

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



SWASTHYA WELLNESS PANEL: 1.0 COMPLETE BLOOD COUNT (CBC) RED BLOOD CELLS (RBCS) COUNT AND INDICES HAEMOGLOBIN (HB) by CALORIMETRIC COUNT COUSING, ELECTRICAL IMPEDENCE 10.4 ^L gm/dL 12.0 - 16.0 PACKED CELL VOLUME (PCV) by CALORIMETRIC by CALORIMETE BY AUTOMATED HEMATOLOGY ANALYZER 3.72 Millions/cmm 3.50 - 5.00 PACKED CELL VOLUME (PCV) by CALORIMETE DEY AUTOMATED HEMATOLOGY ANALYZER 88.6 fL 80.0 - 100.0 MEAN CORPUSCULAR VOLUME (MCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER 88.6 fL 80.0 - 100.0 MEAN CORPUSCULAR HEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER 13.4 g/dL 32.0 - 36.0 MEAN CORPUSCULAR HEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER 13.4 % 11.00 - 16.00 MEAN CORPUSCULAR HEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER 13.4 % 11.00 - 16.00 MENTICER BY AUTOMATED HEMATOLOGY ANALYZER 13.4 % 11.00 - 16.00 by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER 13.4 % 11.00 - 16.00 BETA THALASSEMIA TRAIT: IRON DEFICIENCY AND ATED HEMATOLOGY ANALYZER 23.82 RATIO BETA THALASSEMIA TRAIT: IRON DEFICIENCY ANALYZE		Dr. Vinay Chopr MD (Pathology & Mic Chairman & Consulta	crobiology)		(Pathology)
COLLECTED BY REG. NO./LAB NO. : 012409270022 REFERRED BY : REGISTRATION DATE : 27/Sep/2024 09:31 AM BARCODE NO. :: 01517798 COLLECTION DATE : 27/Sep/2024 09:33 AM CLIENT CODE :: KOS DIAGNOSTIC LAB REPORTING DATE : 27/Sep/2024 09:59 AM CLIENT ADDRESS :: 6349/1, NICHOLSON ROAD, AMBALA CANTT Biological Reference interva SWASTHYA WELLINESS PANEL: 1.0 COMPLETE BLOOD COUNT (CBC) RED BLOOD CELLS (RECS) COUNT AND INDICES HAEMOGLOBIN (HB) 10.4 ^L gm/dL 12.0 - 16.0 by CALCOMMETRIC 3.72 Millions/cmm 3.50 - 5.00 by CALCOMMETRIC BAEKO COLUNT 3.72 Millions/cmm by CALCOMMETRIC BACKO COLUNT (MCV) 88.6 ft BOLOOD CELL (REC) COUNT 3.72 MICAN CORPUSCULAR HAEMOGLOBIN (MCH) COLOMETRIC BOLGOD COUNT (MCV) BOLGOD CELL (REC) COUNT COLOM	NAME	: Mrs. ANJANA GAUTAM			
REFERRED BY II: REFERRED BY II: REFERRED BY II: REFERRED BY II: ROAD DATE II: ROAD DAT	AGE/ GENDER	: 28 YRS/FEMALE		PATIENT ID	: 1626756
BARCODE NO. : 01517798 COLLECTION DATE : 27/Sep/2024 09:33AM CLIENT CODE : KOS DIAGNOSTIC LAB REPORTING DATE : 27/Sep/2024 09:39AM CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Biological Reference interva SWASTHYA WELLINESS PANEL: 1.0 COMPLETE BLOOD COUNT (CBC) RED BLOOD CELLS (RECS) COUNT AND INDICES HAEMOGLOBIN (HB) 10.4 ^L gm/dL 12.0 - 16.0 by CALORIMETRIC 9/CKEDIMETRIC BLOOD CELL (RECS) COUNT AND INDICES HAEMOGLOBIN (HB) by CALORIMETRIC 9/CKEDIA COUNT by CALORIMETRIC 9/CKEDIA COUNT by CALORIMETRIC BACKO COUNT by CALORIMETRIC 9/CKEDIA CONDUME (MCV) BIO DY CALORIMETRIC BOLCOD CELL (REC) COUNT by CALOLATED BY AUTOMATED HEMATOLOGY ANALYZER MEAN CORPUSCULAR HEMATOLOGOS ANALYZER BE MEAN CORPUSCULAR HEMATOLOGOSU ANALYZER BE	COLLECTED BY	:		REG. NO./LAB NO.	: 012409270022
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Test NameValueUnitBiological Reference IntervalSWASTHYA WELLNESS PANEL: 1.0 COMPLETE BLOOD COUNT (CBC)RED BLOOD CELLS (RBCS) COUNT AND INDICESHAEMOGLOBIN (HB) by CALORIMETRIC10.4Lgm/dL12.0 - 16.0BY OND CELLS (RBCS) COUNT AND INDICESHAEMOGLOBIN (HB) by CALORIMME FOCUMATION SLEECTRICAL IMPEDENCEPACKED CELL VOLUME (PCV) by HOYDED DYNAMAG FOCUMANG FOCUMAN FED HEMATOLOGY ANALYZER MEAN CORPUSCULAR HEMOGLOBIN CONC. (NCHCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER RED CELL DISTRIBUTION WIDTH (RDW-CV)13.4%11.00 - 16.00BY AUTOMATED HEMATOLOGY ANALYZER RED CELL DISTRIBUTION WIDTH (RDW-CV)13.4%11.00 - 16.00BY AUTOMATED HEMATOLOGY ANALYZER RED CELL DISTRIBUTION WIDTH (RDW-CV)23.82RATIOBETA THALASSEMIA TRAIT- IRON DEFICIENCY ANALYZERMEAN CORPUSCULAR HEMOGLOBY ANALYZER RED CELL DISTRIBUTION WIDTH (RDW-CV)13.4%10.00 - 10.00DY CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER0.00 - 20.00WILL EDOD CELL SINGRESO0.00 - 20.00 <td>CLIENT CODE.</td> <td>: KOS DIAGNOSTIC LAB</td> <td></td> <td>REPORTING DATE</td> <td>: 27/Sep/2024 09:59AM</td>	CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 27/Sep/2024 09:59AM
