

Dr. Vinay Chopra
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 Chairman & Consultant Pathologist

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

| | | | |
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| NAME | : Mr. SUNIL | PATIENT ID | : 1659875 |
| AGE/ GENDER | : 38 YRS/MALE | REG. NO./LAB NO. | : 012411040025 |
| COLLECTED BY | : | REGISTRATION DATE | : 04/Nov/2024 09:45 AM |
| REFERRED BY | : | COLLECTION DATE | : 04/Nov/2024 09:49AM |
| BARCODE NO. | : 01520030 | REPORTING DATE | : 04/Nov/2024 10:17AM |
| CLIENT CODE. | : KOS DIAGNOSTIC LAB | | |
| CLIENT ADDRESS | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |

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

COMPLETE BLOOD COUNT (CBC)

RED BLOOD CELLS (RBCS) COUNT AND INDICES

| | | | |
|---|-------------------|--------------|--|
| HAEMOGLOBIN (HB) <i>by CALORIMETRIC</i> | 16.2 | gm/dL | 12.0 - 17.0 |
| RED BLOOD CELL (RBC) COUNT <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 5.74 ^H | Millions/cmm | 3.50 - 5.00 |
| PACKED CELL VOLUME (PCV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 51 | % | 40.0 - 54.0 |
| MEAN CORPUSCULAR VOLUME (MCV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 88.8 | fL | 80.0 - 100.0 |
| MEAN CORPUSCULAR HAEMOGLOBIN (MCH) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 28.1 | pg | 27.0 - 34.0 |
| MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 31.7 ^L | g/dL | 32.0 - 36.0 |
| RED CELL DISTRIBUTION WIDTH (RDW-CV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 13.5 | % | 11.00 - 16.00 |
| RED CELL DISTRIBUTION WIDTH (RDW-SD) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 44.9 | fL | 35.0 - 56.0 |
| MENTZERS INDEX <i>by CALCULATED</i> | 15.47 | RATIO | BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0 |
| GREEN & KING INDEX <i>by CALCULATED</i> | 20.79 | RATIO | BETA THALASSEMIA TRAIT:<= 65.0 IRON DEFICIENCY ANEMIA: > 65.0 |

WHITE BLOOD CELLS (WBCS)

| | | | |
|--|------|------|--------------|
| TOTAL LEUCOCYTE COUNT (TLC) <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 6240 | /cmm | 4000 - 11000 |
| NUCLEATED RED BLOOD CELLS (nRBCS) <i>by AUTOMATED 6 PART HEMATOLOGY ANALYZER</i> | NIL | | 0.00 - 20.00 |
| NUCLEATED RED BLOOD CELLS (nRBCS) % <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | NIL | % | < 10 % |



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| <u>DIFFERENTIAL LEUCOCYTE COUNT (DLC)</u> | | | |
| NEUTROPHILS <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 64 | % | 50 - 70 |
| LYMPHOCYTES <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 24 | % | 20 - 40 |
| EOSINOPHILS <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 4 | % | 1 - 6 |
| MONOCYTES <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 8 | % | 2 - 12 |
| BASOPHILS <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 0 | % | 0 - 1 |
| <u>ABSOLUTE LEUKOCYTES (WBC) COUNT</u> | | | |
| ABSOLUTE NEUTROPHIL COUNT <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 3994 | /cmm | 2000 - 7500 |
| ABSOLUTE LYMPHOCYTE COUNT <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 1498 | /cmm | 800 - 4900 |
| ABSOLUTE EOSINOPHIL COUNT <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 250 | /cmm | 40 - 440 |
| ABSOLUTE MONOCYTE COUNT <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 499 | /cmm | 80 - 880 |
| <u>PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.</u> | | | |
| PLATELET COUNT (PLT) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 305000 | /cmm | 150000 - 450000 |
| PLATELETCRIT (PCT) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 0.38 ^H | % | 0.10 - 0.36 |
| MEAN PLATELET VOLUME (MPV) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 12 ^H | fL | 6.50 - 12.0 |
| PLATELET LARGE CELL COUNT (P-LCC) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 134000 ^H | /cmm | 30000 - 90000 |
| PLATELET LARGE CELL RATIO (P-LCR) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 44 | % | 11.0 - 45.0 |
| PLATELET DISTRIBUTION WIDTH (PDW) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 16.3 | % | 15.0 - 17.0 |
| NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD | | | |




