

(A Unit of KOS Healthcare)



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

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

NAME : Mr. NAVEEN TANWAR

AGE/ GENDER : 32 YRS/MALE PATIENT ID : 1632998

COLLECTED BY : REG. NO./LAB NO. : 012410030007

 REFERRED BY
 : P.G.I. (CHANDIGARH)
 REGISTRATION DATE
 : 03/Oct/2024 08:36 AM

 BARCODE NO.
 : 01518212
 COLLECTION DATE
 : 03/Oct/2024 08:44AM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 03/Oct/2024 09:10AM

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	14.8	gm/dL	12.0 - 17.0
RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	5.22 ^H	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	45.1	%	40.0 - 54.0
MEAN CORPUSCULAR VOLUME (MCV) by calculated by automated hematology analyzer	86.3	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by calculated by automated hematology analyzer	28.3	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by calculated by automated hematology analyzer	32.7	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	13.4	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	43.6	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED	16.53	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX by CALCULATED	22.11	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	7240	/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	45 ^L	%	50 - 70



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CONSULTANT PATHOLOGIST
MBBS MD (PATHOLOGY)





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

Test Name	Value	Unit	Biological Reference interval
			•
YMPHOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	44 ^H	%	20 - 40
EOSINOPHILS	6 ^H	%	1 - 6
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
MONOCYTES	5	%	2 - 12
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY BASOPHILS	0	%	0 - 1
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	U	/0	0-1
ABSOLUTE LEUKOCYTES (WBC) COUNT			
ABSOLUTE NEUTROPHIL COUNT	3258	/cmm	2000 - 7500
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
ABSOLUTE LYMPHOCYTE COUNT	3186	/cmm	800 - 4900
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE EOSINOPHIL COUNT	434	/cmm	40 - 440
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	434	/CITIIII	40 - 440
ABSOLUTE MONOCYTE COUNT	362	/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 MARKE	nc		
	_		450000 450000
PLATELET COUNT (PLT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	283000	/cmm	150000 - 450000
PLATELETCRIT (PCT)	0.32	%	0.10 - 0.36
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	0.02	,,	0.10 0.00
MEAN PLATELET VOLUME (MPV)	11	fL	6.50 - 12.0
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			00000 00000
PLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	104000 ^H	/cmm	30000 - 90000
PLATELET LARGE CELL RATIO (P-LCR)	36.6	%	11.0 - 45.0
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			
PLATELET DISTRIBUTION WIDTH (PDW)	16.6	%	15.0 - 17.0
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD			
NOTE, TEST CONDUCTED ON EDTA WHOLE BLOOD			



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Test Name Value Unit **Biological Reference interval**

CLINICAL CHEMISTRY/BIOCHEMISTRY GLUCOSE FASTING (F)

REPORTING DATE

99.11 GLUCOSE FASTING (F): PLASMA mg/dL NORMAL: < 100.0

by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD) PREDIABETIC: 100.0 - 125.0 DIABETIC: > 0R = 126.0

CLIENT CODE.

INTERPRETATION
IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A fasting plasma glucose level below 100 mg/dl is considered normal.

2. 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.

3. 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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Test Name	Value	Unit	Biological Reference interval
	LIPID PROFILE	: BASIC	
CHOLESTEROL TOTAL: SERUM by CHOLESTEROL OXIDASE PAP	172.11	mg/dL	OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.0
TRIGLYCERIDES: SERUM by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)	107.53	mg/dL	OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199.0 HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0
HDL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION	43.03	mg/dL	LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 - 60.0 HIGH HDL: > OR = 60.0
LDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY	107.57	mg/dL	OPTIMAL: < 100.0 ABOVE OPTIMAL: 100.0 - 129.0 BORDERLINE HIGH: 130.0 - 159.0 HIGH: 160.0 - 189.0 VERY HIGH: > OR = 190.0
NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY	129.08	mg/dL	OPTIMAL: < 130.0 ABOVE OPTIMAL: 130.0 - 159.0 BORDERLINE HIGH: 160.0 - 189.0 HIGH: 190.0 - 219.0 VERY HIGH: > OR = 220.0
VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY	21.51	mg/dL	0.00 - 45.00
TOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY	451.75	mg/dL	350.00 - 700.00
CHOLESTEROL/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY	4	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: SERUM by CALCULATED, SPECTROPHOTOMETRY	2.5	RATIO	LOW RISK: 0.50 - 3.0 MODERATE RISK: 3.10 - 6.0 HIGH RISK: > 6.0



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Test Name	Value	Unit	Biological Reference interval
TRIGI YCERIDES/HDL RATIO: SERUM	2 EL	RATIO	3 00 - 5 00

by CALCULATED, SPECTROPHOTOMETRY

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

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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LIVER FUNCTION TEST (COMPLETE)

BILIRUBIN TOTAL: SERUM by DIAZOTIZATION, SPECTROPHOTOMETRY	0.66	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (CONJUGATED): SERUM by DIAZO MODIFIED, SPECTROPHOTOMETRY	0.18	mg/dL	0.00 - 0.40
BILIRUBIN INDIRECT (UNCONJUGATED): SERUM by CALCULATED, SPECTROPHOTOMETRY	0.48	mg/dL	0.10 - 1.00
SGOT/AST: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE	22.4	U/L	7.00 - 45.00
SGPT/ALT: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE	36.1	U/L	0.00 - 49.00
AST/ALT RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY	0.62	RATIO	0.00 - 46.00
ALKALINE PHOSPHATASE: SERUM by Para Nitrophenyl Phosphatase by Amino Methyl PROPANOL	81.4	U/L	40.0 - 130.0
GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM by SZASZ, SPECTROPHTOMETRY	17.84	U/L	0.00 - 55.0
TOTAL PROTEINS: SERUM by BIURET, SPECTROPHOTOMETRY	6.54	gm/dL	6.20 - 8.00
ALBUMIN: SERUM by BROMOCRESOL GREEN	3.91	gm/dL	3.50 - 5.50
GLOBULIN: SERUM by CALCULATED, SPECTROPHOTOMETRY	2.63	gm/dL	2.30 - 3.50
A : G RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY	1.49	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
INTRAHEPATIC CHOLESTATIS	> 1.5



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REPORTING DATE

HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS > 1.3 (Slightly Increased)

CLIENT CODE.