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MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZERpg27.0 - 34.0MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER31.4Lg/dL32.0 - 36.0MEAN CORPUSCULAR HEMOGLOBY ON ALYZER31.4Lg/dL32.0 - 36.0MEAN CORPUSCULAR HEMOGLOBY ON ALYZER13.4%11.00 - 16.00by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER13.4%11.00 - 16.00BCD CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER44.2fL35.0 - 56.0BETA THALASSEMIA TRAIT: by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER23.82RATIOBETA THALASSEMIA TRAIT: IRON DEFICIENCY ANEMIA: IRON DEFICIENCY ANEMIA: BY CALCULATED31.74RATIOBETA THALASSEMIA TRAIT: IRON DEFICIENCY ANEMIA: IRON DEFICIENCY ANEMIA: IRON DEFICIENCY ANEMIA: BY CALCULATED0.00 - 11000MHITE BLOOD CELLS (WBCS)NIL0.00 - 20.00VUCLEATED RED BLOOD CELLS (nRBCS) by CALCULATED BLOOD CELLS (nRBCS) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZERNIL%<10%NUCLEATED RED BLOOD CELLS (nRBCS) % by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZERNIL%<10%		, ,	88.6	fL	80.0 - 100.0
by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER MENTZERS INDEX by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER MENTZERS INDEX by CALCULATED STOTAL LEUCOCYTE COUNT (TLC) by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY NUCLEATED BLOOD CELLS (nBBCS) NIL by CALCULATED BLOOD CELLS (nBCS) NIL by CALCULATED BLOOD CELLS (nBCS) by CALCULATED BLOOD CELLS (nBCS) NIL by CALCULATED BLOOD CELLS (NBCS) NIL by CALCULATED BLOOD CELLS (NBCS) NIL by CALCULATED BLOOD CELLS (NBCS) NIL by CALCULATED BLOOD CELLS (NBCS) CHEMERAN BLOOD CELLS (NBCS) NIL CHEMERAN	-		27.8	pq	27.0 - 34.0
by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZERRED CELL DISTRIBUTION WIDTH (RDW-CV)13.4%11.00 - 16.00by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZERFL35.0 - 56.0RED CELL DISTRIBUTION WIDTH (RDW-SD)44.2fL35.0 - 56.0by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER23.82RATIOBETA THALASSEMIA TRAIT: -by CALCULATEDStandard23.82RATIOBETA THALASSEMIA TRAIT: -by CALCULATEDStandard31.74RATIOBETA THALASSEMIA TRAIT: -by CALCULATEDStandard31.74RATIOBETA THALASSEMIA TRAIT: -by CALCULATEDStandardStandardIRON DEFICIENCY ANEMIA: :WHITE BLOOD CELLS (WBCS)TOTAL LEUCOCYTE COUNT (TLC)5240/cmm4000 - 11000by FLOW CYTOMETRY BY SF CUBE & MICROSCOPYNIL0.00 - 20.000.00 - 20.00by AUTOMATED & PART HEMATOLOGY ANALYZERNIL%<10 %	by CALCULATED BY A	UTOMATED HEMATOLOGY ANALYZER			
by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER RED CELL DISTRIBUTION WIDTH (RDW-SD) 44.2 fL 35.0 - 56.0 by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER MENTZERS INDEX 23.82 RATIO BETA THALASSEMIA TRAIT: by CALCULATED 31.74 RATIO BETA THALASSEMIA TRAIT: by CALCULATED 31.74 RATIO BETA THALASSEMIA TRAIT: by CALCULATED 5240 /cmm 4000 - 11000 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY NUCLEATED RED BLOOD CELLS (NRBCS) NIL 0.00 - 20.00 by AUTOMATED 6 PART HEMATOLOGY ANALYZER NUCLEATED RED BLOOD CELLS (NRBCS)% NIL % <10 % by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER DIFFERENTIAL