

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

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

<b>NAME</b>	: Mrs. BABITA	<b>PATIENT ID</b>	: 1661564
<b>AGE/ GENDER</b>	: 29 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012411050048
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 05/Nov/2024 11:49 AM
<b>REFERRED BY</b>	: LOOMBA HOSPITAL (AMBALA CANTT)	<b>COLLECTION DATE</b>	: 05/Nov/2024 11:50AM
<b>BARCODE NO.</b>	: 01520144	<b>REPORTING DATE</b>	: 05/Nov/2024 12:20PM
<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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### HAEMATOLOGY

#### HAEMOGLOBIN (HB)

HAEMOGLOBIN (HB)	10.7 <sup>L</sup>	gm/dL	12.0 - 16.0
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by CALORIMETRIC

#### 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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**CLINICAL CHEMISTRY/BIOCHEMISTRY**  
**GLUCOSE RANDOM (R)**

GLUCOSE RANDOM (R): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)	104.79	mg/dL	NORMAL: < 140.00 PREDIABETIC: 140.0 - 200.0 DIABETIC: > OR = 200.0
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**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	
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
COLOUR	AMBER YELLOW		PALE YELLOW
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
TRANSPARANCY	CLEAR		CLEAR
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
SPECIFIC GRAVITY	1.01		1.002 - 1.030
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			


#### CHEMICAL EXAMINATION


REACTION	ALKALINE		
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
PROTEIN	Negative		NEGATIVE (-ve)
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
SUGAR	Negative		NEGATIVE (-ve)
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
pH	7.5		5.0 - 7.5
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
BILIRUBIN	Negative		NEGATIVE (-ve)
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
NITRITE	Negative		NEGATIVE (-ve)
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
UROBILINOGEN	Normal	EU/dL	0.2 - 1.0
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
KETONE BODIES	Negative		NEGATIVE (-ve)
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
BLOOD	Negative		NEGATIVE (-ve)
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
ASCORBIC ACID	NEGATIVE (-ve)		NEGATIVE (-ve)
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			

#### MICROSCOPIC EXAMINATION

RED BLOOD CELLS (RBCs)	NEGATIVE (-ve)	/HPF	0 - 3
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Test Name	Value	Unit	Biological Reference interval
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
PUS CELLS	0-2	/HPF	0 - 5
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
EPITHELIAL CELLS	1-4	/HPF	ABSENT
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
CRYSTALS	NEGATIVE (-ve)		NEGATIVE (-ve)
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
CASTS	NEGATIVE (-ve)		NEGATIVE (-ve)
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
BACTERIA	NEGATIVE (-ve)		NEGATIVE (-ve)
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
OTHERS	NEGATIVE (-ve)		NEGATIVE (-ve)
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
TRICHOMONAS VAGINALIS (PROTOZOA)	ABSENT		ABSENT
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			

\*\*\* End Of Report \*\*\*



  
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