

KOS Diagnostic Lab

(A Unit of KOS Healthcare)



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

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

NAME : Mr. VIJAY PAL SINGH

AGE/ GENDER : 60 YRS/MALE **PATIENT ID** : 1646927

COLLECTED BY : REG. NO./LAB NO. : 012410180037

 REFERRED BY
 : 18/Oct/2024 01:43 PM

 BARCODE NO.
 : 01519130
 COLLECTION DATE
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 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
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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	15	gm/dL	12.0 - 17.0
RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	5.72 ^H	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	46.5	%	40.0 - 54.0
MEAN CORPUSCULAR VOLUME (MCV) by calculated by automated hematology analyzer	81.3	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by calculated by automated hematology analyzer	26.3 ^L	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by calculated by automated hematology analyzer	32.3	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	13.9	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	42.6	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED	14.21	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX by CALCULATED	19.81	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	4550	/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	40 ^L	%	50 - 70



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CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MRBS. MD (PATHOLOGY)





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Test Name	Value	Unit	Biological Reference interval	
LYMPHOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	47 ^H	%	20 - 40	
EOSINOPHILS by flow cytometry by sf cube & microscopy	2	%	1 - 6	
MONOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	11	%	2 - 12	
BASOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	0	%	0 - 1	
ABSOLUTE LEUKOCYTES (WBC) COUNT				
ABSOLUTE NEUTROPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	1820 ^L	/cmm	2000 - 7500	
ABSOLUTE LYMPHOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	2138	/cmm	800 - 4900	
ABSOLUTE EOSINOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	91	/cmm	40 - 440	
ABSOLUTE MONOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	500	/cmm	80 - 880	
ABSOLUTE BASOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	0	/cmm	0 - 110	
PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.				
PLATELET COUNT (PLT) by hydro dynamic focusing, electrical impedence	135000 ^L	/cmm	150000 - 450000	
PLATELETCRIT (PCT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	0.14	%	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	50000	/cmm	30000 - 90000	
PLATELET LARGE CELL RATIO (P-LCR) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	36.1	%	11.0 - 45.0	
PLATELET 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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MBBS , MD (PATHOLOGY)



0171-2643898, +91 99910 43898 | care@koshealthcare.com | www.koshealthcare.com



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Test Name Value Unit Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

SGOT/SGPT PROFILE

SGOT/AST: SERUM 124.4^H U/L 7.00 - 45.00

by IFCC, WITHOUT PYRIDOXAL PHOSPHATE

SGPT/ALT: SERUM

104 6^H

U/L

0.00 - 49.00

SGPT/ALT: SERUM 104.6^H U/L 0.00 - 49.00 by IFCC, WITHOUT PYRIDOXAL PHOSPHATE

SGOT/SGPT RATIO 1.19

by CALCULATED, SPECTROPHOTOMETRY

<u>INTERPRETATION</u>

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)

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:-

TROCITOSTIC SICILITIONINGE.	
NORMAL	< 0.65
GOOD PROGNOSTIC SIGN	0.3 - 0.6
POOR PROGNOSTIC SIGN	1.2 - 1.6

*** End Of Report ***



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