

Dr. Vinay Chopra  
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Chairman & Consultant Pathologist

Dr. Yugam Chopra  
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CEO & Consultant Pathologist

NAME : Mr. KALASH BANSAL  
AGE/ GENDER : 22 YRS/MALE  
COLLECTED BY : SURJESH  
REFERRED BY :  
BARCODE NO. : 01515494  
CLIENT CODE. : KOS DIAGNOSTIC LAB  
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1587595  
REG. NO./LAB NO. : 012408220047  
REGISTRATION DATE : 22/Aug/2024 11:34 AM  
COLLECTION DATE : 22/Aug/2024 11:45AM  
REPORTING DATE : 22/Aug/2024 11:59AM

Test Name	Value	Unit	Biological Reference interval
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## HAEMATOLOGY

### COMPLETE BLOOD COUNT (CBC)

#### RED BLOOD CELLS (RBCS) COUNT AND INDICES

HAEMOGLOBIN (HB) by CALORIMETRIC	12.4	gm/dL	12.0 - 17.0
RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	4.19	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	38.4 <sup>L</sup>	%	40.0 - 54.0
MEAN CORPUSCULAR VOLUME (MCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	91.6	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	29.6	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	32.3	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	12.5	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	42.8	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED	21.86	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX by CALCULATED	27.33	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	7150	/cmm	4000 - 11000
NUCLEATED RED BLOOD CELLS (nRBCS) by AUTOMATED 6 PART HEMATOLOGY ANALYZER	NIL		0.00 - 20.00
NUCLEATED RED BLOOD CELLS (nRBCS) % by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	NIL	%	< 10 %

#### DIFFERENTIAL LEUCOCYTE COUNT (DLC)

NEUTROPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	49 <sup>L</sup>	%	50 - 70
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<b>LYMPHOCYTES</b> <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	42 <sup>H</sup>	%	20 - 40
<b>EOSINOPHILS</b> <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	3	%	1 - 6
<b>MONOCYTES</b> <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	6	%	2 - 12
<b>BASOPHILS</b> <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	0	%	0 - 1
<b><u>ABSOLUTE LEUKOCYTES (WBC) COUNT</u></b>			
<b>ABSOLUTE NEUTROPHIL COUNT</b> <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	3504	/cmm	2000 - 7500
<b>ABSOLUTE LYMPHOCYTE COUNT</b> <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	3003	/cmm	800 - 4900
<b>ABSOLUTE EOSINOPHIL COUNT</b> <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	214	/cmm	40 - 440
<b>ABSOLUTE MONOCYTE COUNT</b> <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	429	/cmm	80 - 880
<b>ABSOLUTE BASOPHIL COUNT</b> <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	0	/cmm	0 - 110
<b><u>PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.</u></b>			
<b>PLATELET COUNT (PLT)</b> <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	232000	/cmm	150000 - 450000
<b>PLATELETCRIT (PCT)</b> <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	0.26	%	0.10 - 0.36
<b>MEAN PLATELET VOLUME (MPV)</b> <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	11	fL	6.50 - 12.0
<b>PLATELET LARGE CELL COUNT (P-LCC)</b> <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	76000	/cmm	30000 - 90000
<b>PLATELET LARGE CELL RATIO (P-LCR)</b> <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	32.7	%	11.0 - 45.0
<b>PLATELET DISTRIBUTION WIDTH (PDW)</b> <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	16.4	%	15.0 - 17.0
NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD			



  
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#### PROTHROMBIN TIME STUDIES (PT/INR)

PT TEST (PATIENT) by PHOTO OPTICAL CLOT DETECTION	12.5	SECS	11.5 - 14.5
PT (CONTROL) by PHOTO OPTICAL CLOT DETECTION	12	SECS	
ISI by PHOTO OPTICAL CLOT DETECTION	1.1		
INTERNATIONAL NORMALISED RATIO (INR) by PHOTO OPTICAL CLOT DETECTION	1.05		0.80 - 1.20
PT INDEX by PHOTO OPTICAL CLOT DETECTION	96	%	

#### 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	INTERNATIONAL NORMALIZED RATIO (INR)
Treatment of venous thrombosis	2.0 - 3.0
Treatment of pulmonary embolism	
Prevention of systemic embolism in tissue heart valves	
Valvular heart disease	
Acute myocardial infarction	
Atrial fibrillation	
Bileaflet mechanical valve in aortic position	
Recurrent embolism	2.5 - 3.5
Mechanical heart valve	
Antiphospholipid antibodies <sup>+</sup>	

COMMENTS:



  
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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 deficiency





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### CLINICAL CHEMISTRY/BIOCHEMISTRY

#### LIVER FUNCTION TEST (COMPLETE)

<b>BILIRUBIN TOTAL: SERUM</b> <i>by DIAZOTIZATION, SPECTROPHOTOMETRY</i>	1.29 <sup>H</sup>	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
<b>BILIRUBIN DIRECT (CONJUGATED): SERUM</b> <i>by DIAZO MODIFIED, SPECTROPHOTOMETRY</i>	0.75 <sup>H</sup>	mg/dL	0.00 - 0.40
<b>BILIRUBIN INDIRECT (UNCONJUGATED): SERUM</b> <i>by CALCULATED, SPECTROPHOTOMETRY</i>	0.54	mg/dL	0.10 - 1.00
<b>SGOT/AST: SERUM</b> <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	50.81 <sup>H</sup>	U/L	7.00 - 45.00
<b>SGPT/ALT: SERUM</b> <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	39.22	U/L	0.00 - 49.00
<b>AST/ALT RATIO: SERUM</b> <i>by CALCULATED, SPECTROPHOTOMETRY</i>	1.3	RATIO	0.00 - 46.00
<b>ALKALINE PHOSPHATASE: SERUM</b> <i>by PARA NITROPHENYL PHOSPHATASE BY AMINO METHYL PROPANOL</i>	103.02	U/L	40.0 - 130.0
<b>GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM</b> <i>by SZASZ, SPECTROPHOTOMETRY</i>	11.64	U/L	0.00 - 55.0
<b>TOTAL PROTEINS: SERUM</b> <i>by BIURET, SPECTROPHOTOMETRY</i>	6.81	gm/dL	6.20 - 8.00
<b>ALBUMIN: SERUM</b> <i>by BROMOCRESOL GREEN</i>	4.19	gm/dL	3.50 - 5.50
<b>GLOBULIN: SERUM</b> <i>by CALCULATED, SPECTROPHOTOMETRY</i>	2.62	gm/dL	2.30 - 3.50
<b>A : G RATIO: SERUM</b> <i>by CALCULATED, SPECTROPHOTOMETRY</i>	1.6	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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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 cholestasis: 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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UREA

UREA: SERUM by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)	18.92	mg/dL	10.00 - 50.00
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**CREATININE**

CREATININE: SERUM	0.87	mg/dL	0.40 - 1.40
by ENZYMATIC, SPECTROPHOTOMETRY			



  
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#### ELECTROLYTES COMPLETE PROFILE

SODIUM: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i>	142.4	mmol/L	135.0 - 150.0
POTASSIUM: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i>	3.91	mmol/L	3.50 - 5.00
CHLORIDE: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i>	106.8	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. Cushing's 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

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