	REMARKS	
< 1.00	NON - REACTIVE/NOT - DETECTED	
>=1.00	REACTIVE/ASYMPTOMATIC/INFECTIVE STATE/CARRIER STATE.	

Hepatitis C (HCV) is an RNA virus of Favivirus group transmitted via blood transfusions, transplantation, injection drug abusers, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10 % of new cases show sexual transmission. As compared to HAV & HBV, chronic infection with HCV occurs in 85 % of infected individuals. In high risk population, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25 %.

USES:

- 1. Indicator of past or present infection, but does not differentiate between Acute/ Chronic/Resolved Infection.
- 2. Routine screening of low and high prevelance population including blood donors.

#### NOTE:

- 1. False positive results are seen in Auto-immune disease, Rheumatoid Factor, HYpergammaglobulinemia, Paraproteinemia, Passive antibody transfer, Anti-idiotypes and Anti-superoxide dismutase.
- 2. False negative results are seen in early Acute infection, Immunosuppression and Immuno—incompetence.

3. HCV-RNĀ PCR recommended in all reactive results to differentiate between past and present infection.



DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)





(A Unit of KOS Healthcare)



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

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

NAME : Mrs. KAVITA

**AGE/ GENDER** : 30 YRS/FEMALE **PATIENT ID** : 1547725

COLLECTED BY : REG. NO./LAB NO. : 012407130062

REFERRED BY: LOOMBA HOSPITAL (AMBALA CANTT)REGISTRATION DATE: 13/Jul/2024 01:05 PMBARCODE NO.: 01513074COLLECTION DATE: 13/Jul/2024 01:08 PM

**CLIENT CODE.** : KOS DIAGNOSTIC LAB **REPORTING DATE** : 13/Jul/2024 02:07PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

### ANTI HUMAN IMMUNODEFICIENCY VIRUS (HIV) DUO ULTRA WITH (P-24 ANTIGEN DETECTION)

HIV 1/2 AND P24 ANTIGEN: SERUM

0.23

S/CO

NEGATIVE: < 1.00

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

POSITIVE: > 1.00

HIV 1/2 AND P24 ANTIGEN RESULT

**NON - REACTIVE** 

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

INTERPRETATION:-

RESULT (INDEX)	REMARKS	
< 1.00	NON - REACTIVE	
> = 1.00	PROVISIONALLY REACTIVE	

Non-Reactive result implies that antibodies to HIV 1/2 have not been detected in the sample. This menas that patient has either not been exposed to HIV 1/2 infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non Reactive result does not exclude the possibility of exposure or infection with HIV 1/2.

RECOMMENDATIONS:

1. Results to be clinically correlated

2. Rarely falsenegativity/positivity may occur.



DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)





(A Unit of KOS Healthcare)



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

MD (Pathology)

CEO & Consultant Pathologist

NAME : Mrs. KAVITA

**AGE/ GENDER** : 30 YRS/FEMALE **PATIENT ID** : 1547725

COLLECTED BY : REG. NO./LAB NO. : 012407130062

REFERRED BY: LOOMBA HOSPITAL (AMBALA CANTT)REGISTRATION DATE: 13/Jul/2024 01:05 PMBARCODE NO.: 01513074COLLECTION DATE: 13/Jul/2024 01:08 PM

**CLIENT CODE.** : KOS DIAGNOSTIC LAB **REPORTING DATE** : 13/Jul/2024 02:07PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

### HEPATITIS B SURFACE ANTIGEN (HBsAg) ULTRA

HEPATITIS B SURFACE ANTIGEN (HBsAg): 0.25 S/CO NEGATIVE: < 1.0 SERUM POSITIVE: > 1.0

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

HEPATITIS B SURFACE ANTIGEN (HBsAg) NON - REACTIVE

RESULT

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

INTERPRETATION:

WEEK KEITHOW				
RESULT IN INDEX VALUE	REMARKS			
< 1.30	NEGATIVE (-ve)			
>=1.30	POSITIVE (+ve)			

Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infection of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2 % normal adolescent and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80 % neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symtoms. Persistence of HBsAg for more than 6 months indicates carrier state or Chronic Liver disease.



DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS , MD (PATHOLOGY)



0171-2643898, +91 99910 43898 | care@koshealthcare.com | www.koshealthcare.com



(A Unit of KOS Healthcare)



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

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

NAME : Mrs. KAVITA

**AGE/ GENDER** : 30 YRS/FEMALE **PATIENT ID** : 1547725

COLLECTED BY : REG. NO./LAB NO. : 012407130062

REFERRED BY: LOOMBA HOSPITAL (AMBALA CANTT)REGISTRATION DATE: 13/Jul/2024 01:05 PMBARCODE NO.: 01513074COLLECTION DATE: 13/Jul/2024 01:08 PM

**CLIENT CODE.** : KOS DIAGNOSTIC LAB **REPORTING DATE** : 13/Jul/2024 01:24PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

