

Dr. Vinay Chopra  
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Chairman & Consultant Pathologist

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

NAME : Mrs. PUSHPA AGGARWAL  
AGE/ GENDER : 72 YRS/FEMALE  
COLLECTED BY :  
REFERRED BY : SAKET HOSPITAL (AMBALA CANTT)  
BARCODE NO. : 01516122  
CLIENT CODE. : KOS DIAGNOSTIC LAB  
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1598569  
REG. NO./LAB NO. : 012409010051  
REGISTRATION DATE : 01/Sep/2024 01:54 PM  
COLLECTION DATE : 01/Sep/2024 01:55PM  
REPORTING DATE : 01/Sep/2024 02:11PM

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	12.6	gm/dL	12.0 - 16.0
RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	4.43	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	39.2	%	37.0 - 50.0
MEAN CORPUSCULAR VOLUME (MCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	88.5	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	28.5	pg	27.0 - 34.0
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) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	13.3	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	44	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED	19.98	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX by CALCULATED	26.62	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	9160	/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	87 <sup>H</sup>	%	50 - 70
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<b>LYMPHOCYTES</b> by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	11 <sup>L</sup>	%	20 - 40
<b>EOSINOPHILS</b> by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	1	%	1 - 6
<b>MONOCYTES</b> by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	1 <sup>L</sup>	%	2 - 12
<b>BASOPHILS</b> by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	0	%	0 - 1
<b><u>ABSOLUTE LEUKOCYTES (WBC) COUNT</u></b>			
<b>ABSOLUTE NEUTROPHIL COUNT</b> by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	7969 <sup>H</sup>	/cmm	2000 - 7500
<b>ABSOLUTE LYMPHOCYTE COUNT</b> by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	1008	/cmm	800 - 4900
<b>ABSOLUTE EOSINOPHIL COUNT</b> by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	92	/cmm	40 - 440
<b>ABSOLUTE MONOCYTE COUNT</b> by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	92	/cmm	80 - 880
<b><u>PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.</u></b>			
<b>PLATELET COUNT (PLT)</b> by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	344000	/cmm	150000 - 450000
<b>PLATELETCRIT (PCT)</b> by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	0.29	%	0.10 - 0.36
<b>MEAN PLATELET VOLUME (MPV)</b> by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	8	fL	6.50 - 12.0
<b>PLATELET LARGE CELL COUNT (P-LCC)</b> by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	54000	/cmm	30000 - 90000
<b>PLATELET LARGE CELL RATIO (P-LCR)</b> by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	15.7	%	11.0 - 45.0
<b>PLATELET DISTRIBUTION WIDTH (PDW)</b> by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	15.7	%	15.0 - 17.0
NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD			



  
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## CLINICAL CHEMISTRY/BIOCHEMISTRY

### GLUCOSE RANDOM (R)

GLUCOSE RANDOM (R): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)	89.04	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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UREA

UREA: SERUM by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)	29.46	mg/dL	10.00 - 50.00
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### CREATININE

CREATININE: SERUM	0.97	mg/dL	0.40 - 1.20
by ENZYMATIC, SPECTROPHOTOMETRY			



  
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## CLINICAL PATHOLOGY

### URINE ROUTINE & MICROSCOPIC EXAMINATION

#### PHYSICAL EXAMINATION

QUANTITY RECIEVED	10	ml	
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
COLOUR	AMBER YELLOW		PALE YELLOW
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
TRANSPARANCY	HAZY		CLEAR
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
SPECIFIC GRAVITY	1.01		1.002 - 1.030
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			

#### CHEMICAL EXAMINATION

REACTION	ALKALINE		
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
PROTEIN	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
SUGAR	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
pH	7.5		5.0 - 7.5
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
BILIRUBIN	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
NITRITE	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.			
UROBILINOGEN	Normal	EU/dL	0.2 - 1.0
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
KETONE BODIES	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
BLOOD	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
ASCORBIC ACID	NEGATIVE (-ve)		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			

#### MICROSCOPIC EXAMINATION



  
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Test Name	Value	Unit	Biological Reference interval
RED BLOOD CELLS (RBCs) <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)	/HPF	0 - 3
PUS CELLS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	5-7	/HPF	0 - 5
EPITHELIAL CELLS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	1-3	/HPF	ABSENT
CRYSTALS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
CASTS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
BACTERIA <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
OTHERS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
TRICHOMONAS VAGINALIS (PROTOZOA) <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	ABSENT		ABSENT



  
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## MICROBIOLOGY

### CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: URINE

#### CULTURE AND SUSCEPTIBILITY: URINE

DATE OF SAMPLE	01-09-2024
SPECIMEN SOURCE	URINE
INCUBATION PERIOD	48 HOURS
by AUTOMATED BROTH CULTURE	
CULTURE	STERILE
by AUTOMATED BROTH CULTURE	
ORGANISM	NO AEROBIC PYOGENIC ORGANISM GROWN AFTER 48 HOURS OF INCUBATION AT 37°C
by AUTOMATED BROTH CULTURE	

#### AEROBIC SUSCEPTIBILITY: URINE

##### INTERPRETATION:

1. In urine culture and sensitivity, presence of more than 100,000 organism per mL in midstream sample of urine is considered clinically significant. However in symptomatic patients, a smaller number of bacteria (100 to 10000/mL) may signify infection.
2. Colony count of 100 to 10000/ mL indicate infection, if isolate from specimen obtained by suprapubic aspiration or "in-and-out" catheterization or from patients with indwelling catheters.

##### SUSCEPTIBILITY:

1. A test interpreted as **SENSITIVE** implies that infection due to isolate may be appropriately treated with the dosage of an antimicrobial agent recommended for that type of infection and infecting species, unless otherwise indicated..
2. A test interpreted as **INTERMEDIATE** implies that the "infection due to the isolate may be appropriately treated in body sites where the drugs are physiologically concentrated or when a high dosage of drug can be used".
3. A test interpreted as **RESISTANT** implies that the "isolates are not inhibited by the usually achievable concentration of the agents with normal dosage, schedule and/or fall in the range where specific microbial resistance mechanism are likely (e.g. beta-lactamases), and clinical efficacy has not been reliable in treatment studies.

##### CAUTION:

Conditions which can cause a false Negative culture:

1. Patient is on antibiotics. Please repeat culture post therapy.
2. Anaerobic bacterial infection.
3. Fastidious aerobic bacteria which are not able to grow on routine culture media.
4. Besides all these factors, at least in 25-40 % of cases there is no direct correlation between in vivo clinical picture.
5. Renal tuberculosis to be confirmed by AFB studies.

\*\*\* End Of Report \*\*\*





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