

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

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

NAME : Mrs. BHUPINDER KAUR  
AGE/ GENDER : 43 YRS/FEMALE  
COLLECTED BY :  
REFERRED BY : LOOMBA HOSPITAL (AMBALA CANTT)  
BARCODE NO. : 01518370  
CLIENT CODE. : KOS DIAGNOSTIC LAB  
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1635314  
REG. NO./LAB NO. : 012410050042  
REGISTRATION DATE : 05/Oct/2024 02:04 PM  
COLLECTION DATE : 05/Oct/2024 02:06PM  
REPORTING DATE : 05/Oct/2024 02:29PM

Test Name	Value	Unit	Biological Reference interval
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## HAEMATOLOGY

### HAEMOGLOBIN (HB)

HAEMOGLOBIN (HB) by CALORIMETRIC	11.5 <sup>L</sup>	gm/dL	12.0 - 16.0
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#### INTERPRETATION:-

Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the body's tissues and returns carbon dioxide from the tissues back to the lungs.

A low hemoglobin level is referred to as ANEMIA or low red blood count.

#### ANEMIA ( DECREASED HAEMOGLOBIN):

- 1) Loss of blood (traumatic injury, surgery, bleeding, colon cancer or stomach ulcer)
- 2) Nutritional deficiency (iron, vitamin B12, folate)
- 3) Bone marrow problems (replacement of bone marrow by cancer)
- 4) Suppression by red blood cell synthesis by chemotherapy drugs
- 5) Kidney failure
- 6) Abnormal hemoglobin structure (sickle cell anemia or thalassemia).

#### POLYCYTHEMIA (INCREASED HAEMOGLOBIN):

- 1) People in higher altitudes (Physiological)
- 2) Smoking (Secondary Polycythemia)
- 3) Dehydration produces a falsely rise in hemoglobin due to increased haemoconcentration
- 4) Advanced lung disease (for example, emphysema)
- 5) Certain tumors
- 6) A disorder of the bone marrow known as polycythemia rubra vera,
- 7) Abuse of the drug erythropoietin (Epogen) by athletes for blood doping purposes (increasing the amount of oxygen available to the body by chemically raising the production of red blood cells).

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD



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**TOTAL LEUCOCYTE COUNT (TLC)**

<b>TOTAL LEUCOCYTE COUNT (TLC)</b> by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD	16860 <sup>H</sup>	/cmm	4000 - 11000
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#### DIFFERENTIAL LEUCOCYTE COUNT (DLC)

NEUTROPHILS	60	%	50 - 70
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
LYMPHOCYTES	26	%	20 - 40
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
EOSINOPHILS	10 <sup>H</sup>	%	1 - 6
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
MONOCYTES	4	%	2 - 12
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
BASOPHILS	0	%	0 - 1
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD			



  
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BLEEDING TIME (BT)

BLEEDING TIME (BT) by DUKE METHOD	2 MIN. 43 SEC.	MINS	1 - 5
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**CLOTTING TIME (CT)**

CLOTTING TIME (CT)	6 MIN. 48 SEC.	MINS	4 - 9
by CAPILLARY TUBE METHOD			

\*\*\* End Of Report \*\*\*



  
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