TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

NAME	: Mr. SURINDER KUMAR		
AGE/ GENDER	: 41 YRS/MALE	**PATIENT ID**	: 1614222
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012409150052**
REFERRED BY	:	**REGISTRATION DATE**	: 15/Sep/2024 07:17 PM
BARCODE NO.	: 01517028	**COLLECTION DATE**	: 15/Sep/2024 07:31PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 15/Sep/2024 07:38PM
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

Test Name	Value	Unit	Biological Reference interval
HAEMOGLOBIN (HB) *by CALORIMETRIC*	13.6	gm/dL	12.0 - 17.0
RED BLOOD CELL (RBC) COUNT *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	4.35	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	41.6	%	40.0 - 54.0
MEAN CORPUSCULAR VOLUME (MCV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	95.7	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	31.4	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	32.8	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	14.3	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	51	fL	35.0 - 56.0
MENTZERS INDEX *by CALCULATED*	22	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX *by CALCULATED*	31.6	RATIO	BETA THALASSEMIA TRAIT:<= 65.0 IRON DEFICIENCY ANEMIA: > 65.0

WHITE BLOOD CELLS (WBCS)

Test Name	Value	Unit	Biological Reference interval
TOTAL LEUCOCYTE COUNT (TLC) *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	8310	/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)

Test Name	Value	Unit	Biological Reference interval
NEUTROPHILS *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	38^L	%	50 - 70

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Test Name	Value	Unit	Biological Reference interval
LYMPHOCYTES	**52^H**	**%**	**20 - 40**
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
EOSINOPHILS	4	%	1 - 6
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
MONOCYTES	6	%	2 - 12
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
BASOPHILS	0	%	0 - 1
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
ABSOLUTE LEUKOCYTES (WBC) COUNT			
ABSOLUTE NEUTROPHIL COUNT	3158	/cmm	2000 - 7500
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
ABSOLUTE LYMPHOCYTE COUNT	4321	/cmm	800 - 4900
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
ABSOLUTE EOSINOPHIL COUNT	332	/cmm	40 - 440
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
ABSOLUTE MONOCYTE COUNT	499	/cmm	80 - 880
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
ABSOLUTE BASOPHIL COUNT	0	/cmm	0 - 110
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.			
PLATELET COUNT (PLT)	212000	/cmm	150000 - 450000
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			
PLATELETCRIT (PCT)	0.28	%	0.10 - 0.36
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			
MEAN PLATELET VOLUME (MPV)	**13^H**	**fL**	**6.50 - 12.0**
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			
PLATELET LARGE CELL COUNT (P-LCC)	**102000^H**	**/cmm**	**30000 - 90000**
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			
PLATELET LARGE CELL RATIO (P-LCR)	**48^H**	**%**	**11.0 - 45.0**
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			
PLATELET DISTRIBUTION WIDTH (PDW)	16.2	%	15.0 - 17.0
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

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KOS Diagnostic Lab
(A Unit of KOS Healthcare)

KOS
EXCELLENCE IN HEALTHCARE & DIAGNOSTICS

ISO 9001 : 2008 CERTIFIED LAB

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Chairman & Consultant Pathologist

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Test Name	Value	Unit	Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY

HEPATITIS C VIRUS (HCV) ANTIBODIES SCREENING

HEPATITIS C ANTIBODY (HCV) TOTAL RESULT   NON - REACTIVE
  by IMMUNOCHROMATOGRAPHY

INTERPRETATION:
1.Anti HCV total antibody assay identifies presence IgG antibodies in the serum . It is a useful screening test with a specificity of nearly 99%.
2.It becomes positive approximately 24 weeks after exposure. The test can not isolate an active ongoing HCV infection from an old infection that has been cleared. All positive results must be confirmed for active disease by an HCV PCR test .
FALSE NEGATIVE RESULTS SEEN IN:
1.Window period
2.Immunocompromised states.

