



		Chopra bgy & Microbiology) Consultant Pathologist	Dr. Yugam MD CEO & Consultant	(Pathology)	
NAME	: Mrs. BABITA				
AGE/ GENDER	: 29 YRS/FEMALE	PAT	FIENT ID	: 1661564	
COLLECTED BY	:	REC	G. NO./LAB NO.	: 012411050048	
REFERRED BY	: LOOMBA HOSPITAL (AM	IBALA CANTT) REC	SISTRATION DATE	: 05/Nov/2024 11:49 AM	
BARCODE NO.	:01520144	COL	LECTION DATE	:05/Nov/2024 11:50AM	
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REI	PORTING DATE	:05/Nov/2024 12:20PM	
CLIENT ADDRESS	: 6349/1, NICHOLSON RO	AD, AMBALA CANTT			
Test Name		Value	Unit	Biological Reference interval	
HAEMOGLOBIN (H	B)	HAEMOGLO 10.7 ^L	BIN (HB) gm/dL	12.0 - 16.0	
HAFMOOI ODINI (H				10.0 10.0	
by CALORIMETRIC	B)			12.0 - 16.0	
<i>by CALORIMETRIC</i> INTERPRETATION:- Hemoglobin is the pro-	otein molecule in red blood	10.7 ^L	gm/dL	12.0 - 16.0 odys tissues and returns carbon dioxide from t	
by CALORIMETRIC INTERPRETATION:- Hemoglobin is the protissues back to the lu	otein molecule in red blood	10.7^L cells that carries oxygen fr	gm/dL		
by CALORIMETRIC <u>INTERPRETATION:-</u> Hemoglobin is the pri- tissues back to the lu A low hemoglobin lev ANEMIA (DECRESED I	otein molecule in red blood ngs. el is referred to as ANEMIA (IAEMOGLOBIN):	10.7^L cells that carries oxygen fr or low red blood count.	gm/dL		
by CALORIMETRIC INTERPRETATION:- Hemoglobin is the pri- tissues back to the lu A low hemoglobin lev ANEMIA (DECRESED I 1) Loss of blood (trau	otein molecule in red blood ngs. el is referred to as ANEMIA (HAEMOGLOBIN): Imatic injury, surgery, bleed	10.7^L cells that carries oxygen fr or low red blood count. ing, colon cancer or stoma	gm/dL		
by CALORIMETRIC INTERPRETATION:- Hemoglobin is the pri- tissues back to the lu A low hemoglobin lew ANEMIA (DECRESED I 1) Loss of blood (trau 2) Nutritional deficie 3) Bone marrow prob	otein molecule in red blood ngs. el is referred to as ANEMIA (HAEMOGLOBIN): imatic injury, surgery, bleed ncy (iron, vitamin B12, folat lems (replacement of bone r	10.7^L cells that carries oxygen fr or low red blood count. ing, colon cancer or stoma e) marrow by cancer)	gm/dL		
by CALORIMETRIC INTERPRETATION:- Hemoglobin is the pri- tissues back to the lu A low hemoglobin lev ANEMIA (DECRESED I 1) Loss of blood (trau 2) Nutritional deficie 3) Bone marrow prob 4) Suppression by red	otein molecule in red blood ngs. el is referred to as ANEMIA (HAEMOGLOBIN): Imatic injury, surgery, bleed ncy (iron, vitamin B12, folati	10.7^L cells that carries oxygen fr or low red blood count. ing, colon cancer or stoma e) marrow by cancer)	gm/dL		
by CALORIMETRIC INTERPRETATION:- Hemoglobin is the pri- tissues back to the lu A low hemoglobin lew ANEMIA (DECRESED I 1) Loss of blood (trau 2) Nutritional deficie 3) Bone marrow prob 4) Suppression by rec 5) Kidney failure 6) Abnormal hemoglo	otein molecule in red blood ngs. el is referred to as ANEMIA o HAEMOGLOBIN): Imatic injury, surgery, bleed ncy (iron, vitamin B12, folati lems (replacement of bone r d blood cell synthesis by che obin structure (sickle cell an	10.7^L cells that carries oxygen fr or low red blood count. ing, colon cancer or stoma e) marrow by cancer) motherapy drugs	gm/dL		
