

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

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

NAME	: Mrs. MONIKA	PATIENT ID	: 1586511
AGE/ GENDER	: 29 YRS/FEMALE	REG. NO./LAB NO.	: 012408210029
COLLECTED BY	: SURJESH	REGISTRATION DATE	: 21/Aug/2024 12:12 PM
REFERRED BY	:	COLLECTION DATE	: 21/Aug/2024 12:28PM
BARCODE NO.	: 01515416	REPORTING DATE	: 21/Aug/2024 12:55PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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HAEMATOLOGY

HAEMOGLOBIN (HB)

HAEMOGLOBIN (HB) by CALORIMETRIC	5.8 ^L	gm/dL	12.0 - 16.0
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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 (DECREASED 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 erythropoietin (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

RECHECKED




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CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE RANDOM (R)

GLUCOSE RANDOM (R): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)	75.11	mg/dL	NORMAL: < 140.00 PREDIABETIC: 140.0 - 200.0 DIABETIC: > OR = 200.0
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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
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UREA: SERUM by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)	169.52 ^H	mg/dL	10.00 - 50.00
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CREATININE

CREATININE: SERUM
 by ENZYMATIC, SPECTROPHOTOMETRY

10.11^H

mg/dL

0.40 - 1.20




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Test Name	Value	Unit	Biological Reference interval
POTASSIUM			
POTASSIUM: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i>	3.83	mmol/L	3.50 - 5.00

INTERPRETATION:-

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
- 4.Hemolysis of blood

*** End Of Report ***




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