

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

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

<b>NAME</b>	: Mr. NARESH BUCAR	<b>PATIENT ID</b>	: 1611661
<b>AGE/ GENDER</b>	: 70 YRS/MALE	<b>REG. NO./LAB NO.</b>	: 012409130029
<b>COLLECTED BY</b>	: SURJESH	<b>REGISTRATION DATE</b>	: 13/Sep/2024 10:12 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 13/Sep/2024 10:14AM
<b>BARCODE NO.</b>	: 01516878	<b>REPORTING DATE</b>	: 13/Sep/2024 10:29AM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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## HAEMATOLOGY

### HAEMOGLOBIN (HB)

<b>HAEMOGLOBIN (HB)</b> by CALORIMETRIC	10.6 <sup>L</sup>	gm/dL	12.0 - 17.0
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#### INTERPRETATION:-

Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the body's 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**



  
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<b>BARCODE NO.</b>	: 01516878	<b>REPORTING DATE</b>	: 13/Sep/2024 11:03AM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
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Test Name	Value	Unit	Biological Reference interval
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## CLINICAL CHEMISTRY/BIOCHEMISTRY

### POTASSIUM

<b>POTASSIUM: SERUM</b> by ISE (ION SELECTIVE ELECTRODE)	5.48 <sup>H</sup>	mmol/L	3.50 - 5.00
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#### 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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