

## **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 : Master. ADAMYAVIR

AGE/ GENDER : 2 YRS/MALE PATIENT ID : 1615746

COLLECTED BY : REG. NO./LAB NO. : 012409170030

REFERRED BY : SNEH HOSPITAL (AMBALA CANTT) REGISTRATION DATE : 17/Sep/2024 11:33 AM

BARCODE NO. : 01517131 COLLECTION DATE : 17/Sep/2024 11:34AM

CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 17/Sep/2024 12:03PM

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

Test Name Value Unit Biological Reference interval

HAEMATOLOGY

**HAEMOGLOBIN (HB)** 

HAEMOGLOBIN (HB) 11.1<sup>L</sup> gm/dL 12.0 - 16.0

by CALORIMETRIC

<u>INTERPRETATION:-</u>
Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the bodys 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 (DECRESED 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 erythropoetin (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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CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 17/Sep/2024 12:37PM

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

Test Name Value Unit Biological Reference interval

### CLINICAL CHEMISTRY/BIOCHEMISTRY

#### SGOT/SGPT PROFILE

SGOT/AST: SERUM
by IFCC, WITHOUT PYRIDOXAL PHOSPHATE

SGPT/ALT: SERUM
by IFCC, WITHOUT PYRIDOXAL PHOSPHATE

SGOT/SGPT RATIO
by CALCULATED, SPECTROPHOTOMETRY

44.3
U/L
7.00 - 45.00
U/L
0.00 - 49.00

#### INTERPRETATION

*NOTE*:- To be correlated in individuals having SGOT and SGPT values higher than Normal Referance 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
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 cholestatis: 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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Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist

: 17/Sep/2024 02:28PM

**NAME** : Master. ADAMYAVIR

**AGE/ GENDER** : 2 YRS/MALE **PATIENT ID** : 1615746

**COLLECTED BY** REG. NO./LAB NO. :012409170030

REFERRED BY : SNEH HOSPITAL (AMBALA CANTT) **REGISTRATION DATE** : 17/Sep/2024 11:33 AM BARCODE NO. :01517131 **COLLECTION DATE** : 17/Sep/2024 11:34AM

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

Test Name Value Unit **Biological Reference interval** 

### **CLINICAL PATHOLOGY**

REPORTING DATE

#### URINE ROUTINE & MICROSCOPIC EXAMINATION

#### PHYSICAL EXAMINATION

CLIENT CODE.

QUANTITY RECIEVED 10 ml by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

PALE YELLOW PALE YELLOW **COLOUR** 

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

**TRANSPARANCY CLEAR CLEAR** by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

1.02 1.002 - 1.030 SPECIFIC GRAVITY

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

#### **CHEMICAL EXAMINATION**

**ACIDIC** 

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.

**PROTEIN NEGATIVE (-ve)** Negative

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

**NEGATIVE (-ve) SUGAR** Negative by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

рΗ 5.5 5.0 - 7.5

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY NEGATIVE (-ve) **BILIRUBIN** Negative

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

**NITRITE** Negative **NEGATIVE** (-ve)

EU/dL UROBILINOGEN Normal 0.2 - 1.0

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

KETONE BODIES NEGATIVE (-ve) Negative by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

**BLOOD** Negative NEGATIVE (-ve)

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY NEGATIVE (-ve) NEGATIVE (-ve) ASCORBIC ACID

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY MICROSCOPIC EXAMINATION



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY) DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST



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Test Name	Value	Unit	Biological Reference interval
RED BLOOD CELLS (RBCs) by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)	/HPF	0 - 3
PUS CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	2-3	/HPF	0 - 5
EPITHELIAL CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NIL	/HPF	ABSENT
CRYSTALS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
CASTS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
BACTERIA by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
OTHERS  by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
TRICHOMONAS VAGINALIS (PROTOZOA) by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	ABSENT		ABSENT

REPORTING DATE

**End Of Report** 



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