**VDRL** 

VDRL NON REACTIVE NON REACTIVE NON REACTIVE

by IMMUNOCHROMATOGRAPHY

### **INTERPRETATION:**

1. Does not become positive until 7 - 10 days after appearance of chancre.

- 2. High titer (>1:16) active disease.
- 3. Low titer (<1:8) biological falsepositive test in 90% cases or due to late or late latent syphillis.
- 4. Treatment of primary syphillis causes progressive decline tonegative VDRL within 2 years.
- 5. Rising titer (4X) indicates relapse, reinfection, or treatment failure and need for retreatment.
- 6. May benonreactive in early primary, late latent, and late syphillis (approx. 25% ofcases).
- 7. Reactive and weakly reactive tests should always be confirmed with FTA-ABS (fluorescent treponemal antibody absorption test).

### SHORTTERM FALSE POSITIVE TEST RESULTS (<6 MONTHS DURATION) MAY OCCURIN:

- 1. Acute viral illnesses (e.g., hepatitis, measles, infectious mononucleosis)
- 2.M. pneumoniae; Chlamydia; Malaria infection.
- 3. Some immunizations
- 4. Pregnancy (rare)

### LONGTERM FALSE POSITIVE TEST RESULTS (>6 MONTHS DURATION) MAY OCCUR IN:

- 1. Serious underlying disease e.g., collagen vascular diseases, leprosy, malignancy.
- 2.Intravenous drug users.
- 3. Rheumatoid arthritis, thyroiditis, AIDS, Sjogren's syndrome.
- 4.<10 % of patients older thanage 70 years.
- 5. Patients taking some anti-hypertensive drugs.



DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)





(A Unit of KOS Healthcare)



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

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

NAME : Mrs. KAVITA

**AGE/ GENDER** : 30 YRS/FEMALE **PATIENT ID** : 1547725

COLLECTED BY : REG. NO./LAB NO. : 012407130062

**REFERRED BY** : LOOMBA HOSPITAL (AMBALA CANTT) **REGISTRATION DATE** : 13/Jul/2024 01:05 PM **BARCODE NO.** : 01513074 **COLLECTION DATE** : 13/Jul/2024 01:08 PM

**CLIENT CODE.** : KOS DIAGNOSTIC LAB **REPORTING DATE** : 13/Jul/2024 03:07PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

### CLINICAL PATHOLOGY

### **URINE ROUTINE & MICROSCOPIC EXAMINATION**

#### PHYSICAL EXAMINATION

QUANTITY RECIEVED	10	ml
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY		

COLOUR PALE YELLOW PALE YELLOW

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

TRANSPARANCY HAZY CLEAR

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

SPECIFIC GRAVITY >=1.030 1.002 - 1.030

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

#### **CHEMICAL EXAMINATION**

REACTION ACIDIC

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

PROTEIN

Negative

NEGATIVE (-ve)

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

SUGAR Negative NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

pH <=5.0 5.0 - 7.5

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

BILIRUBIN Negative NEGATIVE (-ve)

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

NITRITE Negative NEGATIVE (-ve) by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.

UROBILINOGEN Normal EU/dL 0.2 - 1.0

KETONE BODIES Negative NEGATIVE (-ve)

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

BLOOD Negative NEGATIVE (-ve) by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

ASCORBIC ACID NEGATIVE (-ve) NEGATIVE (-ve) by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

MICROSCOPIC EXAMINATION

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY



DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)



KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana KOS Molecular Lab: IInd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt -133 001, Haryana



(A Unit of KOS Healthcare)



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

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

NAME : Mrs. KAVITA

**AGE/ GENDER** : 30 YRS/FEMALE **PATIENT ID** : 1547725

COLLECTED BY : REG. NO./LAB NO. : 012407130062

**REFERRED BY**: LOOMBA HOSPITAL (AMBALA CANTT) **REGISTRATION DATE**: 13/Jul/2024 01:05 PM **BARCODE NO.**: 01513074 **COLLECTION DATE**: 13/Jul/2024 01:08 PM

**CLIENT CODE.** : KOS DIAGNOSTIC LAB **REPORTING DATE** : 13/Jul/2024 03:07PM

**CLIENT ADDRESS**: 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name	Value	Unit	Biological Reference interval
RED BLOOD CELLS (RBCs) by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)	/HPF	0 - 3
PUS CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	1-3	/HPF	0 - 5
EPITHELIAL CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	5-6	/HPF	ABSENT
CRYSTALS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
CASTS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
BACTERIA by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
OTHERS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
TRICHOMONAS VAGINALIS (PROTOZOA) by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	ABSENT		ABSENT

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



DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS , MD (PATHOLOGY)



KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana
KOS Molecular Lab: IInd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt -133 001, Haryana
0171-2643898, +91 99910 43898 | care@koshealthcare.com | www.koshealthcare.com