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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UREA

REPORTING DATE

UREA: SERUM 26.91 10.00 - 50.00

by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)



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by ENZYMATIC, SPECTROPHOTOMETRY

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Test Name Value Unit **Biological Reference interval**

CREATININE

REPORTING DATE

CREATININE: SERUM 1.35 0.40 - 1.40



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ENDOCRINOLOGY

THYROID FUNCTION TEST: TOTAL

TRIIODOTHYRONINE (T3): SERUM 0.833 ng/mL 0.35 - 1.93

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

THYROXINE (T4): SERUM 7.61 $\mu gm/dL$ 4.87 - 12.60

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

THYROID STIMULATING HORMONE (TSH): SERUM 5.195 μIU/mL 0.35 - 5.50

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

3rd GENERATION, ULTRASENSITIVE

INTERPRETATION:

TSH levels are subject to circadian variation, reaching peak levels between 2-4 a.m and at a minimum between 6-10 pm. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations. TSH stimulates the production and secretion of the metabolically active hormones, thyroxine (T4) and trilodothyronine (T3). Failure at any level of regulation of the hypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction (hyperthyroidism) of T4 and/or T3.

CLINICAL CONDITION	T3	T4	TSH
Primary Hypothyroidism:	Reduced	Reduced	Increased (Significantly)
Subclinical Hypothyroidism:	Normal or Low Normal	Normal or Low Normal	High
Primary Hyperthyroidism:	Increased	Increased	Reduced (at times undetectable)
Subclinical Hyperthyroidism:	Normal or High Normal	Normal or High Normal	Reduced

LIMITATIONS:

- 1. T3 and T4 circulates in reversibly bound form with Thyroid binding globulins (TBG), and to a lesser extent albumin and Thyroid binding Pre Albumin so conditions in which TBG and protein levels alter such as pregnancy, excess estrogens, anabolic steroids and glucocorticoids may falsely affect the T3 and T4 levels and may cause false thyroid values for thyroid function tests.
- 2. Normal levels of T4 can also be seen in Hyperthyroid patients with :T3 Thyrotoxicosis, Decreased binding capacity due to hypoproteinemia or ingestion of certain drugs (eq. phenytoin , salicylates).
- 3. Serum T4 levles in neonates and infants are higher than values in the normal adult, due to the increased concentration of TBG in neonate serum.
- 4. TSH may be normal in central hypothyroidism, recent rapid correction of hyperthyroidism or hypothroidism, pregnancy, phenytoin therapy.

TRIIODOTHYRONINE (T3)		THYROXI	NE (T4)	THYROID STIMULATING HORMONE (TS	
Age	Refferance Range (ng/mL)	Age	Refferance Range (μg/dL)	Age	Reference Range (μΙυ/mL)
0 - 7 Days	0.20 - 2.65	0 - 7 Days	5.90 - 18.58	0 - 7 Days	2.43 - 24.3
7 Days - 3 Months	0.36 - 2.59	7 Days - 3 Months	6.39 - 17.66	7 Days - 3 Months	0.58 - 11.00
3 - 6 Months	0.51 - 2.52	3 - 6 Months	6.75 – 17.04	3 Days – 6 Months	0.70 - 8.40



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6 - 12 Months	0.74 - 2.40	6 - 12 Months	7.10 – 16.16	6 – 12 Months	0.70 - 7.00		
1 - 10 Years	0.92 - 2.28	1 - 10 Years	6.00 - 13.80	1 – 10 Years	0.60 - 5.50		
11- 19 Years	0.35 - 1.93	11 - 19 Years	4.87- 13.20	11 – 19 Years	0.50 - 5.50		
> 20 years (Adults)	0.35 - 1.93	> 20 Years (Adults)	4.87 - 12.60	> 20 Years (Adults)	0.35- 5.50		
	RECOM	MENDATIONS OF TSH LE	VELS DURING PREC	GNANCY (µIU/mL)	-		
	1st Trimester			0.10 - 2.50			
	2nd Trimester	•	0.20 - 3.00				
	3rd Trimester			0.30 - 4.10			

INCREASED TSH LEVELS:

- 1. Primary or untreated hypothyroidism may vary from 3 times to more than 100 times normal depending upon degree of hypofunction.
- 2. Hypothyroid patients receiving insufficient thyroid replacement therapy.
- 3. Hashimotos thyroiditis
- 4.DRUGS: Amphetamines, idonie containing agents & dopamine antagonist.
- 5. Neonatal period, increase in 1st 2-3 days of life due to post-natal surge

DECREASED TSH LEVELS:

- 1.Toxic multi-nodular goitre & Thyroiditis.
- $2. Over \ replacement \ of \ thyroid \ harmone \ in \ treatment \ of \ hypothyroid ism.$
- 3. Autonomously functioning Thyroid adenoma
- 4. Secondary pituatary or hypothalmic hypothyroidism
- 5. Acute psychiatric illness
- 6. Severe dehydration.
- 7.DRUGS: Glucocorticoids, Dopamine, Levodopa, T4 replacement therapy, Anti-thyroid drugs for thyrotoxicosis.

8. Pregnancy: 1st and 2nd Trimester

*** End Of Report ***



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