





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

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

NAME : Mrs. RAMANDEEP

AGE/ GENDER : 46 YRS/FEMALE **PATIENT ID** : 1634881

COLLECTED BY REG. NO./LAB NO. : 012410040070

REFERRED BY **REGISTRATION DATE** : 04/Oct/2024 07:45 PM BARCODE NO. :01518326 **COLLECTION DATE** : 04/Oct/2024 07:47PM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 04/Oct/2024 08:25PM

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	11.9 ^L	gm/dL	12.0 - 16.0
RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	4.07	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	35.5 ^L	%	37.0 - 50.0
MEAN CORPUSCULAR VOLUME (MCV) by calculated by automated hematology analyzer	87.3	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	29.2	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	33.5	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	15.2	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	51	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED	21.45	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX by CALCULATED	32.56	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	9040	/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 DIFFERENTIAL LEUCOCYTE COUNT (DLC)	NIL	%	< 10 %
NEUTROPHILS by Flow cytometry by SF cube & microscopy	57	%	50 - 70



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





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Test Name	Value	Unit	Biological Reference interval
LYMPHOCYTES	31	%	20 - 40
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
EOSINOPHILS	5	%	1 - 6
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
MONOCYTES	7	%	2 - 12
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
BASOPHILS	0	%	0 - 1
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
ABSOLUTE LEUKOCYTES (WBC) COUNT			
ABSOLUTE NEUTROPHIL COUNT	5153	/cmm	2000 - 7500
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
ABSOLUTE LYMPHOCYTE COUNT	2802	/cmm	800 - 4900
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
ABSOLUTE EOSINOPHIL COUNT	452 ^H	/cmm	40 - 440
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	400	,	00 000
ABSOLUTE MONOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	633	/cmm	80 - 880
ABSOLUTE BASOPHIL COUNT	0	/cmm	0 - 110
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	U	/CITIITI	0 - 110
PLATELETS AND OTHER PLATELET PREDICTIVE MARKE	20		
	_		
PLATELET COUNT (PLT)	204000	/cmm	150000 - 450000
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	0.04	0.4	0.40 0.07
PLATELETCRIT (PCT)	0.31	%	0.10 - 0.36
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	4	a	6.50 - 12.0
MEAN PLATELET VOLUME (MPV) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	15 ^H	fL	0.50 - 12.0
PLATELET LARGE CELL COUNT (P-LCC)	121000 ^H	/cmm	30000 - 90000
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	12 1000	7 0111111	70000
PLATELET LARGE CELL RATIO (P-LCR)	59.4 ^H	%	11.0 - 45.0
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			
PLATELET DISTRIBUTION WIDTH (PDW)	16.9	%	15.0 - 17.0
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			
NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD			



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: 04/Oct/2024 08:52PM

NAME : Mrs. RAMANDEEP

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Test Name Value Unit **Biological Reference interval**

ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)

0 - 20

REPORTING DATE

by RED CELL AGGREGATION BY CAPILLARY PHOTOMETRY

INTERPRETATION:

CLIENT CODE.

- 1. ESR is a non-specific test because an elevated result often indicates the presence of inflammation associated with infection, cancer and autoimmune disease, but does not tell the health practitioner exactly where the inflammation is in the body or what is causing it.
- 2. An ESR can be affected by other conditions besides inflammation. For this reason, the ESR is typically used in conjunction with other test such as C-reactive protein
- 3. This test may also be used to monitor disease activity and response to therapy in both of the above diseases as well as some others, such as systemic lupus erythematosus CONDITION WITH LOW ESR

A low ESR can be seen with conditions that inhibit the normal sedimentation of red blood cells, such as a high red blood cell count (polycythaemia), significantly high white blood cell count (leucocytosis), and some protein abnormalities. Some changes in red cell shape (such as sickle cells in sickle cell anaemia) also lower the ESR.

- ESR and C reactive protein (C-RP) are both markers of inflammation.
 Generally, ESR does not change as rapidly as does CRP, either at the start of inflammation or as it resolves.
 CRP is not affected by as many other factors as is ESR, making it a better marker of inflammation.
 If the ESR is elevated, it is typically a result of two types of proteins, globulins or fibrinogen.
- 5. Women tend to have a higher ESR, and menstruation and pregnancy can cause temporary elevations.
- 6. Drugs such as dextran, methyldopa, oral contraceptives, penicillamine procainamide, theophylline, and vitamin A can increase ESR, while aspirin, cortisone, and quinine may decrease it



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PERIPHERAL BLOOD SMEAR

TEST NAME:

PERIPHERAL BLOOD FILM/SMEAR (PBF)

RED BLOOD CELLS (RBC'S):

RBC's mostly appear normocytic & normochromic. No polychromatic cells or normoblastic cells seen.

WHITE BLOOD CELLS (WBC'S):

No immature leucocytes seen

PLATELETS:

Platelets are adequate on smear

HEMOPARASITES:

NOT SEEN

IMPRESSION:

Normocytic normochromic picture.



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Test Name Value Unit **Biological Reference interval**

CLINICAL CHEMISTRY/BIOCHEMISTRY GLUCOSE RANDOM (R)

GLUCOSE RANDOM (R): PLASMA 159.23^H mg/dL NORMAL: < 140.00

by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD) PREDIABETIC: 140.0 - 200.0 DIABETIC: > 0R = 200.0

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A random plasma glucose level below 140 mg/dl is considered normal.

