



	Dr. Vinay Chopr	a	Dr. Yugam	Chopra
	MD (Pathology & Mic Chairman & Consulta	robiology)	MD	(Pathology)
NAME	: Mrs. KAMINI GUPTA			
AGE/ GENDER	: 36 YRS/FEMALE		PATIENT ID	: 1586258
COLLECTED BY	:		REG. NO./LAB NO.	: 012408200059
REFERRED BY	:		REGISTRATION DATE	: 20/Aug/2024 10:17 PM
BARCODE NO.	: 01515387		COLLECTION DATE	: 20/Aug/2024 10:18PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 20/Aug/2024 10:28PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMB	SALA CANTI		
Test Name		Value	Unit	Biological Reference interval
		HAEN	IATOLOGY	
	CON	IPLETE BL	OOD COUNT (CBC)	
RED BLOOD CELLS (F	RBCS) COUNT AND INDICES		. ,	
HAEMOGLOBIN (HB)		11.3 ^L	gm/dL	12.0 - 16.0
RED BLOOD CELL (RE	BC) COUNT FOCUSING, ELECTRICAL IMPEDENCE	4.09	Millions/cr	mm 3.50 - 5.00
PACKED CELL VOLUN	/IE (PCV)	36 ^L	%	37.0 - 50.0
by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER MEAN CORPUSCULAR VOLUME (MCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER		87.9	fL	80.0 - 100.0
		27.7	20	27.0 - 34.0
		21.1	pg	27.0 - 34.0
	R HEMOGLOBIN CONC. (MCHC)	31.5 ^L	g/dL	32.0 - 36.0
by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER RED CELL DISTRIBUTION WIDTH (RDW-CV)		14.3	%	11.00 - 16.00
,	UTOMATED HEMATOLOGY ANALYZER TON WIDTH (RDW-SD)	46.9	fL	35.0 - 56.0
	UTOMATED HEMATOLOGY ANALYZER	40.7		55.0 - 50.0
MENTZERS INDEX		21.49	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDE	Х	30.81	RATIO	BETA THALASSEMIA TRAIT:<= 65.0 IRON DEFICIENCY ANEMIA: > 65.0
WHITE BLOOD CELLS	<u>S (WBCS)</u>			IKON DEI IGIENGT ANEIVIIA. > 05.0
TOTAL LEUCOCYTE C	OUNT (TLC)	11490 ^H	/cmm	4000 - 11000
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY NUCLEATED RED BLOOD CELLS (nRBCS)		NIL		0.00 - 20.00
		NII	%	< 10 %
NUCLEATED RED BLOOD CELLS (nRBCS) % by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER		NIL	70	< 10 /0
DIFFERENTIAL LEUCO	<u>DCYTE COUNT (DLC)</u>			
NEUTROPHILS	Y BY SF CUBE & MICROSCOPY	81 ^H	%	50 - 70
Sy I LOW CITOWEIR				

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Dr. Vinay Chopra Dr. Yugam Chopra MD (Pathology & Microbiology) MD (Pathology) Chairman & Consultant Pathologist **CEO & Consultant Pathologist** NAME : Mrs. KAMINI GUPTA AGE/ GENDER : 36 YRS/FEMALE **PATIENT ID** :1586258 **COLLECTED BY** :012408200059 REG. NO./LAB NO. **REFERRED BY REGISTRATION DATE** : 20/Aug/2024 10:17 PM **BARCODE NO.** :01515387 **COLLECTION DATE** : 20/Aug/2024 10:18PM CLIENT CODE. : KOS DIAGNOSTIC LAB **REPORTING DATE** : 20/Aug/2024 10:28PM **CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit **Biological Reference interval** LYMPHOCYTES 14^L % 20 - 40 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY **EOSINOPHILS** 0^L % 1-6 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY 5 MONOCYTES % 2 - 12 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY 0 % 0 - 1 BASOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY **ABSOLUTE LEUKOCYTES (WBC) COUNT ABSOLUTE NEUTROPHIL COUNT** /cmm 2000 - 7500 9307^H by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE LYMPHOCYTE COUNT 1609 800 - 4900 /cmm by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY **ABSOLUTE EOSINOPHIL COUNT** 0^L /cmm 40 - 440 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE MONOCYTE COUNT 574 80 - 880 /cmm by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS. PLATELET COUNT (PLT) 171000 /cmm 150000 - 450000 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE % PLATELETCRIT (PCT) 0.28 0.10 - 0.36 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 16^H MEAN PLATELET VOLUME (MPV) fL 6.50 - 12.0 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PLATELET LARGE CELL COUNT (P-LCC) 30000 - 90000 117000^H /cmm by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PLATELET LARGE CELL RATIO (P-LCR) 68.6^H % 11.0 - 45.0 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PLATELET DISTRIBUTION WIDTH (PDW) 15.9 % 15.0 - 17.0