LEUCOCYTE COUNT (DLC)			31.4 ^L	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER44.2fL35.0 - 56.0MENTZERS INDEX by CALCULATED23.82RATIOBETA THALASSEMIA TRAIT: - IRON DEFICIENCY ANEMIA: :GREEN & KING INDEX by CALCULATED31.74RATIOBETA THALASSEMIA TRAIT: - IRON DEFICIENCY ANEMIA: :GREEN & KING INDEX by CALCULATED31.74RATIOBETA THALASSEMIA TRAIT: - IRON DEFICIENCY ANEMIA: :TOTAL LEUCOCYTE COUNT (TLC) by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY5240/cmm4000 - 11000NUCLEATED RED BLOOD CELLS (NRBCS) by AUTOMATED 6 PART HEMATOLOGY ANALYZER DIFFERENTIAL LEUCOCYTE COUNT (DLC)NIL0.00 - 20.00	RED CELL DISTRIBUT	ION WIDTH (RDW-CV)	13.4	%	11.00 - 16.00
by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZERMENTZERS INDEX by CALCULATED23.82RATIOBETA THALASSEMIA TRAIT: - IRON DEFICIENCY ANEMIA: :GREEN & KING INDEX by CALCULATED31.74RATIOBETA THALASSEMIA TRAIT: - IRON DEFICIENCY ANEMIA: :WHITE BLOOD CELLS (WBCS)31.74RATIOBETA THALASSEMIA TRAIT: - IRON DEFICIENCY ANEMIA: :TOTAL LEUCOCYTE COUNT (TLC) by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY5240/cmm4000 - 11000NUCLEATED RED BLOOD CELLS (nRBCS) by AUTOMATED 6 PART HEMATOLOGY ANALYZERNIL0.00 - 20.00NUCLEATED RED BLOOD CELLS (nRBCS) % by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZERNIL%<10 %			44.2	fL	35.0 - 56.0
by CALCULATEDIRON DEFICIENCY ANEMIA:GREEN & KING INDEX by CALCULATED31.74RATIOBETA THALASSEMIA TRAIT: IRON DEFICIENCY ANEMIA:WHITE BLOOD CELLS (WBCS)TOTAL LEUCOCYTE COUNT (TLC)5240/cmm4000 - 11000by FLOW CYTOMETRY BY SF CUBE & MICROSCOPYNIL0.00 - 20.00NUCLEATED RED BLOOD CELLS (nRBCS) by AUTOMATED 6 PART HEMATOLOGY ANALYZERNIL%<10 %	by CALCULATED BY A				
GREEN & KING INDEX 31.74 RATIO BETA THALASSEMIA TRAIT: by CALCULATED IRON DEFICIENCY ANEMIA: IRON DEFICIENCY ANEMIA: WHITE BLOOD CELLS (WBCS) TOTAL LEUCOCYTE COUNT (TLC) 5240 /cmm 4000 - 11000 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY NIL 0.00 - 20.00 0.00 - 20.00 by AUTOMATED 6 PART HEMATOLOGY ANALYZER NIL % <10 %			23.82	RATIO	
by CALCULATED IRON DEFICIENCY ANEMIA: : WHITE BLOOD CELLS (WBCS) TOTAL LEUCOCYTE COUNT (TLC) 5240 /cmm 4000 - 11000 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY NUCLEATED RED BLOOD CELLS (nRBCS) NIL 0.00 - 20.00 by AUTOMATED 6 PART HEMATOLOGY ANALYZER NUCLEATED RED BLOOD CELLS (nRBCS) % NIL % < 10 % by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER DIFFERENTIAL LEUCOCYTE COUNT (DLC)		X	31.74	RATIO	BETA THALASSEMIA TRAIT:<= 65.0
TOTAL LEUCOCYTE COUNT (TLC) 5240 /cmm 4000 - 11000 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY NIL 0.00 - 20.00 NUCLEATED RED BLOOD CELLS (nRBCS) NIL 0.00 - 20.00 by AUTOMATED 6 PART HEMATOLOGY ANALYZER NIL % <10 %	by CALCULATED				IRON DEFICIENCY ANEMIA: > 65.0
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY NUCLEATED RED BLOOD CELLS (nRBCS) NIL by AUTOMATED 6 PART HEMATOLOGY ANALYZER NUCLEATED RED BLOOD CELLS (nRBCS) % NIL by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER DIFFERENTIAL LEUCOCYTE COUNT (DLC)					
NUCLEATED RED BLOOD CELLS (nRBCS) NIL 0.00 - 20.00 by AUTOMATED 6 PART HEMATOLOGY ANALYZER NUCLEATED RED BLOOD CELLS (nRBCS) % NIL % < 10 %			5240	/cmm	4000 - 11000
NUCLEATED RED BLOOD CELLS (nRBCS) % NIL % < 10 %	-		NIL		0.00 - 20.00
by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER DIFFERENTIAL LEUCOCYTE COUNT (DLC)	•		NII	0/	. 10.9/
			NIL	%	< 10 %
NELITROPHILS 55 % 50 - 70	DIFFERENTIAL LEUC	<u> DCYTE COUNT (DLC)</u>			
	NEUTROPHILS		55	%	50 - 70
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	by FLOW CYTOMETR	Y BY SF CUBE & MICROSCOPY			

