

(A Unit of KOS Healthcare)



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

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

NAME : Mr. SHYAM SUNDER

AGE/ GENDER : 82 YRS/MALE **PATIENT ID** : 1563270

COLLECTED BY: SURJESH REG. NO./LAB NO. : 012407280050

 REFERRED BY
 : 28/Jul/2024 10:52 AM

 BARCODE NO.
 : 01513985
 COLLECTION DATE
 : 28/Jul/2024 11:07AM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 28/Jul/2024 11:45AM

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

Test Name Value Unit Biological Reference interval

HAEMATOLOGY COMPLETE BLOOD COUNT (CBC)

RED BLOOD CELLS (RBCS) COUNT AND INDICES

HAEMOGLOBIN (HB) by CALORIMETRIC	10.9 ^L	gm/dL	12.0 - 17.0
RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	4.19	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	34.3 ^L	%	40.0 - 54.0
MEAN CORPUSCULAR VOLUME (MCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	81.7	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	25.9 ^L	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	31.7 ^L	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	16.6 ^H	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	50.3	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED	19.5	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX by CALCULATED	32.23	RATIO	BETA THALASSEMIA TRAIT: < = 65.0
			IRON DEFICIENCY ANEMIA: > 65.0
WHITE BLOOD CELLS (WBCS)			
TOTAL LEUCOCYTE COUNT (TLC) by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	8800	/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 &	NIL	%	< 10 %

DIFFERENTIAL LEUCOCYTE COUNT (DLC)



MICROSCOPY

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MBBS , MD (PATHOLOGY)





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Test Name	Value	Unit	Biological Reference interval
NEUTROPHILS by flow cytometry by Sf cube & microscopy	79 ^H	%	50 - 70
LYMPHOCYTES by Flow cytometry by SF cube & microscopy	9 ^L	%	20 - 40
EOSINOPHILS by flow cytometry by sf cube & microscopy	3	%	1 - 6
MONOCYTES by flow cytometry by sf cube & microscopy	9	%	2 - 12
BASOPHILS by flow cytometry by sf cube & microscopy ABSOLUTE LEUKOCYTES (WBC) COUNT	0	%	0 - 1
ABSOLUTE NEUTROPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	6952	/cmm	2000 - 7500
ABSOLUTE LYMPHOCYTE COUNT by Flow cytometry by SF cube & microscopy	792 ^L	/cmm	800 - 4900
ABSOLUTE EOSINOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	264	/cmm	40 - 440
ABSOLUTE MONOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	792	/cmm	80 - 880
ABSOLUTE BASOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	0	/cmm	0 - 110
ABSOLUTE IMMATURE GRANULOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY PLATELETS AND OTHER PLATELET PREDICTIVE MARKER	0 85.	/cmm	0.0 - 999.0
PLATELET COUNT (PLT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	146000 ^L	/cmm	150000 - 450000
PLATELETCRIT (PCT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	0.2	%	0.10 - 0.36
MEAN PLATELET VOLUME (MPV) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	14 ^H	fL	6.50 - 12.0
PLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	68000	/cmm	30000 - 90000
PLATELET LARGE CELL RATIO (P-LCR) by hydro dynamic focusing, electrical impedence	55.3 ^H	%	11.0 - 45.0
PLATELET DISTRIBUTION WIDTH (PDW) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD	16.2	%	15.0 - 17.0



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KOS Diagnostic Lab (A Unit of KOS Healthcare)



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

Test Name Value Unit **Biological Reference interval**

RECHECKED.



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Test Name Value Unit Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY URIC ACID

URIC ACID: SERUM 7.43 mg/dL 3.60 - 7.70

by URICASE - OXIDASE PEROXIDASE

1.GOUT occurs when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint.

2.Uric Acid is the end product of purine metabolism. Uric acid is excreted to a large degree by the kidneys and to a smaller degree in the intestinal tract by microbial degradation.

INCREASED:-

(A).DUE TO INCREASED PRODUCTION:-

1. Idiopathic primary gout.

2. Excessive dietary purines (organ meats, legumes, anchovies, etc).

3. Cytolytic treatment of malignancies especially leukemais & lymphomas.

4. Polycythemai vera & myeloid metaplasia.

5.Psoriasis.

6. Sickle cell anaemia etc.

(B).DUE TO DECREASED EXCREATION (BY KIDNEYS)

- 1. Alcohol ingestion.
- 2. Thiazide diuretics.
- 3.Lactic acidosis.
- 4. Aspirin ingestion (less than 2 grams per day).
- 5. Diabetic ketoacidosis or starvation.
- 6. Renal failure due to any cause etc.

DECREASED:

(A).DUE TO DIETARY DEFICIENCY

- 1. Dietary deficiency of Zinc, Iron and molybdenum.
- 2.Fanconi syndrome & Wilsons disease.
- 3. Multiple sclerosis.
- 4. Syndrome of inappropriate antidiuretic hormone (SIADH) secretion & low purine diet etc.

(B).DUE TO INCREASED EXCREATION

1. Drugs:-Probenecid, sulphinpyrazone, aspirin doses (more than 4 grams per day), corticosterroids and ACTH, anti-coagulants and estrogens etc.



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IMMUNOPATHOLOGY/SEROLOGY

DENGUE FEVER COMBO SCREENING - (NS1 ANTIGEN, IgG AND IgM)

DENGUE NS1 ANTIGEN - SCREENING
by ICT (IMMUNOCHROMATOGRAPHY)

DENGUE ANTIBODY IgG - SCREENING
by ICT (IMMUNOCHROMATOGRAPHY)

DENGUE ANTIBODY IgM - SCREENING
by ICT (IMMUNOCHROMATOGRAPHY)

DENGUE ANTIBODY IgM - SCREENING
by ICT (IMMUNOCHROMATOGRAPHY)

NEGATIVE (-ve)

NEGATIVE (-ve)

INTERPRETATION:-

- 1. This is a solid phase immunochromatographic ELISA test for the qualitative detection of the specific IgG and IgM antibodies against the Dengue virus.
- 2.The IgM antibodies take a minimum of 5-10 days in primary infection and 4-5 days in secondary infections to test positive and hence are suitable for the diagnosis of dengue fever only when the fever is approximately one week old.
- 3.The IgG antibodies develop at least two weeks after exposure to primary infection and subsequently remain positive for the rest of the life. A positive result is incapable of differentiating a current infection from a past infection.
- 4.The Dengue NS-1 antigen test is most suited for early diagnosis (within the first week of exposure).

*** End Of Report ***



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