



	Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Patholo	M	am Chopra ID (Pathology) ant Pathologist
NAME : Mr. RAJ KIS	HAN		
AGE/ GENDER : 63 YRS/MAL	.E	PATIENT ID	: 1553601
COLLECTED BY :		REG. NO./LAB NO.	: 012407180048
REFERRED BY :		REGISTRATION DATE	
BARCODE NO. : 01513388		COLLECTION DATE	: 18/Jul/2024 07:01PM
CLIENT CODE. : KOS DIAGNO		REPORTING DATE	: 18/Jul/2024 07:17PM
CLIENT ADDRESS : 6349/1, NIC	CHOLSON ROAD, AMBALA CAN	11	
Test Name	Value	Unit	Biological Reference interval
	HAE	MATOLOGY	
	COMPLETE E	BLOOD COUNT (CBC)	
RED BLOOD CELLS (RBCS) COUNT A			
HAEMOGLOBIN (HB)	9.3 ^L	gm/dL	12.0 - 17.0
RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELEC	TRICAL IMPEDENCE	Million	s/cmm 3.50 - 5.00
PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEM	30.8 ^L	%	40.0 - 54.0
MEAN CORPUSCULAR VOLUME (MC by CALCULATED BY AUTOMATED HEM	CV) 57 ^L	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOE by CALCULATED BY AUTOMATED HEM	BIN (MCH) 17.2 ^L	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBII	N CONC. (MCHC) 30.2 ^L	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (R by CALCULATED BY AUTOMATED HEM	DW-CV) 21.5 ^H	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RI by CALCULATED BY AUTOMATED HEM.	DW-SD) 45.5	fL	35.0 - 56.0
MENTZERS INDEX	10.54	RATIO	BETA THALASSEMIA TRAIT: < 13.0
by CALCULATED GREEN & KING INDEX	22.67	RATIO	IRON DEFICIENCY ANEMIA: >13.0 BETA THALASSEMIA TRAIT: < =
by CALCULATED			65.0 IRON DEFICIENCY ANEMIA: > 65.0
WHITE BLOOD CELLS (WBCS)			
TOTAL LEUCOCYTE COUNT (TLC) by FLOW CYTOMETRY BY SF CUBE & I	искозсору 13840 ^Н	/cmm	4000 - 11000
NUCLEATED RED BLOOD CELLS (nRE by CALCULATED BY AUTOMATED HEM.	BCS) NIL		0.00 - 20.00
MICROSCOPY NUCLEATED RED BLOOD CELLS (nRE by CALCULATED BY AUTOMATED HEM. MICROSCOPY	,	%	< 10 %
DIFFERENTIAL LEUCOCYTE COUNT (DLC)		