77 cm

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Dr. Vinay Chopra



Dr. Yugam Chopra

	MD (Pathology & M Chairman & Consul		MD CEO & Consultant	(Pathology) Pathologist
NAME	: Mrs. ANJANA GAUTAM			
AGE/ GENDER	: 28 YRS/FEMALE	PA	TIENT ID	: 1626756
COLLECTED BY	:	RE	G. NO./LAB NO.	: 012409270022
REFERRED BY	:	RE	GISTRATION DATE	: 27/Sep/2024 09:31 AM
BARCODE NO.	: 01517798	CO	LLECTION DATE	: 27/Sep/2024 09:33AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	RE	PORTING DATE	: 27/Sep/2024 09:59AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AM	IBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
	Y BY SF CUBE & MICROSCOPY	38	%	20 - 40
EOSINOPHILS		1	%	1 - 6
by FLOW CYTOMETRY MONOCYTES	Y BY SF CUBE & MICROSCOPY	6	%	2 - 12
	Y BY SF CUBE & MICROSCOPY			
BASOPHILS	Y BY SF CUBE & MICROSCOPY	0	%	0 - 1
ABSOLUTE LEUKOCY				
ABSOLUTE NEUTROP	PHIL COUNT y by sf cube & microscopy	2882	/cmm	2000 - 7500
ABSOLUTE LYMPHO	CYTE COUNT	1991	/cmm	800 - 4900
-	Y BY SF CUBE & MICROSCOPY	52	lamm	10 110
ABSOLUTE EOSINOP	Y BY SF CUBE & MICROSCOPY	52	/cmm	40 - 440
	TE COUNT Y by sf cube & microscopy	314	/cmm	80 - 880
ABSOLUTE BASOPHI		0	/cmm	0 - 110
	Y BY SF CUBE & MICROSCOPY HER PLATELET PREDICTIVE MARKE	DC		
PLATELET COUNT (P	LT)	263000	/cmm	150000 - 450000
PLATELETCRIT (PCT)		0.28	%	0.10 - 0.36
MEAN PLATELET VO	OCUSING, ELECTRICAL IMPEDENCE LUME (MPV) OCUSING, ELECTRICAL IMPEDENCE	11	fL	6.50 - 12.0
PLATELET LARGE CEL		81000	/cmm	30000 - 90000
PLATELET LARGE CEI	,	30.8	%	11.0 - 45.0
PLATELET DISTRIBUT		16.2	%	15.0 - 17.0



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	Dr. Vinay Cho MD (Pathology & Chairman & Cons	Microbiology)		(Pathology)
NAME	: Mrs. ANJANA GAUTAM			
AGE/ GENDER	: 28 YRS/FEMALE		PATIENT ID	: 1626756
COLLECTED BY	:		REG. NO./LAB NO.	: 012409270022
REFERRED BY	:		REGISTRATION DATE	: 27/Sep/2024 09:31 AM
BARCODE NO.	: 01517798		COLLECTION DATE	: 27/Sep/2024 09:33AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 27/Sep/2024 10:15AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
	EDVTU		MENTATION RATE (ESF	2)
	MENTATION RATE (ESR)	9	mm/1st h	
	GATION BY CAPILLARY PHOTOMETR		11111/1311	0-20
as C-reactive protein 3. This test may also systemic lupus erythe CONDITION WITH LOV A low ESR can be see (polycythaemia), sign as sickle cells in sickl NOTE: 1. ESR and C - reactive 2. Generally, ESR doe 3. CRP is not affected 4. If the ESR is elevate 5. Women tend to ha 6. Drugs such as dext	be used to monitor disease activi ematosus W ESR n with conditions that inhibit the ificantly high white blood cell co e cell anaemia) also lower the ES e protein (C-RP) are both markers s not change as rapidly as does C by as many other factors as is ESF ed, it is typically a result of two ty ye a higher ESR, and menstruation	ty and response normal sedimen unt (leucocytosis R. of inflammation RP, either at the R, making it a bet ypes of proteins, n and pregnancy	to therapy in both of the al station of red blood cells, su s), and some protein abnor start of inflammation or as ster marker of inflammation globulins or fibrinogen. can cause temporary eleval	
1032522400			n	