by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

Chopra



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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD	, AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
	PR	OTHROMBIN TIME	STUDIES (PT/INR)	
PT TEST (PATIENT) by photo optical c	CLOT DETECTION	11.9	SECS	11.5 - 14.5
РТ (CONTROL) by photo optical c	CLOT DETECTION	12	SECS	
ISI by PHOTO OPTICAL C	CLOT DETECTION	1.1		
INTERNATIONAL NC by photo optical o	DRMALISED RATIO (INR)	0.99		0.80 - 1.20
PT INDEX		100.84	%	

INTERPRETATION:-

1.INR is the parameter of choice in monitoring adequacy of oral anti-coagulant therapy. Appropriate therapeutic range varies with the disease and treatment intensity.

2. Prolonged INR suggests potential bleeding disorder /bleeding complications

3. Results should be clinically correlated.

4. Test conducted on Citrated Plasma

RECOMMENDED THERAPEUTIC RANGE FOR ORAL ANTI-COAGULANT THERAPY (INR)			
INDICATION		INTERNATIO	NAL NORMALIZED RATIO (INR)
Treatment of venous thrombosis			
Treatment of pulmonary embolism			
Prevention of systemic embolism in tissue heart valves			
Valvular heart disease	Low Intensity		2.0 - 3.0
Acute myocardial infarction			
Atrial fibrillation			
Bileaflet mechanical valve in aortic position			
Recurrent embolism			
Mechanical heart valve	High Intensity		2.5 - 3.5
Antiphospholipid antibodies ⁺			
COMMENTS:	-		





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	Dr. Vinay Chor		gam Chopra

The prothrombin time (PT) and its derived measures of prothrombin ratio (PR) and international normalized ratio (INR) are measures of the efficacy of the extrinsic pathway of coagulation. PT test reflects the adequacy of factors I (fibrinogen), II (prothrombin), V, VII, and X. It is used in conjunction with the activated partial thromboplastin time (aPTT) which measures the intrinsic pathway. The common causes of prolonged prothrombin time are : 1.Oral Anticoagulant therapy.

2.Liver disease.

3.Vit K. deficiency.

4. Disseminated intra vascular coagulation.

5.Factor 5, 7, 10 or Prothrombin dificiency



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CLIENT ADDRESS					
Test Name		Value	Unit	Biological Reference interva	
	CLINIC	AL CHEMI	STRY/BIOCHEMISTR	Y	
	LIVI	ER FUNCTIO	N TEST (COMPLETE)		
BILIRUBIN TOTAL: SI	ERUM PECTROPHOTOMETRY	0.23	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20	
	CONJUGATED): SERUM	0.06	mg/dL	0.00 - 0.40	
BILIRUBIN INDIRECT	(UNCONJUGATED): SERUM	0.17	mg/dL	0.10 - 1.00	
SGOT/AST: SERUM		51.12 ^H	U/L	7.00 - 45.00	
SGPT/ALT: SERUM	'RIDOXAL PHOSPHATE 'RIDOXAL PHOSPHATE	50.26 ^H	U/L	0.00 - 49.00	
AST/ALT RATIO: SER	UM	1.02	RATIO	0.00 - 46.00	
by CALCULATED, SPE ALKALINE PHOSPHA by PARA NITROPHEN PROPANOL		171 ^H	U/L	40.0 - 130.0	
	TRANSFERASE (GGT): SERUM	11.6	U/L	0.00 - 55.0	
TOTAL PROTEINS: SE by BIURET, SPECTRO	ERUM	6.19 ^L	gm/dL	6.20 - 8.00	
ALBUMIN: SERUM		3.37 ^L	gm/dL	3.50 - 5.50	
GLOBULIN: SERUM by CALCULATED, SPE		2.82	gm/dL	2.30 - 3.50	
A : G RATIO: SERUM by CALCULATED, SPE		1.2	RATIO	1.00 - 2.00	
NOTE 2 ADVICE			RECHECKED TWICE		

INTERPRETATION

NOTE: To be correlated in individuals having SGOT and SGPT values higher than Normal Referance Range. USE: Differential diagnosis of diseases of hepatobiliary system and pancreas.

INCREASED:

DRUG HEPATOTOXICITY

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Test Name	Value	Unit	Biological Reference interval

	value	Onit	Biological Reference interv
ALCOHOLIC HEPATITIS		> 2 (Highly Suggestive)	
CIRRHOSIS		1.4 - 2.0	
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

*** End Of Report ***



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