

(A Unit of KOS Healthcare)



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

NAME : Mrs. SWARAN KANTA

AGE/ GENDER : 79 YRS/FEMALE PATIENT ID : 1653860

COLLECTED BY: SURJESH REG. NO./LAB NO. : 012410260042

 REFERRED BY
 : 26/Oct/2024 11:59 AM

 BARCODE NO.
 : 01519587
 COLLECTION DATE
 : 26/Oct/2024 12:43PM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 26/Oct/2024 12:55PM

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	8.3 ^L	gm/dL	12.0 - 16.0
RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	3.42^{L}	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	27.1 ^L	%	37.0 - 50.0
MEAN CORPUSCULAR VOLUME (MCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	79.1 ^L	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	24.3 ^L	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	30.7 ^L	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	19.1 ^H	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	55.6	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED	23.13	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX by CALCULATED	44.23	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	4730	/cmm	4000 - 11000
NUCLEATED RED BLOOD CELLS (nRBCS) by automated 6 part hematology analyzer	NIL		0.00 - 20.00
NUCLEATED RED BLOOD CELLS (nRBCS) %	NIL	%	< 10 %



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

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST



by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER



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Test Name	Value	Unit	Biological Reference interval		
DIFFERENTIAL LEUCOCYTE COUNT (DLC)					
NEUTROPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	78 ^H	%	50 - 70		
LYMPHOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	19 ^L	%	20 - 40		
EOSINOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	2	%	1 - 6		
MONOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	1^{L}	%	2 - 12		
BASOPHILS	0	%	0 - 1		
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE LEUKOCYTES (WBC) COUNT					
ABSOLUTE NEUTROPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	3689	/cmm	2000 - 7500		
ABSOLUTE LYMPHOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	899	/cmm	800 - 4900		
ABSOLUTE EOSINOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	95	/cmm	40 - 440		
ABSOLUTE MONOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	47 ^L	/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	439000	/cmm	150000 - 450000		
PLATELETCRIT (PCT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	0.37 ^H	%	0.10 - 0.36		
MEAN PLATELET VOLUME (MPV) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	8	fL	6.50 - 12.0		
PLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	68000	/cmm	30000 - 90000		
PLATELET LARGE CELL RATIO (P-LCR) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	15.4	%	11.0 - 45.0		
PLATELET DISTRIBUTION WIDTH (PDW) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD	15.4	%	15.0 - 17.0		



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CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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CONSULTANT PATHOLOGIST
MBBS , MD (PATHOLOGY)



KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana KOS Molecular Lab: Ilnd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt -133 001, Haryana



CLIENT CODE.

KOS Diagnostic Lab (A Unit of KOS Healthcare)



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: KOS DIAGNOSTIC LAB

Test Name Value Unit **Biological Reference interval**

REPORTING DATE



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

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



KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana KOS Molecular Lab: IInd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt -133 001, Haryana 0171-2643898, +91 99910 43898 | care@koshealthcare.com | www.koshealthcare.com



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 : 26/Oct/2024 12:56PM

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Test Name Value Unit Biological Reference interval

PERIPHERAL BLOOD SMEAR FOR MALARIA

PERIPHERAL BLOOD SMEAR FOR MALARIAL PARASITE (MP) by MICROSCOPY NO MALARIA PARASITE (MP) SEEN IN SMEAR EXAMINED



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MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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REFERRED BY **REGISTRATION DATE** : 26/Oct/2024 12:41 PM BARCODE NO. :01519587 **COLLECTION DATE** : 26/Oct/2024 12:43PM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 26/Oct/2024 02:22PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Value Unit **Biological Reference interval Test Name**

CLINICAL CHEMISTRY/BIOCHEMISTRY GLUCOSE RANDOM (R)

GLUCOSE RANDOM (R): PLASMA 121.11 NORMAL: < 140.00 mg/dL

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-prnadial 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.



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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

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

: 26/Oct/2024 01:17PM

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Value Unit **Biological Reference interval Test Name**

IMMUNOPATHOLOGY/SEROLOGY DENGUE FEVER COMBO SCREENING - (NS1 ANTIGEN, IgG AND IgM)

REPORTING DATE

DENGUE NS1 ANTIGEN - SCREENING NEGATIVE (-ve) NEGATIVE (-ve) by ICT (IMMUNOCHROMATOGRAPHY) DENGUE ANTIBODY IgG - SCREENING NEGATIVE (-ve) NEGATIVE (-ve) by ICT (IMMUNOCHROMATOGRAPHY)

DENGUE ANTIBODY IgM - SCREENING NEGATIVE (-ve) NEGATIVE (-ve) by ICT (IMMUNOCHROMATOGRAPHY)

INTERPRETATION:-

CLIENT CODE.

- 1. This is a solid phase immunochromatographic ELISA test for the qualitative detection of the specific IgG and IgM antibodies against the Dengue virus.
- 2.The IgM antibodies take a minimum of 5-10 days in primary infection and 4-5 days in secondary infections to test positive and hence are suitable for the diagnosis of dengue fever only when the fever is approximately one week old.
- 3.The IgG antibodies develop at least two weeks after exposure to primary infection and subsequently remain positive for the rest of the life. A positive result is incapable of differentiating a current infection from a past infection.
- 4.The Dengue NS-1 antigen test is most suited for early diagnosis (within the first week of exposure).



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value	Omt	Biological Reference interval
		Value Unit

WIDAL SLIDE AGGLUTINATION TEST

SALMONELLA TYPHI O by SLIDE AGGLUTINATION	NIL	TITRE	1:80
SALMONELLA TYPHI H by SLIDE AGGLUTINATION	NIL	TITRE	1:160
SALMONELLA PARATYPHI AH by SLIDE AGGLUTINATION	NIL	TITRE	1:160
SALMONELLA PARATYPHI BH by SLIDE AGGLUTINATION	NIL	TITRE	1:160

INTERPRETATION:

- 1. Titres of 1:80 or more for "O" agglutinin is considered significant.
- 2.Titres of 1:160 or more for "H" agglutinin is considered significant.

LIMITATIONS

- 1.Agglutinins usually appear by 5th to 6th day of illness of enteric fever, hence a negative result in early stage is inconclusive. The titre then rises till 3rd or 4th week, after which it declines gradually.
- 2.Lower titres may be found in normal individuals.
- 3.A single positive result has less significance than the rising agglutination titre, since demonstration of rising titre four or more in 1st and 3rd week is considered as a definite evidence of infection.
- 4.A simultaneous rise in H agglutinins is suggestive of paratyphoid infection.

NOTE:

- 1. Individuals with prior infection or immunization with TAB vaccine may develop an ANAMNESTIC RESPONSE (False-Positive) during an unrelated fever i.e High titres of antibodies to various antigens. This may be differentiated by repitition of the test after a week.
- 2. The anamnestic response shows only a transient rise, while in enteric fever rise is sustained.
- 3.H agglutinins tend to persist for many months after vaccination but O agglutinins tend to disappear sooner i.e within 6 months. Therefore rise in Oagglutinins indicate recent infection.

*** End Of Report ***



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

DR.YUĞAM CHOPRA CONSULTANT PATHOLOGIST MBBS , MD (PATHOLOGY)