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

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



Page 3 of 13





	Dr. Vinay Cl MD (Pathology & Chairman & Cor		Dr. Yugam MD CEO & Consultant	(Pathology)
NAME	: Mrs. ANJANA GAUTAM			
AGE/ GENDER	: 28 YRS/FEMALE	PA	ATIENT ID	: 1626756
COLLECTED BY	:	RI	EG. NO./LAB NO.	: 012409270022
REFERRED BY	:	RI	EGISTRATION DATE	: 27/Sep/2024 09:31 AM
BARCODE NO.	: 01517798	CC	DLLECTION DATE	: 27/Sep/2024 09:33AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	RI	EPORTING DATE	: 27/Sep/2024 10:56AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD	AMBALA CANTT		
		Value	Unit	Biological Reference interval
Test Name		Value		
Test Name	CLIN		RY/BIOCHEMISTR	
Test Name	CLIN		RY/BIOCHEMISTR	

KOS Diagnostic Lab (A Unit of KOS Healthcare)

A fasting plasma glucose level below 100 mg/dl is considered normal.
 A fasting plasma glucose level between 100 - 125 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.
 A fasting plasma glucose level of above 125 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients.
 A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.





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	Dr. Vinay Ch MD (Pathology & Chairman & Con		Dr. Yugam MD CEO & Consultant	(Pathology)
NAME AGE/ GENDER COLLECTED BY REFERRED BY BARCODE NO. CLIENT CODE. CLIENT ADDRESS	: Mrs. ANJANA GAUTAM : 28 YRS/FEMALE : : : 01517798 : KOS DIAGNOSTIC LAB : 6349/1, NICHOLSON ROAD,	REG. 1 REGIS COLL REPO	ENT ID NO./LAB NO. STRATION DATE ECTION DATE RTING DATE	: 1626756 : 012409270022 : 27/Sep/2024 09:31 AM : 27/Sep/2024 09:33AM : 27/Sep/2024 10:56AM
Test Name		Value	Unit	Biological Reference interval
		LIPID PROFILE	: BASIC	
CHOLESTEROL TOTAL		106.6	mg/dL	OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239 HIGH CHOLESTEROL: > OR = 240
TRIGLYCERIDES: SERI	UM HATE OXIDASE (ENZYMATIC)	89.56	mg/dL	OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199 HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0
HDL CHOLESTEROL (I by SELECTIVE INHIBITI		50.53	mg/dL	LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 - 60.0 HIGH HDL: > OR = 60.0
LDL CHOLESTEROL: S by CALCULATED, SPEC		54.16	mg/dL	OPTIMAL: < 100.0 ABOVE OPTIMAL: 100.0 - 129.0 BORDERLINE HIGH: 130.0 - 159 HIGH: 160.0 - 189.0 VERY HIGH: > OR = 190.0
NON HDL CHOLESTEF by CALCULATED, SPEC		56.07	mg/dL	OPTIMAL: < 130.0 ABOVE OPTIMAL: 130.0 - 159.0 BORDERLINE HIGH: 160.0 - 189 HIGH: 190.0 - 219.0 VERY HIGH: > OR = 220.0
VLDL CHOLESTEROL: by CALCULATED, SPEC		17.91	mg/dL	0.00 - 45.00
TOTAL LIPIDS: SERUN		318.76 ^L	mg/dL	350.00 - 700.00
CHOLESTEROL/HDL F by CALCULATED, SPEC	RATIO: SERUM	2.11	RATIO	LOW RISK: 3.30 - 4.40 AVERAGE RISK: 4.50 - 7.0 MODERATE RISK: 7.10 - 11.0 HIGH RISK: > 11.0
LDL/HDL RATIO: SER by CALCULATED, SPEC		1.07	RATIO	LOW RISK: 0.50 - 3.0 MODERATE RISK: 3.10 - 6.0 HIGH RISK: > 6.0

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-50

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





		hopra & Microbiology) onsultant Pathologist	Dr. Yugam MD CEO & Consultant	(Pathology)
NAME	: Mrs. ANJANA GAUTAM			
AGE/ GENDER	: 28 YRS/FEMALE	PATI	ENT ID	: 1626756
COLLECTED BY	:	REG. 1	NO./LAB NO.	: 012409270022
REFERRED BY	:	REGIS	STRATION DATE	: 27/Sep/2024 09:31 AM
BARCODE NO.	: 01517798	COLL	ECTION DATE	: 27/Sep/2024 09:33AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPO	RTING DATE	: 27/Sep/2024 10:56AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD), AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
TRIGLYCERIDES/HD		1.77 ^L	RATIO	3.00 - 5.00

INTERPRETATION:

