

**Dr. Vinay Chopra**  
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 Chairman & Consultant Pathologist

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

|                       |  |                          |                        |
|-----------------------|--|--------------------------|------------------------|
| <b>NAME</b>           | : Mrs. GURPREET KAUR                   | <b>PATIENT ID</b>        | : 1659068              |
| <b>AGE/ GENDER</b>    | : 50 YRS/FEMALE                        | <b>REG. NO./LAB NO.</b>  | : 012411020057         |
| <b>COLLECTED BY</b>   | :                                      | <b>REGISTRATION DATE</b> | : 02/Nov/2024 04:16 PM |
| <b>REFERRED BY</b>    | :                                      | <b>COLLECTION DATE</b>   | : 02/Nov/2024 04:23PM  |
| <b>BARCODE NO.</b>    | : 01519943                             | <b>REPORTING DATE</b>    | : 02/Nov/2024 04:51PM  |
| <b>CLIENT CODE.</b>   | : KOS DIAGNOSTIC LAB                   |                          |                        |
| <b>CLIENT ADDRESS</b> | : 6349/1, NICHOLSON ROAD, AMBALA CANTT |                          |                        |

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

## HAEMATOLOGY

### HAEMOGLOBIN (HB)

|                                     |                  |       |             |
|-------------------------------------|------------------|-------|-------------|
| HAEMOGLOBIN (HB)<br>by CALORIMETRIC | 7.1 <sup>L</sup> | 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**

RECHECKED



  
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PATIENT ID : 1659068  
REG. NO./LAB NO. : 012411020057  
REGISTRATION DATE : 02/Nov/2024 04:15 PM  
COLLECTION DATE : 02/Nov/2024 04:23PM  
REPORTING DATE : 02/Nov/2024 04:45PM

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

TOTAL LEUCOCYTE COUNT (TLC)

|  |                    |      |              |
|--|--------------------|------|--------------|
| TOTAL LEUCOCYTE COUNT (TLC)<br>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY<br>NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD | 11570 <sup>H</sup> | /cmm | 4000 - 11000 |
|--|--------------------|------|--------------|



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| <b>CLIENT ADDRESS</b> | : 6349/1, NICHOLSON ROAD, AMBALA CANTT |                          |                        |

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

### DIFFERENTIAL LEUCOCYTE COUNT (DLC)

|   |                 |   |         |
|---|-----------------|---|---------|
| NEUTROPHILS<br><i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i> | 85 <sup>H</sup> | % | 50 - 70 |
| LYMPHOCYTES<br><i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i> | 10 <sup>L</sup> | % | 20 - 40 |
| EOSINOPHILS<br><i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i> | 0 <sup>L</sup>  | % | 1 - 6   |
| MONOCYTES<br><i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>   | 5               | % | 2 - 12  |
| BASOPHILS<br><i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>   | 0               | % | 0 - 1   |
| NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD                            |                 |   |         |



  
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| <b>BARCODE NO.</b>    | : 01519943                             | <b>REPORTING DATE</b>    | : 02/Nov/2024 05:05PM  |
| <b>CLIENT CODE.</b>   | : KOS DIAGNOSTIC LAB                   |                          |                        |
| <b>CLIENT ADDRESS</b> | : 6349/1, NICHOLSON ROAD, AMBALA CANTT |                          |                        |

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

## IMMUNOPATHOLOGY/SEROLOGY

### C-REACTIVE PROTEIN (CRP)

C-REACTIVE PROTEIN (CRP) QUANTITATIVE: **119.62<sup>H</sup>** mg/L 0.0 - 6.0  
 SERUM

by NEPHLOMETRY

#### INTERPRETATION:

1. C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation.
2. CRP levels can increase dramatically (100-fold or more) after severe trauma, bacterial infection, inflammation, surgery, or neoplastic proliferation.
3. CRP levels (Quantitative) has been used to assess activity of inflammatory disease, to detect infections after surgery, to detect transplant rejection, and to monitor these inflammatory processes.
4. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc.,
5. Elevated values are consistent with an acute inflammatory process.

#### NOTE:

1. Elevated C-reactive protein (CRP) values are nonspecific and should not be interpreted without a complete clinical history.
2. Oral contraceptives may increase CRP levels.



  
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| <b>BARCODE NO.</b>    | : 01519943                             | <b>REPORTING DATE</b>    | : 04/Nov/2024 04:46PM  |
| <b>CLIENT CODE.</b>   | : KOS DIAGNOSTIC LAB                   |                          |                        |
| <b>CLIENT ADDRESS</b> | : 6349/1, NICHOLSON ROAD, AMBALA CANTT |                          |                        |

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

## MICROBIOLOGY

### CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: URINE

#### CULTURE AND SUSCEPTIBILITY: URINE

DATE OF SAMPLE : 02-11-2024  
 SPECIMEN SOURCE : URINE  
 INCUBATION PERIOD : 48 HOURS  
*by AUTOMATED BROTH CULTURE*

#### GRAM STAIN *by MICROSCOPY*

**GRAM NEGATIVE (-ve)**

#### CULTURE *by AUTOMATED BROTH CULTURE*

**POSITIVE (+ve)**

#### ORGANISM *by AUTOMATED BROTH CULTURE*

ESCHERICHIA COLI (E.COLI)

