

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

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

NAME : Mrs. NEHA
AGE/ GENDER : 30 YRS/FEMALE
COLLECTED BY :
REFERRED BY : LOOMBA HOSPITAL (AMBALA CANTT)
BARCODE NO. : 01519480
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1652059
REG. NO./LAB NO. : 012410240031
REGISTRATION DATE : 24/Oct/2024 11:45 AM
COLLECTION DATE : 24/Oct/2024 11:49AM
REPORTING DATE : 24/Oct/2024 12:32PM

| Test Name | Value | Unit | Biological Reference interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

HAEMATOLOGY HAEMOGLOBIN (HB)

| | | | |
|-------------------------------------|-------------------|-------|-------------|
| HAEMOGLOBIN (HB) by CALORIMETRIC | 11.5 ^L | gm/dL | 12.0 - 16.0 |
|-------------------------------------|-------------------|-------|-------------|

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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BLEEDING TIME (BT)

| | | | |
|--------------------------------------|--------------|------|-------|
| BLEEDING TIME (BT) by DUKE METHOD | 3 MIN 15 SEC | MINS | 1 - 5 |
|--------------------------------------|--------------|------|-------|



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CLOTTING TIME (CT)

| | | | |
|--|--------------|------|-------|
| CLOTTING TIME (CT) by CAPILLARY TUBE METHOD | 6 MIN 45 SEC | MINS | 4 - 9 |
|--|--------------|------|-------|



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CLINICAL CHEMISTRY/BIOCHEMISTRY
GLUCOSE RANDOM (R)

| | | | |
|---|------|-------|--|
| GLUCOSE RANDOM (R): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD) | 97.5 | mg/dL | NORMAL: < 140.00 PREDIABETIC: 140.0 - 200.0 DIABETIC: > OR = 200.0 |
|---|------|-------|--|

INTERPRETATION

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-prandial 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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CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC EXAMINATION

PHYSICAL EXAMINATION

| | | | |
|--|--------------|----|---------------|
| QUANTITY RECEIVED | 10 | ml | |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| COLOUR | AMBER YELLOW | | PALE YELLOW |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| TRANSPARANCY | HAZY | | CLEAR |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| SPECIFIC GRAVITY | 1.02 | | 1.002 - 1.030 |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |

CHEMICAL EXAMINATION

| | | | |
|--|----------------|-------|----------------|
| REACTION | ACIDIC | | |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| PROTEIN | Trace | | NEGATIVE (-ve) |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| SUGAR | Negative | | NEGATIVE (-ve) |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| pH | 6.5 | | 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 | 2+ | | NEGATIVE (-ve) |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| ASCORBIC ACID | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |

MICROSCOPIC EXAMINATION

| | | | |
|---|-------|------|-------|
| RED BLOOD CELLS (RBCs) | 10-12 | /HPF | 0 - 3 |
| by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT | | | |



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| PUS CELLS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i> | 1-3 | /HPF | 0 - 5 |
| EPITHELIAL CELLS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i> | 10-15 | /HPF | ABSENT |
| CRYSTALS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i> | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| CASTS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i> | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| BACTERIA <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i> | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| OTHERS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i> | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| TRICHOMONAS VAGINALIS (PROTOZOA) <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i> | ABSENT | | ABSENT |

*** End Of Report ***




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