1. Measurements in the same patient can show physiological analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.

2. As per NLA-2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

3. Low HDL levels are associated with increased risk for Atherosclerotic Cardiovascular disease (ASCVD) due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues. 4. NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogeniclipoproteins such as LDL, VLDL, IDL, Lpa, Chylomicron remnants) along with LDL-cholesterol as co- primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL

5. Additional testing for Apolipoprotein B, hsCRP,Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement



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Dr. Vinay Chopra Dr. Yugam Chopra MD (Pathology) MD (Pathology & Microbiology) Chairman & Consultant Pathologist **CEO & Consultant Pathologist** NAME : Mrs. ANJANA GAUTAM AGE/ GENDER : 28 YRS/FEMALE **PATIENT ID** :1626756 **COLLECTED BY** :012409270022 REG. NO./LAB NO. **REFERRED BY REGISTRATION DATE** : 27/Sep/2024 09:31 AM **BARCODE NO.** :01517798 **COLLECTION DATE** : 27/Sep/2024 09:33AM CLIENT CODE. : KOS DIAGNOSTIC LAB **REPORTING DATE** : 27/Sep/2024 10:56AM **CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit **Biological Reference interval** LIVER FUNCTION TEST (COMPLETE) **BILIRUBIN TOTAL: SERUM** 0.25 mg/dL INFANT: 0.20 - 8.00 by DIAZOTIZATION, SPECTROPHOTOMETRY ADULT: 0.00 - 1.20 BILIRUBIN DIRECT (CONJUGATED): SERUM 0.09 0.00 - 0.40 mg/dL by DIAZO MODIFIED, SPECTROPHOTOMETRY BILIRUBIN INDIRECT (UNCONJUGATED): SERUM 0.16 mg/dL 0.10 - 1.00 by CALCULATED, SPECTROPHOTOMETRY SGOT/AST: SERUM 29.1 U/L 7.00 - 45.00 by IFCC, WITHOUT PYRIDOXAL PHOSPHATE SGPT/ALT: SERUM 15.7 U/L 0.00 - 49.00 by IFCC, WITHOUT PYRIDOXAL PHOSPHATE AST/ALT RATIO: SERUM 1.85 RATIO 0.00 - 46.00

by CALCULATED, SPECTROPHOTOMETRY			
ALKALINE PHOSPHATASE: SERUM	83.53	U/L	40.0 - 130.0
by PARA NITROPHENYL PHOSPHATASE BY AMINO METHYL			
PROPANOL			
GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM	11.71	U/L	0.00 - 55.0
by SZASZ, SPECTROPHTOMETRY			
TOTAL PROTEINS: SERUM	6.22	gm/dL	6.20 - 8.00
by BIURET, SPECTROPHOTOMETRY		5	
ALBUMIN: SERUM	3.79	gm/dL	3.50 - 5.50
by BROMOCRESOL GREEN		5	
GLOBULIN: SERUM	2.43	gm/dL	2.30 - 3.50
by CALCULATED, SPECTROPHOTOMETRY		5	
A : G RATIO: SERUM	1.56	RATIO	1.00 - 2.00
by CALCULATED, SPECTROPHOTOMETRY		-	

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





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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT





	Dr. Vinay Ch MD (Pathology & Chairman & Cons	Microbiology)	: Yugam Ch MD (Path Consultant Path	nology)
NAME	: Mrs. ANJANA GAUTAM			
AGE/ GENDER	: 28 YRS/FEMALE	PATIENT ID	: 1	626756
COLLECTED BY	:	REG. NO./LAB	10. : C	012409270022
REFERRED BY	:	REGISTRATION	DATE : 2	27/Sep/2024 09:31 AM
BARCODE NO.	: 01517798	COLLECTION D	ATE : 2	27/Sep/2024 09:33AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPORTING DA	. TE : 2	27/Sep/2024 10:56AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
HEPATOCELLULAR C	ARCINOMA & CHRONIC HEPATITIS	> 1.3 (S	ightly Increase	ed)
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