#### AEROBIC SUSCEPTIBILITY: URINE

AMOXICILLIN+CLAVULANIC ACID  
*by AUTOMATED BROTH MICRოდILUTION, CLSI*  
 Concentration: 8/4 µg/mL

RESISTANT

AMPICILLIN  
*by AUTOMATED BROTH MICRოდILUTION, CLSI*  
 Concentration: 8 µg/mL

RESISTANT

AMPICILLIN+SULBACTAM  
*by AUTOMATED BROTH MICRოდILUTION, CLSI*  
 Concentration: 8/4 µg/mL

SENSITIVE

CHLORAMPHENICOL  
*by AUTOMATED BROTH MICRოდILUTION, CLSI*  
 Concentration: 8 µg/mL

SENSITIVE


CIPROFLOXACIN  
*by AUTOMATED BROTH MICRოდILUTION, CLSI*  
 Concentration: 1 µg/mL


RESISTANT

DOXYCYCLINE  
*by AUTOMATED BROTH MICRოდILUTION, CLSI*

SENSITIVE



  
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| <b>CLIENT CODE.</b>   | : KOS DIAGNOSTIC LAB                   |                          |                        |
| <b>CLIENT ADDRESS</b> | : 6349/1, NICHOLSON ROAD, AMBALA CANTT |                          |                        |

| Test Name  | Value     | Unit | Biological Reference interval |
|--|-----------|------|-------------------------------|
| Concentration: 4 µg/mL   |           |      |                               |
| NALIDIXIC ACID<br><i>by AUTOMATED BROTH MICRODILUTION, CLSI</i><br>Concentration: 16 µg/mL | RESISTANT |      |                               |
| GENTAMICIN<br><i>by AUTOMATED BROTH MICRODILUTION, CLSI</i><br>Concentration: 16 µg/mL     | SENSITIVE |      |                               |
| NITROFURATOIN<br><i>by AUTOMATED BROTH MICRODILUTION, CLSI</i><br>Concentration: 16 µg/mL  | RESISTANT |      |                               |
| NORFLOXACIN<br><i>by AUTOMATED BROTH MICRODILUTION, CLSI</i><br>Concentration: 4 µg/mL     | RESISTANT |      |                               |
| MINOCYCLINE<br><i>by AUTOMATED BROTH MICRODILUTION, CLSI</i><br>Concentration: 4 µg/mL     | SENSITIVE |      |                               |
| TOBRAMYCIN<br><i>by AUTOMATED BROTH MICRODILUTION, CLSI</i><br>Concentration: 4 µg/mL      | SENSITIVE |      |                               |
| AMIKACIN<br><i>by AUTOMATED BROTH MICRODILUTION, CLSI</i><br>Concentration: 16 µg/mL       | SENSITIVE |      |                               |
| AZETREONAM<br><i>by AUTOMATED BROTH MICRODILUTION, CLSI</i><br>Concentration: 4 µg/mL      | SENSITIVE |      |                               |
| CEFAZOLIN<br><i>by AUTOMATED BROTH MICRODILUTION, CLSI</i><br>Concentration: 16 µg/mL      | RESISTANT |      |                               |



  
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| <b>CLIENT CODE.</b>   | : KOS DIAGNOSTIC LAB                   |                          |                        |
| <b>CLIENT ADDRESS</b> | : 6349/1, NICHOLSON ROAD, AMBALA CANTT |                          |                        |

| Test Name  | Value     | Unit | Biological Reference interval |
|--|-----------|------|-------------------------------|
| CEFIXIME<br><i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>  | RESISTANT |      |                               |
| CEFOXITIN<br><i>by AUTOMATED BROTH MICRODILUTION, CLSI</i><br>Concentration: 8 µg/mL                       | RESISTANT |      |                               |
| CEFTAZIDIME<br><i>by AUTOMATED BROTH MICRODILUTION, CLSI</i><br>Concentration: 4 µg/mL                     | SENSITIVE |      |                               |
| CEFTRIAXONE<br><i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>   | SENSITIVE |      |                               |
| FOSFOMYCIN<br><i>by AUTOMATED BROTH MICRODILUTION, CLSI</i><br>Concentration: 64 µg/mL                     | SENSITIVE |      |                               |
| LEVOFLOXACIN<br><i>by AUTOMATED BROTH MICRODILUTION, CLSI</i><br>Concentration: 2 µg/mL                    | RESISTANT |      |                               |
| NETLIMICIN SULPHATE<br><i>by AUTOMATED BROTH MICRODILUTION, CLSI</i><br>Concentration: 8 µg/mL             | SENSITIVE |      |                               |
| PIPERACILLIN+TAZOBACTAM<br><i>by AUTOMATED BROTH MICRODILUTION, CLSI</i><br>Concentration: 16/4 µg/mL      | SENSITIVE |      |                               |
| TICARCILLIN+CLAVULANIC ACID<br><i>by AUTOMATED BROTH MICRODILUTION, CLSI</i><br>Concentration: 16/2 µg/mL  | RESISTANT |      |                               |
| TRIMETHOPRIM+SULPHAMETHAZOLE<br><i>by AUTOMATED BROTH MICRODILUTION, CLSI</i><br>Concentration: 2/38 µg/mL | SENSITIVE |      |                               |
| CEFIPIME<br><i>by AUTOMATED BROTH MICRODILUTION, CLSI</i><br>Concentration: 2 µg/mL                        | SENSITIVE |      |                               |