2. A random glucose level between 140 - 200 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prinadial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.

3. A random glucose level of above 200 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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LIVER FUNCTION TEST (COMPLETE)

BILIRUBIN TOTAL: SERUM	0.56	mg/dL	INFANT: 0.20 - 8.00
by DIAZOTIZATION, SPECTROPHOTOMETRY	0.00	Trig/ dE	ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (CONJUGATED): SERUM	0.11	mg/dL	0.00 - 0.40
by DIAZO MODIFIED, SPECTROPHOTOMETRY		g,	
BILIRUBIN INDIRECT (UNCONJUGATED): SERUM	0.45	mg/dL	0.10 - 1.00
by CALCULATED, SPECTROPHOTOMETRY			
SGOT/AST: SERUM	17.3	U/L	7.00 - 45.00
by IFCC, WITHOUT PYRIDOXAL PHOSPHATE			
SGPT/ALT: SERUM	20.9	U/L	0.00 - 49.00
by IFCC, WITHOUT PYRIDOXAL PHOSPHATE			
AST/ALT RATIO: SERUM	0.83	RATIO	0.00 - 46.00
by CALCULATED, SPECTROPHOTOMETRY			
ALKALINE PHOSPHATASE: SERUM	134.52 ^H	U/L	40.0 - 130.0
ALKALINE PHOSPHATASE: SERUM by Para nitrophenyl phosphatase by amino meth		U/L	40.0 - 130.0
ALKALINE PHOSPHATASE: SERUM by PARA NITROPHENYL PHOSPHATASE BY AMINO METH PROPANOL	YL		
ALKALINE PHOSPHATASE: SERUM by PARA NITROPHENYL PHOSPHATASE BY AMINO METH PROPANOL GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM		U/L U/L	40.0 - 130.0 0.00 - 55.0
ALKALINE PHOSPHATASE: SERUM by PARA NITROPHENYL PHOSPHATASE BY AMINO METH PROPANOL GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM by SZASZ, SPECTROPHTOMETRY	YL 15.93	U/L	0.00 - 55.0
ALKALINE PHOSPHATASE: SERUM by PARA NITROPHENYL PHOSPHATASE BY AMINO METH PROPANOL GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM	YL		
ALKALINE PHOSPHATASE: SERUM by PARA NITROPHENYL PHOSPHATASE BY AMINO METH PROPANOL GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM by SZASZ, SPECTROPHTOMETRY TOTAL PROTEINS: SERUM	YL 15.93	U/L gm/dL	0.00 - 55.0
ALKALINE PHOSPHATASE: SERUM by PARA NITROPHENYL PHOSPHATASE BY AMINO METH PROPANOL GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM by SZASZ, SPECTROPHTOMETRY TOTAL PROTEINS: SERUM by BIURET, SPECTROPHOTOMETRY	15.93 6.98	U/L	0.00 - 55.0 6.20 - 8.00
ALKALINE PHOSPHATASE: SERUM by PARA NITROPHENYL PHOSPHATASE BY AMINO METH PROPANOL GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM by SZASZ, SPECTROPHTOMETRY TOTAL PROTEINS: SERUM by BIURET, SPECTROPHOTOMETRY ALBUMIN: SERUM	15.93 6.98	U/L gm/dL	0.00 - 55.0 6.20 - 8.00
ALKALINE PHOSPHATASE: SERUM by PARA NITROPHENYL PHOSPHATASE BY AMINO METH PROPANOL GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM by SZASZ, SPECTROPHTOMETRY TOTAL PROTEINS: SERUM by BIURET, SPECTROPHOTOMETRY ALBUMIN: SERUM by BROMOCRESOL GREEN	15.93 6.98 4.19	U/L gm/dL gm/dL	0.00 - 55.0 6.20 - 8.00 3.50 - 5.50

INTERPRETATION

by CALCULATED, SPECTROPHOTOMETRY

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)



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DECREASED:

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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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Test Name Value Unit **Biological Reference interval**

REPORTING DATE

UREA

UREA: SERUM 43.89 10.00 - 50.00

by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)



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by ENZYMATIC, SPECTROPHOTOMETRY

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CREATININE

CREATININE: SERUM 0.85 mg/dL 0.40 - 1.20

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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		

COLOUR PALE YELLOW PALE YELLOW

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

TRANSPARANCY CLEAR CLEAR CLEAR

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

SPECIFIC GRAVITY >=1.030 1.002 - 1.030

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

CHEMICAL EXAMINATION

REACTION ACIDIC

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

PROTEIN

Negative

NEGATIVE (-ve)

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

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

pH 5.5 5.0 - 7.5

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

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

NITRITE Negative NEGATIVE (-ve)

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.

UROBILINOGEN

Normal

EU/dL

0.2 - 1.0

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

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

BLOOD Negative NEGATIVE (-ve)

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

ASCORBIC ACID

NEGATIVE (-ve)

NEGATIVE (-ve)

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY 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	2-3	/HPF	0 - 5
EPITHELIAL CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	4-6	/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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