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT





	Dr. Vinay Chop MD (Pathology & Mi Chairman & Consult	crobiology)	Dr. Yugam MD CEO & Consultant	(Pathology)	
NAME	: Mr. RAJ KISHAN				
AGE/ GENDER	: 63 YRS/MALE	P	ATIENT ID	: 1553601	
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CLIENT CODE.	: KOS DIAGNOSTIC LAB	R	EPORTING DATE	: 18/Jul/2024 07:17PM	
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AM	BALA CANTT			
				/	
Test Name		Value	Unit	Biological Reference inter	rval
NEUTROPHILS		81 ^H	%	50 - 70	
•	Y BY SF CUBE & MICROSCOPY			22.42	
LYMPHOCYTES	Y BY SF CUBE & MICROSCOPY	9 ^L	%	20 - 40	
EOSINOPHILS		3	%	1 - 6	
by FLOW CYTOMETRY	BY SF CUBE & MICROSCOPY				
MONOCYTES		7	%	2 - 12	
	Y BY SF CUBE & MICROSCOPY	0	0/	0.1	
BASOPHILS	' BY SF CUBE & MICROSCOPY	0	%	0 - 1	
ABSOLUTE LEUKOCY					
ABSOLUTE NEUTROP		44949H	/cmm	2000 - 7500	
	Y BY SF CUBE & MICROSCOPY	11210 ^H	7011111	2000 - 7500	
ABSOLUTE LYMPHOC		1246	/cmm	800 - 4900	
	BY SF CUBE & MICROSCOPY				
ABSOLUTE EOSINOP		415	/cmm	40 - 440	
ABSOLUTE MONOCY	Y BY SF CUBE & MICROSCOPY	a call	/cmm	80 - 880	
	Y BY SF CUBE & MICROSCOPY	969 ^H	7011111	80 - 880	
ABSOLUTE BASOPHIL	COUNT	0	/cmm	0 - 110	
•	Y BY SF CUBE & MICROSCOPY				
PLATELETS AND OTH	IER PLATELET PREDICTIVE MARKEI	<u>RS.</u>			
PLATELET COUNT (PL		334000	/cmm	150000 - 450000	
	OCUSING, ELECTRICAL IMPEDENCE	0.00	0/	0.10 0.27	
PLATELETCRIT (PCT)	OCUSING, ELECTRICAL IMPEDENCE	0.32	%	0.10 - 0.36	
MEAN PLATELET VOL		10	fL	6.50 - 12.0	
	OCUSING, ELECTRICAL IMPEDENCE			0.00 12.0	
PLATELET LARGE CEL		90000	/cmm	30000 - 90000	
	OCUSING, ELECTRICAL IMPEDENCE		A .		
PLATELET LARGE CEL	· · · · ·	27	%	11.0 - 45.0	
PLATELET DISTRIBUT		15.3	%	15.0 - 17.0	
	OCUSING, ELECTRICAL IMPEDENCE	15.5	/0	13.0 - 17.0	
-					

by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

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BARCODE NO.	:01513388		COLLECTION DATE	: 18/Jul/2024 07:01PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 18/Jul/2024 07:40PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AN	MBALA CANT	Т	
Test Name		Value	Unit	Biological Reference interva
			ISTRY/BIOCHEMISTR ON TEST (COMPLETE)	Y
BILIRUBIN TOTAL: S		0.54	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
	CONJUGATED): SERUM	0.22	mg/dL	0.00 - 0.40
-	(UNCONJUGATED): SERUM	0.32	mg/dL	0.10 - 1.00
SGOT/AST: SERUM	(RIDOXAL PHOSPHATE	16.3	U/L	7.00 - 45.00
SGPT/ALT: SERUM	(RIDOXAL PHOSPHATE	11.6	U/L	0.00 - 49.00
AST/ALT RATIO: SER		1.41	RATIO	0.00 - 46.00
ALKALINE PHOSPHA		82.9	U/L	40.0 - 130.0
	TRANSFERASE (GGT): SERUM	17.38	U/L	0.00 - 55.0
TOTAL PROTEINS: SI	ERUM	7.15	gm/dL	6.20 - 8.00
ALBUMIN: SERUM		3.75	gm/dL	3.50 - 5.50
GLOBULIN: SERUM	ECTROPHOTOMETRY	3.4	gm/dL	2.30 - 3.50
A : G RATIO: SERUM		1.1	RATIO	1.00 - 2.00

INTERPRETATION

NOTE: - To be correlated in individuals having SGOT and SGPT values higher than Normal Referance Range. USE: - Differential diagnosis of diseases of hepatobiliary system and pancreas.

INCREASED:

DRUG HEPATOTOXICITY	> 2
ALCOHOLIC HEPATITIS	> 2 (Highly Suggestive)
CIRRHOSIS	1.4 - 2.0





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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	MBALA CANT	Т	
Test Name		Value	Unit	Biological Reference interval
INTRAHEPATIC CHO	ESTATIS		> 1.5	
HEPATOCELLULAR C	ARCINOMA & CHRONIC HEPATITIS		> 1.3 (Slightly Inc	reased)