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

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

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	Dr. Vinay Ch MD (Pathology & Chairman & Cons	opra Microbiology) sultant Pathologist	Dr. Yugam MD CEO & Consultant	(Pathology)
NAME	: Mrs. ANJANA GAUTAM			
AGE/ GENDER	: 28 YRS/FEMALE	PA	TIENT ID	: 1626756
COLLECTED BY	:	RE	G. NO./LAB NO.	: 012409270022
REFERRED BY	:	RE	GISTRATION DATE	: 27/Sep/2024 09:31 AM
BARCODE NO.	: 01517798	CO	LLECTION DATE	: 27/Sep/2024 09:33AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	RE	PORTING DATE	: 27/Sep/2024 10:56AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
	KIE	ONEY FUNCTION	TEST (COMPLETE)	
UREA: SERUM		18.39	mg/dL	10.00 - 50.00
•	ATE DEHYDROGENASE (GLDH)			
CREATININE: SERUN by ENZYMATIC, SPEC		0.76	mg/dL	0.40 - 1.20
BLOOD UREA NITRO		8.59	mg/dL	7.0 - 25.0
by CALCULATED, SPE		11.0	DATIO	10.0.00.0
RATIO: SERUM	GEN (BUN)/CREATININE	11.3	RATIO	10.0 - 20.0
by CALCULATED, SPE	CTROPHOTOMETRY			
UREA/CREATININE F		24.2	RATIO	
by CALCULATED, SPE URIC ACID: SERUM	ECTROPHOTOMETRY	3.89	mg/dL	2.50 - 6.80
by URICASE - OXIDAS	E PEROXIDASE	3.07	Thy/uL	2.30 - 0.80
CALCIUM: SERUM		8.97	mg/dL	8.50 - 10.60
by ARSENAZO III, SPE PHOSPHOROUS: SER		2.9	mg/dL	2.30 - 4.70
	DATE, SPECTROPHOTOMETRY	2.9	TTIQ/ UL	2.30 - 4.70
ELECTROLYTES				
SODIUM: SERUM		140.2	mmol/L	135.0 - 150.0
by ISE (ION SELECTIV		4.10	mm ol /l	
POTASSIUM: SERUN by ISE (ION SELECTIV		4.13	mmol/L	3.50 - 5.00
CHLORIDE: SERUM		105.15	mmol/L	90.0 - 110.0
by ISE (ION SELECTIV	-			
	RULAR FILTERATION RATE			
ESTIMATED GLOME (eGFR): SERUM	RULAR FILTERATION RATE	109.4		
(egfr): SERUIVI by CALCULATED				

by CALCULATED

To differentiate between pre- and post renal azotemia.

INCREASED RATIO (>20:1) WITH NORMAL CREATININE:

1. Prerenal azotemia (BUN rises without increase in creatinine) e.g. heart failure, salt depletion, dehydration, blood loss) due to decreased glomerular filtration rate.

2. Catabolic states with increased tissue breakdown.



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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT





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NAME	: Mrs. ANJANA GAUTAM				
AGE/ GENDER	: 28 YRS/FEMALE	PATIE	NT ID	: 1626756	
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	•				
REFERRED BY	:	REGIS	TRATION DATE	: 27/Sep/2024 09:3	
BARCODE NO.	: 01517798	COLLE	CTION DATE	: 27/Sep/2024 09:33	BAM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPO	RTING DATE	: 27/Sep/2024 10:56	BAM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	MBALA CANTT			
Test Name		Value	Unit	Biological	Reference interval
 Repeated dialysis Inherited hyperam SIADH (syndrome of 8. Pregnancy. DECREASED RATIO (< 1. Phenacimide thera Rhabdomyolysis (r Muscular patients INAPPROPIATE RATIO Diabetic ketoacido should produce an in 2. Cephalosporin thei 	nd starvation. e. creased urea synthesis. (urea rather than creatinine diffu: monemias (urea is virtually abser of inappropiate antidiuretic harmo (0:1) WITH INCREASED CREATININ py (accelerates conversion of crea eleases muscle creatinine). who develop renal failure.	nt in blood). one) due to tubular secr E: atine to creatinine). rease in creatinine with	etion of urea.	ogies,resulting in norma	l ratio when dehydratic
CKD STAGE G1 G2	JLÄR FILTERATION RATE: DESCRIPTION Normal kidney functi Kidney damage witl	h >90	P	SOCIATED FINDINGS No proteinuria resence of Protein ,	
G1 G2	JLÄR FILTERATION RATE: DESCRIPTION Normal kidney functi Kidney damage with normal or high GFF	on >90 n >90 {	P	No proteinuria	
G1 G2 G3a	JLÄR FILTERATION RATE: DESCRIPTION Normal kidney functi Kidney damage with normal or high GFF Mild decrease in GF	on >90 h >90 R 60 -8	P Alb	No proteinuria	
CKD STAGE G1 G2	JLÄR FILTERATION RATE: DESCRIPTION Normal kidney functi Kidney damage with normal or high GFF	on >90 h >90 R 60 -8 GFR 30-55	P Alb	No proteinuria	

G5

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

Kidney failure

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

<15









	Dr. Vinay Chopra MD (Pathology & Micro Chairman & Consultant	biology) MI	m Chopra D (Pathology) ht Pathologist
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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBAI	LA CANTT	
Test Name		Value Unit	Biological Reference interval

COMMENTS:

Estimated Glomerular filtration rate (eGFR) is the sum of filtration rates in all functioning nephrons and so an estimation of the GFR provides a measure of functioning nephrons of the kidney.
 eGFR calculated using the 2009 CKD-EPI creatinine equation and GFR category reported as per KDIGO guideline 2012
 In patients, with eGFR creatinine between 45-59 ml/min/1.73 m2 (G3) and without any marker of Kidney damage, It is recommended to measure of CFD with the commended to measure

