





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

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

NAME : Mrs. RITU

AGE/ GENDER : 42 YRS/FEMALE **PATIENT ID** : 1571094

COLLECTED BY : 012408050067 REG. NO./LAB NO.

REFERRED BY : LOOMBA HOSPITAL (AMBALA CANTT) **REGISTRATION DATE** : 05/Aug/2024 02:11 PM BARCODE NO. :01514534 **COLLECTION DATE** : 05/Aug/2024 02:13PM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 05/Aug/2024 02:54PM

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

Test Name Value Unit **Biological Reference interval**

HAEMATOLOGY HAEMOGLOBIN (HB)

HAEMOGLOBIN (HB) 9.8^L qm/dL 12.0 - 16.0

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



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)



CLIENT CODE.



KOS Diagnostic Lab

(A Unit of KOS Healthcare)



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MD (Pathology)
CEO & Consultant Pathologist

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TOTAL LEUCOCYTE COUNT (TLC)

REPORTING DATE

TOTAL LEUCOCYTE COUNT (TLC)
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

10160 /cmm 4000 - 11000



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| Test Name | Value | Unit | Biological Reference interval |
|--|-------|------|-------------------------------|
| DIFFERENTIAL LEUCOCYTE COUNT (DLC) | | | |
| NEUTROPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 62 | % | 50 - 70 |
| LYMPHOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 32 | % | 20 - 40 |
| EOSINOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 1 | % | 1 - 6 |
| MONOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 5 | % | 2 - 12 |
| BASOPHILS by Flow Cytometry by SF Cube & Microscopy NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD | 0 | % | 0 - 1 |



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CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 05/Aug/2024 03:08PM

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

Test Name Value Unit Biological Reference interval

BLEEDING TIME (BT)

BLEEDING TIME (BT) 2 MIN.20 SEC. MINS 1-

by DUKE METHOD



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Test Name Value Unit Biological Reference interval

CLOTTING TIME (CT)

CLOTTING TIME (CT) 5 MIN.45 SEC. MINS 4 - 4 by CAPILLARY TUBE METHOD

*** End Of Report ***



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