





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

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

**NAME** : Mrs. NEELAM DEVI

**AGE/ GENDER** : 35 YRS/FEMALE **PATIENT ID** :1558110

**COLLECTED BY** : 012407230055 REG. NO./LAB NO.

REFERRED BY : LOOMBA HOSPITAL (AMBALA CANTT) **REGISTRATION DATE** : 23/Jul/2024 01:11 PM BARCODE NO. :01513691 **COLLECTION DATE** : 23/Jul/2024 01:17PM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 23/Jul/2024 01:54PM

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

Test Name Value Unit **Biological Reference interval** 

#### **HAEMATOLOGY HAEMOGLOBIN (HB)**

HAEMOGLOBIN (HB) 11.4<sup>L</sup> 12.0 - 16.0 qm/dL

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



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### **KOS Diagnostic Lab**

(A Unit of KOS Healthcare)



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

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: 23/Jul/2024 04:42PM

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**BLEEDING TIME (BT)** 

REPORTING DATE

**BLEEDING TIME (BT)** 1 MIN 45 SEC MINS by DUKE METHOD



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by CAPILLARY TUBE METHOD



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**CLOTTING TIME (CT)** 

REPORTING DATE

CLOTTING TIME (CT) 4 MIN 15 SEC MINS



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

Test Name	Value	Unit	Biological Reference interval
	PROTHROMBIN TIME ST	TUDIES (PT/INR)	
PT TEST (PATIENT)	12.5	SECS	11.5 - 14.5

PITEST (PATIENT)	12.5	SECS	11.5 - 14.5
by PHOTO OPTICAL CLOT DETECTION			
PT (CONTROL)	12	SECS	
by PHOTO OPTICAL CLOT DETECTION			
ISI	1.1		
by PHOTO OPTICAL CLOT DETECTION			
INTERNATIONAL NORMALISED RATIO (INR)	1.05		0.80 - 1.20
by PHOTO OPTICAL CLOT DETECTION			
PT INDEX	96	%	
by PHOTO OPTICAL CLOT DETECTION			

#### **INTERPRETATION:-**

- 1.INR is the parameter of choice in monitoring adequacy of oral anti-coagulant therapy. Appropiate therapeutic range varies with the disease and treatment intensity.
- 2. Prolonged INR suggests potential bleeding disorder /bleeding complications
- 3. Results should be clinically correlated.
- 4. Test conducted on Citrated Plasma

RECOMMENDED THERAPEUTIC RANGE FOR ORAL ANTI-COAGULANT THERAPY (INR)			
INDICATION		INTERNATIONAL NORMALIZED RATIO (INR)	
Treatment of venous thrombosis			
Treatment of pulmonary embolism			
Prevention of systemic embolism in tissue heart valves			
Valvular heart disease	Low Intensity		2.0 - 3.0
Acute myocardial infarction			
Atrial fibrillation		$\triangle$	
Bileaflet mechanical valve in aortic position			
Recurrent embolism			
Mechanical heart valve	High Intensity		2.5 - 3.5
Antiphospholipid antibodies <sup>+</sup>			

**COMMENTS:** 



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The prothrombin time (PT) and its derived measures of prothrombin ratio (PR) and international normalized ratio (INR) are measures of the efficacy of the extrinsic pathway of coagulation. PT test reflects the adequacy of factors I (fibrinogen), II (prothrombin), V, VII, and X. It is used in conjunction with the activated partial thromboplastin time (aPTT) which measures the intrinsic pathway.

The common causes of prolonged prothrombin time are:

1. Oral Anticoagulant therapy.

2.Liver disease.

3. Vit K. deficiency.

4. Disseminated intra vascular coagulation.

5. Factor 5, 7, 10 or Prothrombin dificiency

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# CLINICAL CHEMISTRY/BIOCHEMISTRY LIVER FUNCTION TEST (COMPLETE)

BILIRUBIN TOTAL: SERUM  by DIAZOTIZATION, SPECTROPHOTOMETRY	0.37	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (CONJUGATED): SERUM by DIAZO MODIFIED, SPECTROPHOTOMETRY	0.18	mg/dL	0.00 - 0.40
BILIRUBIN INDIRECT (UNCONJUGATED): SERUM by CALCULATED, SPECTROPHOTOMETRY	0.19	mg/dL	0.10 - 1.00
SGOT/AST: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE	91.76 <sup>H</sup>	U/L	7.00 - 45.00
SGPT/ALT: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE	216.1 <sup>H</sup>	U/L	0.00 - 49.00
AST/ALT RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY	0.42	RATIO	0.00 - 46.00
ALKALINE PHOSPHATASE: SERUM by PARA NITROPHENYL PHOSPHATASE BY AMINO METHYL PROPANOL	93.9	U/L	40.0 - 150.0
GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM by SZASZ, SPECTROPHTOMETRY	122 <sup>H</sup>	U/L	0.00 - 55.0
TOTAL PROTEINS: SERUM	7.92	gm/dL	6.20 - 8.00
by BIURET, SPECTROPHOTOMETRY ALBUMIN: SERUM by BROMOCRESOL GREEN	4.82	gm/dL	3.50 - 5.50
GLOBULIN: SERUM by CALCULATED, SPECTROPHOTOMETRY	3.1	gm/dL	2.30 - 3.50
A: G RATIO: SERUM  by CALCULATED, SPECTROPHOTOMETRY	1.55	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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:01513691

Test Name	Value	Unit	Biological Reference interval
INTRAHEPATIC CHOLESTATIS		> 1.5	
HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS		> 1.3 (Slightly Increased)	
DECDEASED:			

**COLLECTION DATE** 

BARCODE NO.

- 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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**UREA** 

UREA: SERUM 16.51 mg/dL 10.00 - 50.00

by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)



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**CREATININE** 

REPORTING DATE

CREATININE: SERUM 0.64 0.40 - 1.20

by ENZYMATIC, SPECTROPHOTOMETRY



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#### **CLINICAL PATHOLOGY**

REPORTING DATE

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

#### PHYSICAL EXAMINATION

CLIENT CODE.

QUANTITY RECIEVED	10	ml
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY		

AMBER YELLOW PALE YELLOW

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

**TRANSPARANCY CLEAR CLEAR** 

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY 1.002 - 1.030 SPECIFIC GRAVITY 1.01

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

#### **CHEMICAL EXAMINATION**

**ACIDIC** 

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

**PROTEIN NEGATIVE (-ve)** Negative

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

Negative by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

рΗ 5.0 - 7.56.5

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

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

**NITRITE** Negative **NEGATIVE** (-ve)

EU/dL UROBILINOGEN Normal 0.2 - 1.0

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

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

**BLOOD** Negative NEGATIVE (-ve)

NEGATIVE (-ve) NEGATIVE (-ve) ASCORBIC ACID

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY MICROSCOPIC EXAMINATION



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RED BLOOD CELLS (RBCs) by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)	/HPF	0 - 3
PUS CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	1-2	/HPF	0 - 5
EPITHELIAL CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	2-4	/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 \*\*



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