

# **KOS Diagnostic Lab**

(A Unit of KOS Healthcare)



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

NAME : Mrs. KANTA SOOD

AGE/ GENDER : 65 YRS/FEMALE PATIENT ID : 1609585

COLLECTED BY : REG. NO./LAB NO. : 012409110053

 REFERRED BY
 : 11/Sep/2024 01:06 PM

 BARCODE NO.
 : 01516773
 COLLECTION DATE
 : 11/Sep/2024 01:07 PM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 11/Sep/2024 01:50 PM

**CLIENT ADDRESS**: 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

# HAEMATOLOGY COMPLETE BLOOD COUNT (CBC)

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

HAEMOGLOBIN (HB) by CALORIMETRIC	14.1	gm/dL	12.0 - 16.0
RED BLOOD CELL (RBC) COUNT  by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	4.9	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV)  by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	43.8	%	37.0 - 50.0
MEAN CORPUSCULAR VOLUME (MCV)  by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	89.6	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH)  by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	28.8	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	32.1	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	15.5	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	51.6	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED	18.29	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX by CALCULATED	28.37	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	10790	/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	84 <sup>H</sup>	%	50 - 70



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Chairman & Consultant Pathologist

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Test Name	Value	Unit	Biological Reference interval
LYMPHOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	9 <sup>L</sup>	%	20 - 40
EOSINOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	O <sub>L</sub>	%	1 - 6
MONOCYTES  by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	7	%	2 - 12
BASOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY  ABSOLUTE LEUKOCYTES (WBC) COUNT	0	%	0 - 1
ABSOLUTE NEUTROPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	9064 <sup>H</sup>	/cmm	2000 - 7500
ABSOLUTE LYMPHOCYTE COUNT  by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	971	/cmm	800 - 4900
ABSOLUTE EOSINOPHIL COUNT by flow cytometry by sf cube & microscopy	0 <sub>L</sub>	/cmm	40 - 440
ABSOLUTE MONOCYTE COUNT  by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	755	/cmm	80 - 880
ABSOLUTE BASOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY PLATELETS AND OTHER PLATELET PREDICTIVE MARKE	0 <b>RS.</b>	/cmm	0 - 110
PLATELET COUNT (PLT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	209000	/cmm	150000 - 450000
PLATELETCRIT (PCT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	0.27	%	0.10 - 0.36
MEAN PLATELET VOLUME (MPV) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	13 <sup>H</sup>	fL	6.50 - 12.0
PLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	101000 <sup>H</sup>	/cmm	30000 - 90000
PLATELET LARGE CELL RATIO (P-LCR)  by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	48.1 <sup>H</sup>	%	11.0 - 45.0
PLATELET DISTRIBUTION WIDTH (PDW) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD	16.4	%	15.0 - 17.0



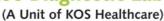
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**NAME** : Mrs. KANTA SOOD

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Test Name Value Unit **Biological Reference interval** 

### IMMUNOPATHOLOGY/SEROLOGY

**C-REACTIVE PROTEIN (CRP)** 

C-REACTIVE PROTEIN (CRP) QUANTITATIVE: 166.75<sup>H</sup> mg/L 0.0 - 6.0

by NEPHLOMETRY **INTERPRETATION:** 

1. C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation.

2. CRP levels can increase dramatically (100-fold or more) after severe trauma, bacterial infection, inflammation, surgery, or neoplastic proliferation.

3. CRP levels (Quantitative) has been used to assess activity of inflammatory disease, to detect infections after surgery, to detect transplant rejection, and to monitor these inflammatory processes.

4. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc., 5. Elevated values are consistent with an acute inflammatory process.

NOTE:

1. Elevated C-reactive protein (CRP) values are nonspecific and should not be interpreted without a complete clinical history. 2. Oral contraceptives may increase CRP levels.

\* End Of Report \*\*\*



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