  
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| Test Name  | Value     | Unit | Biological Reference interval |
|--|-----------|------|-------------------------------|
| <b>DORIPENEM</b><br>by AUTOMATED BROTH MICRODILUTION, CLSI<br>Concentration: 1 µg/mL   | SENSITIVE |      |                               |
| <b>IMIPINEM</b><br>by AUTOMATED BROTH MICRODILUTION, CLSI<br>Concentration: 1 µg/mL    | RESISTANT |      |                               |
| <b>MEROPENEM</b><br>by AUTOMATED BROTH MICRODILUTION, CLSI<br>Concentration: 1 µg/mL   | SENSITIVE |      |                               |
| <b>COLISTIN</b><br>by AUTOMATED BROTH MICRODILUTION, CLSI<br>Concentration: 0.06 µg/mL | SENSITIVE |      |                               |

#### INTERPRETATION:

1. In urine culture and sensitivity, presence of more than 100,000 organism per mL in midstream sample of urine is considered clinically significant. However in symptomatic patients, a smaller number of bacteria (100 to 10000/mL) may signify infection.
2. Colony count of 100 to 10000/ mL indicate infection, if isolate from specimen obtained by suprapubic aspiration or "in-and-out" catheterization or from patients with indwelling catheters.

#### SUSCEPTIBILITY:

1. A test interpreted as **SENSITIVE** implies that infection due to isolate may be appropriately treated with the dosage of an antimicrobial agent recommended for that type of infection and infecting species, unless otherwise indicated..
2. A test interpreted as **INTERMEDIATE** implies that the "infection due to the isolate may be appropriately treated in body sites where the drugs are physiologically concentrated or when a high dosage of drug can be used".
3. A test interpreted as **RESISTANT** implies that the "isolates are not inhibited by the usually achievable concentration of the agents with normal dosage, schedule and/or fall in the range where specific microbial resistance mechanism are likely (e.g. beta-lactamases), and clinical efficacy has not been reliable in treatment studies.

#### CAUTION:

Conditions which can cause a false Negative culture:

1. Patient is on antibiotics. Please repeat culture post therapy.
2. Anaerobic bacterial infection.
3. Fastidious aerobic bacteria which are not able to grow on routine culture media.
4. Besides all these factors, at least in 25-40 % of cases there is no direct correlation between in vivo clinical picture.
5. Renal tuberculosis to be confirmed by AFB studies.



  
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| <b>BARCODE NO.</b>    | : 01519943                             | <b>REPORTING DATE</b>    | : 07/Nov/2024 06:02PM  |
| <b>CLIENT CODE.</b>   | : KOS DIAGNOSTIC LAB                   |                          |                        |
| <b>CLIENT ADDRESS</b> | : 6349/1, NICHOLSON ROAD, AMBALA CANTT |                          |                        |

| Test Name | Value | Unit | Biological Reference interval |
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### CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY (CONVENTIONAL): BLOOD

#### BLOOD CULTURE AND SUSCEPTIBILITY

|                   |            |
|-------------------|------------|
| DATE OF SAMPLE    | 02-11-2024 |
| SPECIMEN SOURCE   | BLOOD      |
| INCUBATION PERIOD | 5 DAYS     |
| CULTURE           | STERILE    |

by AUTOMATED BROTH CULTURE

ORGANISM  
 by AUTOMATED BROTH CULTURE  
 NO AEROBIC PYOGENIC ORGANISM GROWN AFTER 5 DAYS OF INCUBATION AT 37°C

#### AEROBIC SUSCEPTIBILITY BLOOD

#### INTERPRETATION SUSCEPTIBILITY:

1. A test interpreted as **SENSITIVE** implies that infection due to isolate may be appropriately treated with the dosage of an antimicrobial agent recommended for that type of infection and infecting species, unless otherwise indicated.
2. A test interpreted as **INTERMEDIATE** implies that the "Infection due to the isolate may be appropriately treated in body sites where the drugs are physiologically concentrated or when a high dosage of drug can be used".
3. A test interpreted as **RESISTANT** implies that the "isolates are not inhibited by the usually achievable concentration of the agents with normal dosage, schedule and/or fall in the range where specific microbial resistance mechanism are likely (e.g. beta-lactamases), and clinical efficacy has not been reliable in treatment studies.

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2. Anaerobic bacterial infection.
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\*\*\* End Of Report \*\*\*



  
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