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BLEEDING TIME (BT)

| | | | |
|--------------------------------------|--------------|------|-------|
| BLEEDING TIME (BT) by DUKE METHOD | 2 MIN 15SEC. | MINS | 1 - 5 |
|--------------------------------------|--------------|------|-------|




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CLOTTING TIME (CT)

| | | | |
|--|---------------|------|-------|
| CLOTTING TIME (CT) by CAPILLARY TUBE METHOD | 6 MIN 02 SEC. | MINS | 4 - 9 |
|--|---------------|------|-------|



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CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE FASTING (F)


| | | | |
|--|--------------------------|-------|---|
| GLUCOSE FASTING (F): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD) | 102.7^H | mg/dL | NORMAL: < 100.0 PREDIABETIC: 100.0 - 125.0 DIABETIC: > OR = 126.0 |
|--|--------------------------|-------|---|


INTERPRETATION

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A fasting plasma glucose level below 100 mg/dl is considered normal.
2. A fasting plasma glucose level between 100 - 125 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 fasting plasma glucose level of above 125 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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| KIDNEY FUNCTION TEST (BASIC) | | | |
| UREA: SERUM <i>by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)</i> | 33.08 | mg/dL | 10.00 - 50.00 |
| CREATININE: SERUM <i>by ENZYMATIC, SPECTROPHOTOMETRY</i> | 1.34 | mg/dL | 0.40 - 1.40 |
| BLOOD UREA NITROGEN (BUN): SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i> | 15.46 | mg/dL | 7.0 - 25.0 |
| BLOOD UREA NITROGEN (BUN)/CREATININE RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i> | 11.54 | RATIO | 10.0 - 20.0 |
| UREA/CREATININE RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i> | 24.69 | RATIO | |
| URIC ACID: SERUM <i>by URICASE - OXIDASE PEROXIDASE</i> | 5.98 | mg/dL | 3.60 - 7.70 |




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INTERPRETATION:

Normal range for a healthy person on normal diet: 12 - 20

To Differentiate between pre- and postrenal azotemia.

INCREASED RATIO (>20:1) WITH NORMAL CREATININE:

1. Prerenal azotemia (BUN rises without increase in creatinine) e.g. heart failure, salt depletion, dehydration, blood loss) due to decreased glomerular filtration rate.
2. Catabolic states with increased tissue breakdown.
3. GI hemorrhage.
4. High protein intake.
5. Impaired renal function plus .
6. Excess protein intake or production or tissue breakdown (e.g. infection, GI bleeding, thyrotoxicosis, Cushings syndrome, high protein diet, burns, surgery, cachexia, high fever).
7. Urine reabsorption (e.g. ureterocolostomy)
8. Reduced muscle mass (subnormal creatinine production)
9. Certain drugs (e.g. tetracycline, glucocorticoids)

INCREASED RATIO (>20:1) WITH ELEVATED CREATININE LEVELS:

1. Postrenal azotemia (BUN rises disproportionately more than creatinine) (e.g. obstructive uropathy).
2. Prerenal azotemia superimposed on renal disease.

DECREASED RATIO (<10:1) WITH DECREASED BUN :

1. Acute tubular necrosis.
2. Low protein diet and starvation.
3. Severe liver disease.
4. Other causes of decreased urea synthesis.
5. Repeated dialysis (urea rather than creatinine diffuses out of extracellular fluid).
6. Inherited hyperammonemias (urea is virtually absent in blood).
7. SIADH (syndrome of inappropriate antidiuretic hormone) due to tubular secretion of urea.
8. Pregnancy.

DECREASED RATIO (<10:1) WITH INCREASED CREATININE:

1. Phenacimide therapy (accelerates conversion of creatine to creatinine).
2. Rhabdomyolysis (releases muscle creatinine).
3. Muscular patients who develop renal failure.

INAPPROPRIATE RATIO:

1. Diabetic ketoacidosis (acetoacetate causes false increase in creatinine with certain methodologies, resulting in normal ratio when dehydration should produce an increased BUN/creatinine ratio).
2. Cephalosporin therapy (interferes with creatinine measurement).

*** End Of Report ***




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