KOS Diagnostic Lab (A Unit of KOS Healthcare)

3. In patients, with eGFR cleaning between 45-59 minimit 1.73 m2 (G3) and without any marker of Kidney damage, it is recommended to measure eGFR with Cystatin C for confirmation of CKD
4. eGFR category G1 OR G2 does not fulfill the criteria for CKD, in the absence of evidence of Kidney Damage
5. In a suspected case of Acute Kidney Injury (AKI), measurement of eGFR should be done after 48-96 hours of any Intervention or procedure
6. eGFR calculated by Serum Creatinine may be less accurate due to certain factors like Race, Muscle Mass, Diet, Certain Drugs. In such cases, eGFR should be calculated using Serum Cystatin C
7. A decrease in eGFR implies either progressive renal disease, or a reversible process causing decreased nephron function (eg, severe dehydration).

ADVICE:

KDIGO guideline, 2012 recommends Chronic Kidney Disease (CKD) should be classified based on cause, eGFR category and Albuminuria (ACR) category. GFR & ACR category combined together reflect risk of progression and helps Clinician to identify the individual who are progressing at more rapid rate than anticipated

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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A		FORTING DATE	. 277 Sep/ 2024 10.02AW
Test Name		Value	Unit	Biological Reference interval
		CLINICAL PA	THOLOGY	
		OUTINE & MICRO	SCOPIC EXAMINAT	TION
PHYSICAL EXAMINA				
		10		
QUANTITY RECIEVED	D CTANCE SPECTROPHOTOMETRY	10	ml	
COLOUR		AMBER YELLC	W	PALE YELLOW
by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY			
TRANSPARANCY		CLEAR		CLEAR
SPECIFIC GRAVITY	TANCE SPECTROPHOTOMETRY	1.01		1.002 - 1.030
	TANCE SPECTROPHOTOMETRY	1.01		1.002 - 1.030
CHEMICAL EXAMINA	<u>ATION</u>			
REACTION		ALKALINE		
	TANCE SPECTROPHOTOMETRY			
PROTEIN	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)
SUGAR	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)
	TANCE SPECTROPHOTOMETRY	nogativo		
рН		7.5		5.0 - 7.5
	TANCE SPECTROPHOTOMETRY	Negativo		
BILIRUBIN by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)
NITRITE		Negative		NEGATIVE (-ve)
	TANCE SPECTROPHOTOMETRY.			
UROBILINOGEN	TANCE SPECTROPHOTOMETRY	Normal	EU/dL	0.2 - 1.0
KETONE BODIES		Negative		NEGATIVE (-ve)
by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	-		
BLOOD		Negative		NEGATIVE (-ve)
by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	NEGATIVE (-ve		NEGATIVE (-ve)
	TANCE SPECTROPHOTOMETRY	NEGATIVE (-V	5)	
MICROSCOPIC EXAN				

MICROSCOPIC EXAMINATION



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Dr. Vinay Chopra

MD (Pathology & Microbiology) Chairman & Consultant Pathologist



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

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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AM	MBALA CANTT		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AN	MBALA CANTT		
CLIENT ADDRESS Test Name	: 6349/1, NICHOLSON ROAD, AN	MBALA CANTT Value	Unit	Biological Reference interval
Test Name RED BLOOD CELLS (F	RBCs)		Unit /HPF	Biological Reference interval 0 - 3
Test Name RED BLOOD CELLS (F by MICROSCOPY ON C		Value NEGATIVE (-ve)	/HPF	0 - 3
Test Name RED BLOOD CELLS (F by MICROSCOPY ON C PUS CELLS	RBCs) CENTRIFUGED URINARY SEDIMENT	Value		•
Test Name RED BLOOD CELLS (F by MICROSCOPY ON O PUS CELLS by MICROSCOPY ON O	RBCs)	Value NEGATIVE (-ve) 2-3	/HPF /HPF	0 - 3 0 - 5
Test Name RED BLOOD CELLS (F by MICROSCOPY ON C PUS CELLS by MICROSCOPY ON C EPITHELIAL CELLS	RBCs) CENTRIFUGED URINARY SEDIMENT	Value NEGATIVE (-ve)	/HPF	0 - 3

 CRYSTALS
 NEGATIVE (-ve)
 NEGATIVE (-ve)

 by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT
 NEGATIVE (-ve)
 NEGATIVE (-ve)

 by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT
 NEGATIVE (-ve)
 NEGATIVE (-ve)

 BACTERIA
 NEGATIVE (-ve)
 NEGATIVE (-ve)

 by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT
 NEGATIVE (-ve)
 NEGATIVE (-ve)

 OTHERS
 NEGATIVE (-ve)
 NEGATIVE (-ve)

by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT TRICHOMONAS VAGINALIS (PROTOZOA)

by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT

** End Of Report ***

ABSENT



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