

**Dr. Vinay Chopra**  
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 Chairman & Consultant Pathologist

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

<b>NAME</b>	: Mrs. RAJWATI	<b>PATIENT ID</b>	: 1569812
<b>AGE/ GENDER</b>	: 75 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: <b>012408030054</b>
<b>COLLECTED BY</b>	: SURJESH	<b>REGISTRATION DATE</b>	: 03/Aug/2024 05:17 PM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 03/Aug/2024 05:24PM
<b>BARCODE NO.</b>	: 01514380	<b>REPORTING DATE</b>	: 03/Aug/2024 06:21PM
<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


<b>HAEMOGLOBIN (HB)</b> <i>by CALORIMETRIC</i>	8.3 <sup>L</sup>	gm/dL	12.0 - 16.0
<b>RED BLOOD CELL (RBC) COUNT</b> <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	3.03 <sup>L</sup>	Millions/cmm	3.50 - 5.00
<b>PACKED CELL VOLUME (PCV)</b> <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	26.6 <sup>L</sup>	%	37.0 - 50.0
<b>MEAN CORPUSCULAR VOLUME (MCV)</b> <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	87.6	fL	80.0 - 100.0
<b>MEAN CORPUSCULAR HAEMOGLOBIN (MCH)</b> <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	27.4	pg	27.0 - 34.0
<b>MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC)</b> <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	31.3 <sup>L</sup>	g/dL	32.0 - 36.0
<b>RED CELL DISTRIBUTION WIDTH (RDW-CV)</b> <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	13.4	%	11.00 - 16.00
<b>RED CELL DISTRIBUTION WIDTH (RDW-SD)</b> <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	43.4	fL	35.0 - 56.0
<b>MENTZERS INDEX</b> <i>by CALCULATED</i>	28.91	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
<b>GREEN &amp; KING INDEX</b> <i>by CALCULATED</i>	38.75	RATIO	BETA THALASSEMIA TRAIT: < = 65.0 IRON DEFICIENCY ANEMIA: > 65.0


##### WHITE BLOOD CELLS (WBCS)

<b>TOTAL LEUCOCYTE COUNT (TLC)</b> <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	6770	/cmm	4000 - 11000
<b>NUCLEATED RED BLOOD CELLS (nRBCS)</b> <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER &amp; MICROSCOPY</i>	NIL		0.00 - 20.00
<b>NUCLEATED RED BLOOD CELLS (nRBCS) %</b> <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>	56	%	50 - 70
LYMPHOCYTES <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	34	%	20 - 40
EOSINOPHILS <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	1	%	1 - 6
MONOCYTES <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	9	%	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>	3791	/cmm	2000 - 7500
ABSOLUTE LYMPHOCYTE COUNT <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	2302	/cmm	800 - 4900
ABSOLUTE EOSINOPHIL COUNT <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	68	/cmm	40 - 440
ABSOLUTE MONOCYTE COUNT <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	609	/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>	150000	/cmm	150000 - 450000
PLATELETCRIT (PCT) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	0.2	%	0.10 - 0.36
MEAN PLATELET VOLUME (MPV) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	13 <sup>H</sup>	fL	6.50 - 12.0
PLATELET LARGE CELL COUNT (P-LCC) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	75000	/cmm	30000 - 90000
PLATELET LARGE CELL RATIO (P-LCR) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	50.3 <sup>H</sup>	%	11.0 - 45.0
PLATELET DISTRIBUTION WIDTH (PDW) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	16.2	%	15.0 - 17.0

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD



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**CLINICAL CHEMISTRY/BIOCHEMISTRY**

**LIVER FUNCTION TEST (COMPLETE)**

BILIRUBIN TOTAL: SERUM <i>by DIAZOTIZATION, SPECTROPHOTOMETRY</i>	0.25	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (CONJUGATED): SERUM <i>by DIAZO MODIFIED, SPECTROPHOTOMETRY</i>	0.12	mg/dL	0.00 - 0.40
BILIRUBIN INDIRECT (UNCONJUGATED): SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	0.13	mg/dL	0.10 - 1.00
SGOT/AST: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	22.2	U/L	7.00 - 45.00
SGPT/ALT: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	18.1	U/L	0.00 - 49.00
AST/ALT RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	1.23	RATIO	0.00 - 46.00
ALKALINE PHOSPHATASE: SERUM <i>by PARA NITROPHENYL PHOSPHATASE BY AMINO METHYL PROPANOL</i>	106.34	U/L	40.0 - 130.0
GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM <i>by SZASZ, SPECTROPHOTOMETRY</i>	21.71	U/L	0.00 - 55.0
TOTAL PROTEINS: SERUM <i>by BIURET, SPECTROPHOTOMETRY</i>	7.83	gm/dL	6.20 - 8.00
ALBUMIN: SERUM <i>by BROMOCRESOL GREEN</i>	3.69	gm/dL	3.50 - 5.50
GLOBULIN: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	4.14 <sup>H</sup>	gm/dL	2.30 - 3.50
A : G RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	0.89 <sup>L</sup>	RATIO	1.00 - 2.00

**INTERPRETATION**

**NOTE:-** To be correlated in individuals having SGOT and SGPT values higher than Normal Reference 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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Test Name	Value	Unit	Biological Reference interval
INTRAHEPATIC CHOLESTATIS	> 1.5		
HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS	> 1.3 (Slightly Increased)		

**DECREASED:**


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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Test Name	Value	Unit	Biological Reference interval
UREA: SERUM <i>by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)</i>	92.8 <sup>H</sup>	mg/dL	10.00 - 50.00
Rechecked			



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Test Name	Value	Unit	Biological Reference interval
<b>CREATININE</b>			
CREATININE: SERUM <i>by ENZYMATIC, SPECTROPHOTOMETRY</i>	3.17 <sup>H</sup>	mg/dL	0.40 - 1.20
Rechecked			

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**ELECTROLYTES COMPLETE PROFILE**

SODIUM: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i>	136.8	mmol/L	135.0 - 150.0
POTASSIUM: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i>	4.67	mmol/L	3.50 - 5.00
CHLORIDE: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i>	102.6	mmol/L	90.0 - 110.0

**INTERPRETATION:-**

**SODIUM:-**

Sodium is the major cation of extra-cellular fluid. Its primary function in the body is to chemically maintain osmotic pressure & acid base balance & to transmit nerve impulse.

**HYPONATREMIA (LOW SODIUM LEVEL) CAUSES:-**

1. Low sodium intake.
2. Sodium loss due to diarrhea & vomiting with adequate water and inadequate salt replacement.
3. Diuretics abuses.
4. Salt losing nephropathy.
5. Metabolic acidosis.
6. Adrenocortical insufficiency .
7. Hepatic failure.

**HYPERNATREMIA (INCREASED SODIUM LEVEL) CAUSES:-**

1. Hyperapnea (Prolonged)
2. Diabetes insipidus
3. Diabetic acidosis
4. Cushings syndrome
5. Dehydration

**POTASSIUM:-**

Potassium is the major cation in the intracellular fluid. 90% of potassium is concentrated within the cells. When cells are damaged, potassium is released in the blood.

**HYPOKALEMIA (LOW POTASSIUM LEVELS):-**

1. Diarrhoea, vomiting & malabsorption.
2. Severe Burns.
3. Increased Secretions of Aldosterone

**HYPERKALEMIA (INCREASED POTASSIUM LEVELS):-**

1. Oliguria
2. Renal failure or Shock
3. Respiratory acidosis



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4.Hemolysis of blood

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



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