

(A Unit of KOS Healthcare)



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

NAME : Mrs. KANTI ANAND

AGE/ GENDER : 77 YRS/FEMALE PATIENT ID : 1625499

COLLECTED BY: SURJESH REG. NO./LAB NO. : 012409250064

 REFERRED BY
 : 25/Sep/2024 05:48 PM

 BARCODE NO.
 : 01517712
 COLLECTION DATE
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 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 25/Sep/2024 06:23PM

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	9.4 ^L	gm/dL	12.0 - 16.0
RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	3.13 ^L	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV)	29.3 ^L	%	37.0 - 50.0
by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER MEAN CORPUSCULAR VOLUME (MCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	93.7	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by calculated by automated hematology analyzer	29.3	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by calculated by automated hematology analyzer	31.2 ^L	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	18 ^H	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	62.1 ^H	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED	29.94	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX by CALCULATED	52.57	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	10940	/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	86 ^H	%	50 - 70



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YMPHOCYTES by Flow cytometry by SF cube & microscopy	7 ^L	%	20 - 40
OSINOPHILS by flow cytometry by sf cube & microscopy	O _L	%	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	9408 ^H	/cmm	2000 - 7500
ABSOLUTE LYMPHOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	766 ^L	/cmm	800 - 4900
ABSOLUTE EOSINOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	0 ^L	/cmm	40 - 440
ABSOLUTE MONOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	766	/cmm	80 - 880
ABSOLUTE BASOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY PLATELETS AND OTHER PLATELET PREDICTIVE MARKER	0 <u>RS.</u>	/cmm	0 - 110
PLATELET COUNT (PLT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PLATELETCRIT (PCT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	120000 ^L	/cmm	150000 - 450000
	0.12	%	0.10 - 0.36
MEAN PLATELET VOLUME (MPV) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	11	fL	6.50 - 12.0
PLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	36000	/cmm	30000 - 90000
LATELET LARGE CELL RATIO (P-LCR) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	33.5	%	11.0 - 45.0
LATELET DISTRIBUTION WIDTH (PDW) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD	16.6	%	15.0 - 17.0



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KOS Diagnostic Lab (A Unit of KOS Healthcare)



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Test Name Value Unit Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY

DENGUE FEVER COMBO SCREENING - (NS1 ANTIGEN, IgG AND IgM)

DENGUE NS1 ANTIGEN - SCREENING
by ICT (IMMUNOCHROMATOGRAPHY)

DENGUE ANTIBODY IgG - SCREENING
by ICT (IMMUNOCHROMATOGRAPHY)

DENGUE ANTIBODY IgM - SCREENING

NEGATIVE (-ve)

NEGATIVE (-ve)

NEGATIVE (-ve)

NEGATIVE (-ve)

INTERPRETATION:-

by ICT (IMMUNOCHROMATOGRAPHY)

- 1. This is a solid phase immunochromatographic ELISA test for the qualitative detection of the specific IgG and IgM antibodies against the Dengue virus.
- 2.The IgM antibodies take a minimum of 5-10 days in primary infection and 4-5 days in secondary infections to test positive and hence are suitable for the diagnosis of dengue fever only when the fever is approximately one week old.
- 3.The IgG antibodies develop at least two weeks after exposure to primary infection and subsequently remain positive for the rest of the life. A positive result is incapable of differentiating a current infection from a past infection.
- 4. The Dengue NS-1 antigen test is most suited for early diagnosis (within the first week of exposure).



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Test Name	Value	Unit	Biological Reference interval
	WIDAL SLIDE AGGLUT	TINATION TEST	
SALMONELLA TYPHI O by SLIDE AGGLUTINATION	1:40	TITRE	1 : 80
SALMONELLA TYPHI H by SLIDE AGGLUTINATION	1:20	TITRE	1 : 160
SALMONELLA PARATYPHI AH by SLIDE AGGLUTINATION	NIL	TITRE	1 : 160
SALMONELLA PARATYPHI BH by SLIDE AGGLUTINATION	NIL	TITRE	1:160

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.



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Test Name Value Unit **Biological Reference interval**

CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC EXAMINATION

PHYSICAL EXAMINATION

QUANTITY RECIEVED 10 ml by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

AMBER YELLOW PALE YELLOW **COLOUR**

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

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

<=1.005 1.002 - 1.030 SPECIFIC GRAVITY

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

CHEMICAL EXAMINATION

ACIDIC

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

PROTEIN NEGATIVE (-ve) Negative

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

SUGAR NEGATIVE (-ve) 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)

NEGATIVE (-ve) NEGATIVE (-ve) ASCORBIC ACID

MICROSCOPIC EXAMINATION



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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	8-10	/HPF	0 - 5
EPITHELIAL CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	2-4	/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

*** End Of Report ***



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