



Dr. Vinay Chopr MD (Pathology & Mic Chairman & Consulta	robiology)		(Pathology)
NAME : Mr. ABHINAV JAIN			
AGE/ GENDER : 17 YRS/MALE		PATIENT ID	: 1584329
COLLECTED BY :		REG. NO./LAB NO.	: 012408180068
REFERRED BY :		REGISTRATION DATE	: 18/Aug/2024 05:29 PM
BARCODE NO. : 01515280		COLLECTION DATE	: 18/Aug/2024 05:30PM
CLIENT CODE. : KOS DIAGNOSTIC LAB		REPORTING DATE	: 18/Aug/2024 05:39PM
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AME	BALA CAN'I	T	
Test Name	Value	Unit	Biological Reference interval
	HAE	MATOLOGY	
COM	VIPLETE B	LOOD COUNT (CBC)	
RED BLOOD CELLS (RBCS) COUNT AND INDICES			
HAEMOGLOBIN (HB) by CALORIMETRIC	15.3	gm/dL	12.0 - 17.0
RED BLOOD CELL (RBC) COUNT	5.7 ^H	Millions/	/cmm 3.50 - 5.00
by hydro dynamic focusing, electrical impedence PACKED CELL VOLUME (PCV)	47.5	%	35.0 - 49.0
by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER MEAN CORPUSCULAR VOLUME (MCV)	83.3	fL	80.0 - 100.0
by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER MEAN CORPUSCULAR HAEMOGLOBIN (MCH)	26.8 ^L	pg	27.0 - 34.0
by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER			22.0.24.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	32.2	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV)	13.5	%	11.00 - 16.00
by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	42.2	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED	14.61	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX by CALCULATED	19.7	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	8070	/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 & MICROSCOPY	NIL	%	< 10 %

DIFFERENTIAL LEUCOCYTE COUNT (DLC)



DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY)

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



Dr. Vinay Chopra



Dr. Yugam Chopra

	Dr. VINay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathologist		Dr. Tugam Chopra MD (Pathology) CEO & Consultant Pathologist		
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	. 0040/1, 1001015010 10112, 11				
Test Name		Value	Unit	Biological Reference interval	_
NEUTROPHILS		52	%	50 - 70	
LYMPHOCYTES	Y BY SF CUBE & MICROSCOPY	33	%	20 - 40	
	Y BY SF CUBE & MICROSCOPY				
EOSINOPHILS	Y BY SF CUBE & MICROSCOPY	6	%	1 - 6	
MONOCYTES	T BT SF COBE & MICROSCOPT	9	%	2 - 12	
	Y BY SF CUBE & MICROSCOPY	, i	10	2 .2	
BASOPHILS		0	%	0 - 1	
by FLOW CYTOMETR	Y BY SF CUBE & MICROSCOPY				
		110/		0000 7500	
ABSOLUTE NEUTRO	PHIL COUNT Y BY SF CUBE & MICROSCOPY	4196	/cmm	2000 - 7500	
ABSOLUTE LYMPHO		2663	/cmm	800 - 4900	
by FLOW CYTOMETR	Y BY SF CUBE & MICROSCOPY				
	PHIL COUNT BY BY SF CUBE & MICROSCOPY	484 ^H	/cmm	40 - 440	
ABSOLUTE MONOCY		726	/cmm	80 - 880	
	Y BY SF CUBE & MICROSCOPY				
PLATELETS AND OT	HER PLATELET PREDICTIVE MARKI	ERS.			
PLATELET COUNT (P		328000	/cmm	150000 - 450000	
	FOCUSING, ELECTRICAL IMPEDENCE	0.21	0/	0.10 0.34	
PLATELETCRIT (PCT)	FOCUSING, ELECTRICAL IMPEDENCE	0.31	%	0.10 - 0.36	
MEAN PLATELET VO		10	fL	6.50 - 12.0	
by HYDRO DYNAMIC	FOCUSING, ELECTRICAL IMPEDENCE				
PLATELET LARGE CE	LL COUNT (P-LCC) FOCUSING, ELECTRICAL IMPEDENCE	74000	/cmm	30000 - 90000	
PLATELET LARGE CE		22.5	%	11.0 - 45.0	
	FOCUSING, ELECTRICAL IMPEDENCE	LLIG	~		
PLATELET DISTRIBU		15.8	%	15.0 - 17.0	
	FOCUSING, ELECTRICAL IMPEDENCE				
NOTE: TEST CONDU	JUIED ON EDIA WHOLE BLOOD				



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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANT	Г						
Test Name	Value	Unit	Biological Reference interval					
IMMUNOPATHOLOGY/SEROLOGY IMMUNOGLOBIN IgE								
IMMUNOGLOBIN-E (IU/mL	0.00 - 100.00					
by CLA (CHEMILUMINESCENCE IMMUNOASSAY) INTERPRETATION: COMMENTS: 1.1gE antibodies mediate allergic diseases by sensitizing mast cells and basophils to release histamine and other inflammatory mediators on exposure to allergens. 2.Total IgE is represents the sum of all the specific IgE, which inturn includes many groups of specific IgE & allergen specific IgE is just one such group amongst them. 3.Total IgE determination constitutes a screening method of atopic diseases, although within range values of total IgE do not exclude the existence of atopy and high values of total IgE are not pathognomonic of atopy by themselves. 4.Antigen-specific IgE is the next step in the in vitro identification of the responsible allergen. There are more than 400 characterized known allergens available for in vitro diagnostic tests and testing to be selected based on symptoms, clinical & environmental details. 5. In adults, Total IgE values between 100 to 1000 U/mi may not correlate with allergen specific IgE, where the patients may be just sensitized to different allergen or often the cause for high IgE could be non-atopic. 6. Specific IgE results obtained with the different methods vary significantly, hence followup testing to be performed using one laboratory only. 7. The probability of finding an increased level of IgE in serum in a patient with allergic disease varies directly with the number of different allergens to which the patient is sensitized. 8. A normal level of IgE in surve does not eliminate the possibility of allergic disease; this occurs if there is sensitivity to a limited number of allergens and limited end organ involvement. INCREASED: 1.Atopic/Non Atopic Allergy 2.Parasitic Infection. 3.IgE Myeloma 4. Allergic toronchopulmonary aspergillosis. 5. The are hyper IgE syndrome. 6. Immunodeficiency States and Autoimmune states USES:								
 Evaluation of children with strong family history of allergies and early clinical signs of disease · Evaluation of children and adults suspected of having allergic respiratory disease to establish the diagnosis and define the allergens To confirm clinical expression of sensitivity to foods in patients with Anaphylactic sensitivity or with Asthma, Angioedema or Cutaneous disease 								
equivocal	ity to insect venom allergens particularly as an		icity in those cases in which skin tests are					
5. To confirm the presence of IgE antibodies to certain occupational allergens *** End Of Report ***								
And the pro-								
	DR.VINAY CHOPRA DR.YU	JGAM CHOPRA						

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