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Test Name	Value	Unit	Biological Reference interval

ANTI HUMAN IMMUNODEFICIENCY VIRUS (HIV) ANTIBODIES HIV (1 & 2) SCREENING

HIV 1/2 AND P24 ANTIGEN RESULT   NON - REACTIVE
   by IMMUNOCHROMATOGRAPHY

INTERPRETATION:-
1.AIDS is caused by at least 2 known types of HIV viruses, HIV-1 and HIV HIV-2.
2.This NACO approved immuno-chromatographic solid phase ELISA assay detects antibodies against both HIV-1 and HIV-2 viruses.
3.The test is used for routine serologic screening of patients at risk for HIV-1 or HIV-2 infection.
4.All screening ELISA assays for HIV antibody detection have high sensitivity but have low specificity.
5.At this laboratory, all positive samples are cross checked for positivity with two alternate assays prior to reporting.
NOTE:-
1.Confirmatory testing by Western blot is recommended for patients who are reactive for HIV by this assay.
2.Antibodies against HIV-1 and HIV-2 are usually not detectable until 6 to 12 weeks following exposure (window period) and are almost always detectable by 12 months.
3.The test is not recommended for children born to HIV infected mothers till the child turns two years old (as HIV antibodies may be transmitted passively to the child trans-placentally).
FALSE NEGATIVE RESULT SEEN IN:
1.Window period
2.Severe immuno-suppression including advanced AIDS.

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Test Name	Value	Unit	Biological Reference interval

HEPATITIS B SURFACE ANTIGEN (HBsAg) SCREENING

HEPATITIS B SURFACE ANTIGEN (HBsAg)   NON REACTIVE
RESULT
  by IMMUNOCHROMATOGRAPHY

INTERPRETATION:-
1.HBsAG is the first serological marker of HBV infection to appear in the blood (approximately 30-60 days after infection and prior to the onset of clinical disease). It is also the last viral protein to disappear from blood and usually disappears by three months after infection in self limiting acute Hepatitis B viral infection.
2.Persistence of HBsAg in blood for more than six months implies chronic infection. It is the most common marker used for diagnosis of an acute Hepatitis B infection but has very limited role in assessing patients suffering from chronic hepatitis.
FALSE NEGATIVE RESULT SEEN IN:
1.Window period.
2.Infection with HBsAg mutant strains
3.Hepatitis B Surface antigen (HBsAg) is the earliest indicator of HBV infection. Usually it appears in 27 - 41 days (as early as 14 days).
4.Appears 7 - 26 days before biochemical abnormalities. Peaks as ALT rises. Persists during the acute illness. Usually disappears 12- 20 weeks after the onset of symptoms / laboratory abnormalities in 90% of cases.
5.Is the most reliable serologic marker of HBV infection. Persistence > 6 months defines carrier state. May also be found in chronic infection.Hepatitis B vaccination does not cause a positive HBsAg. Titers are not of clinical value.
NOTE:-
1.All reactive HBsAG Should be reconfirmed with neutralization test(HBsAg confirmatory test).
2.Anti - HAV IgM appears at the same time as symptoms in > 99% of cases, peaks within the first month, becomes nondetectable in 12 months (usually 6 months). Presence confirms diagnosis of recent acute infection.

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Test Name	Value	Unit	Biological Reference interval

VDRL

VDRL	NON REACTIVE		NON REACTIVE

by IMMUNOCHROMATOGRAPHY

INTERPRETATION:
1. Does not become positive until 7 - 10 days after appearance ofchancre.
2. **High titer (>1:16) - active disease.**
3. **Low titer (<1:8) - biological falsepositive test in 90% cases or due to late or late latent syphillis.**
4. Treatment of primary syphillis causes progressive decline tonegative VDRL within 2 years.
5. Rising titer (4X) indicates relapse,reinfection, or treatment failure and need for retreatment.
6. May benonreactive in early primary, late latent, and late syphillis (approx. 25% ofcases).
7. **Reactive and weakly reactive tests should always be confirmedwith FTA-ABS (fluorescent treponemal antibody absorptiontest).**

SHORTTERM FALSE POSITIVE TEST RESULTS (<6 MONTHS DURATION) MAY OCCURIN:
1. Acute viral illnesses (e.g., hepatitis, measles, infectious mononucleosis)
2. M. pneumoniae; Chlamydia; Malaria infection.
3. Some immunizations
4. Pregnancy (rare)

LONGTERM FALSE POSITIVE TEST RESULTS (>6 MONTHS DURATION) MAY OCCUR IN:
1. Serious underlying disease e.g., collagen vascular diseases, leprosy ,malignancy.
2. Intravenous drug users.
3. Rheumatoid arthritis, thyroiditis, AIDS, Sjogren's syndrome.
4. <l0 % of patients older thanage 70 years.
5. Patients taking some anti-hypertensive drugs.

*** End Of Report ***

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