

(A Unit of KOS Healthcare)



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

NAME : Miss. ANUSHKA

AGE/ GENDER : 14 YRS/FEMALE **PATIENT ID** : 1619244

COLLECTED BY : REG. NO./LAB NO. : 012409200054

 REFERRED BY
 : 20/Sep/2024 12:35 PM

 BARCODE NO.
 : 01517347
 COLLECTION DATE
 : 20/Sep/2024 12:38 PM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 20/Sep/2024 12:50 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	8.5 ^L	gm/dL	12.0 - 16.0
RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	4.57	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) by calculated by automated hematology analyzer	30.5 ^L	%	35.0 - 49.0
MEAN CORPUSCULAR VOLUME (MCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	66.8 ^L	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by Calculated by Automated Hematology analyzer	18.6 ^L	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by Calculated by Automated Hematology Analyzer	27.8 ^L	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	22.2 ^H	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	55	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED	14.62	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX by CALCULATED	32.45	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	10930	/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	44 ^L	%	50 - 70



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Test Name	Value	Unit	Biological Reference interval
LYMPHOCYTES by flow cytometry by Sf cube & microscopy	48 ^H	%	20 - 40
EOSINOPHILS by flow cytometry by sf cube & microscopy	2	%	1 - 6
MONOCYTES by Flow cytometry by SF cube & microscopy	6	%	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	4809	/cmm	2000 - 7500
ABSOLUTE LYMPHOCYTE COUNT by Flow cytometry by SF cube & Microscopy	5246 ^H	/cmm	800 - 4900
ABSOLUTE EOSINOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	219	/cmm	40 - 440
ABSOLUTE MONOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	656	/cmm	80 - 880
ABSOLUTE BASOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY NATE OF AND OTHER BLATELET PREDICTIVE MARKET	0	/cmm	0 - 110
PLATELETS AND OTHER PLATELET PREDICTIVE MARKER PLATELET COUNT (PLT)	596000 ^H	/cmm	150000 - 450000
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PLATELETCRIT (PCT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	0.6 ^H	%	0.10 - 0.36
MEAN PLATELET VOLUME (MPV) by hydro dynamic focusing, electrical impedence	10	fL	6.50 - 12.0
PLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	176000 ^H	/cmm	30000 - 90000
PLATELET LARGE CELL RATIO (P-LCR) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	29.5	%	11.0 - 45.0
PLATELET DISTRIBUTION WIDTH (PDW) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD	15.8	%	15.0 - 17.0



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Test Name Value Unit Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY LIVER FUNCTION TEST (COMPLETE)

BILIRUBIN TOTAL: SERUM by DIAZOTIZATION, SPECTROPHOTOMETRY	0.53	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (CONJUGATED): SERUM by DIAZO MODIFIED, SPECTROPHOTOMETRY	0.15	mg/dL	0.00 - 0.40
BILIRUBIN INDIRECT (UNCONJUGATED): SERUM by CALCULATED, SPECTROPHOTOMETRY	0.38	mg/dL	0.10 - 1.00
SGOT/AST: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE	41.4	U/L	7.00 - 45.00
SGPT/ALT: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE	31.2	U/L	0.00 - 49.00
AST/ALT RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY	1.33	RATIO	0.00 - 46.00
ALKALINE PHOSPHATASE: SERUM by Para nitrophenyl phosphatase by amino methyl propanol	113.07	U/L	50.00 - 370.00
GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM by SZASZ, SPECTROPHTOMETRY	33.83	U/L	0.00 - 55.0
TOTAL PROTEINS: SERUM by BIURET, SPECTROPHOTOMETRY	7.24	gm/dL	6.20 - 8.00
ALBUMIN: SERUM by Bromocresol green	3.48 ^L	gm/dL	3.50 - 5.50
GLOBULIN: SERUM by CALCULATED, SPECTROPHOTOMETRY	3.76 ^H	gm/dL	2.30 - 3.50
A: G RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY	0.93 ^L	RATIO	1.00 - 2.00

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



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Test Name	Value	Unit	Biological Reference interval
INTRAHEPATIC CHOLESTATIS		> 1.5	
HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS		> 1.3 (Slightly Increased)	
DEODEACED	•		<u> </u>

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:

1 KG CITCO TIC CICITII TOTALOE.	
NORMAL	< 0.65
GOOD PROGNOSTIC SIGN	0.3 - 0.6
POOR PROGNOSTIC SIGN	1.2 - 1.6



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Test Name Value Unit Biological Reference interval

UREA

UREA: SERUM 16.56 mg/dL 10.00 - 50.00

by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)



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Test Name Value Unit Biological Reference interval

CREATININE

CREATININE: SERUM 0.73 mg/dL 0.40 - 1.20

by ENZYMATIC, SPECTROPHOTOMETRY



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Test Name Value Unit **Biological Reference interval**

IMMUNOPATHOLOGY/SEROLOGY **C-REACTIVE PROTEIN (CRP)**

C-REACTIVE PROTEIN (CRP) QUANTITATIVE: 2.15 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

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

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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.



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Test Name	Value	Unit	Biological Reference interval				
WIDAL SLIDE AGGLUTINATION TEST							
SALMONFILA TYPHLO	1:160	TITRF	1:80				

SALIVIONELLA I IPHI O	1.100	IIIKE	1.60
by SLIDE AGGLUTINATION			
SALMONELLA TYPHI H	1:320	TITRE	1:160
by SLIDE AGGLUTINATION			
SALMONELLA PARATYPHI AH	1:320	TITRE	1:160
by SLIDE AGGLUTINATION			
SALMONELLA PARATYPHI BH	NIL	TITRE	1:160
by SLIDE AGGLUTINATION			

INTERPRETATION:

- 1.Titres of 1:80 or more for "O" agglutinin is considered significant.
- 2. Titres of 1:160 or more for "H" agglutinin is considered significant.

LIMITATIONS

- 1. Agglutinins usually appear by 5th to 6th day of illness of enteric fever, hence a negative result in early stage is inconclusive. The titre then rises till 3rd or 4th week, after which it declines gradually.
- 2.Lower titres may be found in normal individuals.
- 3.A single positive result has less significance than the rising agglutination titre, since demonstration of rising titre four or more in 1st and 3rd week is considered as a definite evidence of infection.
- 4.A simultaneous rise in H agglutinins is suggestive of paratyphoid infection.

NOTE:

- 1. Individuals with prior infection or immunization with TAB vaccine may develop an ANAMNESTIC RESPONSE (False-Positive) during an unrelated fever i.e High titres of antibodies to various antigens. This may be differentiated by repitition of the test after a week.
- 2. The anamnestic response shows only a transient rise, while in enteric fever rise is sustained.
- 3.H agglutinins tend to persist for many months after vaccination but O agglutinins tend to disappear sooner i.e within 6 months. Therefore rise in Oagglutinins indicate recent infection.

*** End Of Report ***



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