1. Acute Hepatitis due to virus, drugs, toxins (with AST increased 3 to 10 times upper limit of normal)

2. Extra Hepatic cholestatis: 0.8 (normal or slightly decreased). **PROGNOSTIC SIGNIFICANCE:**

NORMAL	< 0.65
GOOD PROGNOSTIC SIGN	0.3 - 0.6
POOR PROGNOSTIC SIGN	1.2 - 1.6

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	AA AA AA NUQUALGAN DA AD	ANDALA CANTER		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD	, AMBALA CANTI		
CLIENT ADDRESS Test Name	: 6349/ I, NICHOLSON ROAD,	Value	Unit	Biological Reference interval
				Biological Reference interval
		Value	GY/SEROLOGY	Biological Reference interval

KOS Diagnostic Lab (A Unit of KOS Healthcare)

ss activity of inflammatory disease, to detect infections after surgery, to detect transplant rejection, and to monitor these inflammatory processes.

4. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc., 5. Elevated values are consistent with an acute inflammatory process. NOTE:

1. Elevated C-reactive protein (CRP) values are nonspecific and should not be interpreted without a complete clinical history. 2. Oral contraceptives may increase CRP levels.





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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD		TING DATE	. 10/ Jul/ 2024 07.41F M
CLIENT ADDRESS	. 0549/ 1, MICHOLSON ROAL	, AMDALA CANTT		
Test Name		Value	Unit	Biological Reference interval
		CLINICAL PATH	OLOGY	
		ROUTINE & MICROSCO	JPIC EXAMINA	ION
PHYSICAL EXAMINA	TION			
QUANTITY RECIEVE		10	ml	
COLOUR	TANCE SPECTROPHOTOMETRY	AMBER YELLOW		PALE YELLOW
	TANCE SPECTROPHOTOMETRY	ANDERTELLOW		
TRANSPARANCY		CLEAR		CLEAR
by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	1.01		1.002 - 1.030
	TANCE SPECTROPHOTOMETRY	1.01		1.002 - 1.030
CHEMICAL EXAMINA	ATION			
REACTION		ACIDIC		
	TANCE SPECTROPHOTOMETRY			
PROTEIN by DIP STICK/REFLEC	CTANCE SPECTROPHOTOMETRY	1+		NEGATIVE (-ve)
SUGAR		Negative		NEGATIVE (-ve)
	TANCE SPECTROPHOTOMETRY			
pH by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	6.5		5.0 - 7.5
BILIRUBIN		Negative		NEGATIVE (-ve)
-	TANCE SPECTROPHOTOMETRY			
NITRITE	TANCE SPECTROPHOTOMETRY.	Negative		NEGATIVE (-ve)
UROBILINOGEN		Normal	EU/dL	0.2 - 1.0
by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY			
KETONE BODIES		Negative		NEGATIVE (-ve)
BLOOD	TANCE SPECTROPHOTOMETRY	TRACE		NEGATIVE (-ve)
	TANCE SPECTROPHOTOMETRY			
ASCORBIC ACID		NEGATIVE (-ve)		NEGATIVE (-ve)
by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY			

MICROSCOPIC EXAMINATION

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Test Name		Value	Unit	Biological Reference interval	
RED BLOOD CELLS (F		3-4	/HPF	0 - 3	
by MICROSCOPY ON (
PUS CELLS	CENTRIFUGED URINARY SEDIMENT	1-3	/HPF	0 - 5	
PUS CELLS by MICROSCOPY ON C EPITHELIAL CELLS	CENTRIFUGED URINARY SEDIMENT	1-3 0-1	/HPF /HPF	0 - 5 ABSENT	
PUS CELLS by MICROSCOPY ON C EPITHELIAL CELLS by MICROSCOPY ON C CRYSTALS	CENTRIFUGED URINARY SEDIMENT				

by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT BACTERIA by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT

OTHERS

by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT TRICHOMONAS VAGINALIS (PROTOZOA)

by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT

** End Of Report ***

NEGATIVE (-ve)

NEGATIVE (-ve)

ABSENT





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NEGATIVE (-ve)

NEGATIVE (-ve)

ABSENT