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<b>NAME</b>	: Mr. NARESH KUMAR	<b>PATIENT ID</b>	: 1569502
<b>AGE/ GENDER</b>	: 50 YRS/MALE	<b>REG. NO./LAB NO.</b>	: <b>012408030048</b>
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 03/Aug/2024 01:57 PM
<b>REFERRED BY</b>	: LOOMBA HOSPITAL (AMBALA CANTT)	<b>COLLECTION DATE</b>	: 03/Aug/2024 02:03PM
<b>BARCODE NO.</b>	: 01514374	<b>REPORTING DATE</b>	: 03/Aug/2024 02:18PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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**HAEMATOLOGY**

**COMPLETE BLOOD COUNT (CBC)**

**RED BLOOD CELLS (RBCS) COUNT AND INDICES**


HAEMOGLOBIN (HB) <i>by CALORIMETRIC</i>	14	gm/dL	12.0 - 17.0
<b>RED BLOOD CELL (RBC) COUNT</b> <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	<b>5.23<sup>H</sup></b>	<b>Millions/cmm</b>	<b>3.50 - 5.00</b>
PACKED CELL VOLUME (PCV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	43.5	%	40.0 - 54.0
MEAN CORPUSCULAR VOLUME (MCV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	83.2	fL	80.0 - 100.0
<b>MEAN CORPUSCULAR HAEMOGLOBIN (MCH)</b> <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	<b>26.8<sup>L</sup></b>	<b>pg</b>	<b>27.0 - 34.0</b>
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	32.2	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	13.9	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	43.3	fL	35.0 - 56.0
MENTZERS INDEX <i>by CALCULATED</i>	15.91	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX <i>by CALCULATED</i>	22.14	RATIO	BETA THALASSEMIA TRAIT: < = 65.0 IRON DEFICIENCY ANEMIA: > 65.0


**WHITE BLOOD CELLS (WBCS)**

TOTAL LEUCOCYTE COUNT (TLC) <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	10130	/cmm	4000 - 11000
NUCLEATED RED BLOOD CELLS (nRBCS) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER &amp; MICROSCOPY</i>	NIL		0.00 - 20.00
NUCLEATED RED BLOOD CELLS (nRBCS) % <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER &amp; MICROSCOPY</i>	NIL	%	< 10 %

**DIFFERENTIAL LEUCOCYTE COUNT (DLC)**



  
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NEUTROPHILS <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	54	%	50 - 70
LYMPHOCYTES <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	36	%	20 - 40
EOSINOPHILS <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	4	%	1 - 6
MONOCYTES <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	6	%	2 - 12
BASOPHILS <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	0	%	0 - 1
<b><u>ABSOLUTE LEUKOCYTES (WBC) COUNT</u></b>			
ABSOLUTE NEUTROPHIL COUNT <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	5470	/cmm	2000 - 7500
ABSOLUTE LYMPHOCYTE COUNT <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	3647	/cmm	800 - 4900
ABSOLUTE EOSINOPHIL COUNT <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	405	/cmm	40 - 440
ABSOLUTE MONOCYTE COUNT <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	608	/cmm	80 - 880
ABSOLUTE BASOPHIL COUNT <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	0	/cmm	0 - 110
<b><u>PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.</u></b>			
PLATELET COUNT (PLT) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	231000	/cmm	150000 - 450000
PLATELETCRIT (PCT) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	0.27	%	0.10 - 0.36
MEAN PLATELET VOLUME (MPV) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	12	fL	6.50 - 12.0
PLATELET LARGE CELL COUNT (P-LCC) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	85000	/cmm	30000 - 90000
PLATELET LARGE CELL RATIO (P-LCR) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	36.9	%	11.0 - 45.0
PLATELET DISTRIBUTION WIDTH (PDW) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	16.5	%	15.0 - 17.0

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD



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**CLINICAL CHEMISTRY/BIOCHEMISTRY**

**GLUCOSE RANDOM (R)**


<b>GLUCOSE RANDOM (R): PLASMA</b> <i>by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)</i>	279.17 <sup>H</sup>	mg/dL	<b>NORMAL: &lt; 140.00</b> <b>PREDIABETIC: 140.0 - 200.0</b> <b>DIABETIC: &gt; OR = 200.0</b>
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**INTERPRETATION**

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

1. A random plasma glucose level below 140 mg/dl is considered normal.
2. A random glucose level between 140 - 200 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.
3. A random glucose level of 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
<b>UREA</b>			
UREA: SERUM <i>by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)</i>	24.31	mg/dL	10.00 - 50.00



  
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**CREATININE**

CREATININE: SERUM <i>by ENZYMATIC, SPECTROPHOTOMETRY</i>	0.97	mg/dL	0.40 - 1.40
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**IMMUNOPATHOLOGY/SEROLOGY**  
**HEPATITIS C VIRUS (HCV) ANTIBODY: TOTAL**

HEPATITIS C ANTIBODY (HCV) TOTAL: SERUM	0.29	S/CO	NEGATIVE: < 1.00
<i>by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)</i>			POSITIVE: > 1.00
HEPATITIS C ANTIBODY (HCV) TOTAL RESULT	NON - REACTIVE		
<i>by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)</i>			

**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:**


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

**NOTE:**

- False positive results are seen in Auto-immune disease, Rheumatoid Factor, HYpergammaglobulinemia, Paraproteinemia, Passive antibody transfer, Anti-idiotypes and Anti-superoxide dismutase.
- False negative results are seen in early Acute infection, Immunosuppression and Immuno— incompetence.
- HCV-RNA PCR recommended in all reactive results to differentiate between past and present infection.



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

HIV 1/2 AND P24 ANTIGEN: SERUM <i>by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)</i>	0.05	S/CO	NEGATIVE: < 1.00 POSITIVE: > 1.00
HIV 1/2 AND P24 ANTIGEN RESULT <i>by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)</i>	NON - REACTIVE		

**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 means 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.



  
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**HEPATITIS B SURFACE ANTIGEN (HBsAg) ULTRA**


HEPATITIS B SURFACE ANTIGEN (HBsAg): SERUM <i>by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)</i>	0.24	S/CO	NEGATIVE: < 1.0 POSITIVE: > 1.0
HEPATITIS B SURFACE ANTIGEN (HBsAg) RESULT <i>by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)</i>	NON REACTIVE		


**INTERPRETATION:**

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 symptoms. Persistence of HBsAg for more than 6 months indicates carrier state or Chronic Liver disease.



  
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VDRL	NON REACTIVE		NON REACTIVE
<i>by IMMUNOCHROMATOGRAPHY</i>			

**INTERPRETATION:**

- Does not become positive until 7 - 10 days after appearance of chancre.
- High titer (>1:16) - active disease.**
- Low titer (<1:8) - biological falsepositive test in 90% cases or due to late or late latent syphilis.**
- Treatment of primary syphilis causes progressive decline to negative VDRL within 2 years.
- Rising titer (4X) indicates relapse, reinfection, or treatment failure and need for retreatment.
- May be nonreactive in early primary, late latent, and late syphilis (approx. 25% of cases).
- Reactive and weakly reactive tests should always be confirmed with FTA-ABS (fluorescent treponemal antibody absorption test).**

**SHORT TERM FALSE POSITIVE TEST RESULTS (<6 MONTHS DURATION) MAY OCCUR IN:**

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

**LONG TERM FALSE POSITIVE TEST RESULTS (>6 MONTHS DURATION) MAY OCCUR IN:**

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

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



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