by CALORIMETRIC INTERPRETATION:- Hemoglobin is the pro- tissues back to the lu A low hemoglobin lew ANEMIA (DECRESED I 1) Loss of blood (trau 2) Nutritional deficiel 3) Bone marrow prob 4) Suppression by rec 5) Kidney failure 6) Abnormal hemogle POLYCYTHEMIA (INCR	otein molecule in red blood ngs. rel is referred to as ANEMIA (HAEMOGLOBIN): imatic injury, surgery, bleed ncy (iron, vitamin B12, folat lems (replacement of bone r d blood cell synthesis by che obin structure (sickle cell an REASED HAEMOGLOBIN):	10.7^L cells that carries oxygen fr or low red blood count. ing, colon cancer or stoma e) marrow by cancer) motherapy drugs	gm/dL		
by CALORIMETRIC INTERPRETATION:- Hemoglobin is the pritissues back to the lu A low hemoglobin lew ANEMIA (DECRESED I 1) Loss of blood (trau 2) Nutritional deficie 3) Bone marrow prob 4) Suppression by rec 5) Kidney failure 6) Abnormal hemogle POLYCYTHEMIA (INCR 1) People in higher a 2) Smoking (Secondar	otein molecule in red blood ngs. rel is referred to as ANEMIA (HAEMOGLOBIN): Imatic injury, surgery, bleed ncy (iron, vitamin B12, folat lems (replacement of bone r d blood cell synthesis by che obin structure (sickle cell an EASED HAEMOGLOBIN): Ititudes (Physiological) ry Polycythemia)	10.7^L cells that carries oxygen fr or low red blood count. ing, colon cancer or stoma e) marrow by cancer) motherapy drugs emia or thalassemia).	gm/dL		
by CALORIMETRIC INTERPRETATION:- Hemoglobin is the pritissues back to the lu A low hemoglobin lew ANEMIA (DECRESED I 1) Loss of blood (trau 2) Nutritional deficie 3) Bone marrow prob 4) Suppression by rec 5) Kidney failure 6) Abnormal hemogle POLYCYTHEMIA (INCR 1) People in higher a 2) Smoking (Secondar 3) Dehydration produ	otein molecule in red blood ngs. rel is referred to as ANEMIA (HAEMOGLOBIN): Imatic injury, surgery, bleed ncy (iron, vitamin B12, folat lems (replacement of bone r d blood cell synthesis by che obin structure (sickle cell an REASED HAEMOGLOBIN): Ititudes (Physiological) ry Polycythemia) uces a falsely rise in hemoglo	10.7^L cells that carries oxygen fr or low red blood count. ing, colon cancer or stoma e) marrow by cancer) motherapy drugs emia or thalassemia).	gm/dL		
by CALORIMETRIC INTERPRETATION:- Hemoglobin is the pri- tissues back to the lu A low hemoglobin lew ANEMIA (DECRESED I 1) Loss of blood (trau 2) Nutritional deficie 3) Bone marrow prob 4) Suppression by rec 5) Kidney failure 6) Abnormal hemogle POLYCYTHEMIA (INCR 1) People in higher a 2) Smoking (Secondar 3) Dehydration produ 4) Advanced lung dise 5) Certain tumors	otein molecule in red blood ngs. rel is referred to as ANEMIA of HAEMOGLOBIN): imatic injury, surgery, bleed ncy (iron, vitamin B12, folate lems (replacement of bone r d blood cell synthesis by che obin structure (sickle cell an REASED HAEMOGLOBIN): lititudes (Physiological) ry Polycythemia) uces a falsely rise in hemoglo ease (for example, emphyser	10.7^L cells that carries oxygen from low red blood count. ing, colon cancer or stomate marrow by cancer) motherapy drugs emia or thalassemia).	gm/dL		
by CALORIMETRIC INTERPRETATION:- Hemoglobin is the pri- tissues back to the lu A low hemoglobin lew ANEMIA (DECRESED I 1) Loss of blood (trau 2) Nutritional deficie 3) Bone marrow prob 4) Suppression by rec 5) Kidney failure 6) Abnormal hemogle POLYCYTHEMIA (INCR 1) People in higher a 2) Smoking (Secondar 3) Dehydration produ 4) Advanced lung dise 5) Certain tumors 6) A disorder of the b	otein molecule in red blood ngs. rel is referred to as ANEMIA of HAEMOGLOBIN): imatic injury, surgery, bleed ncy (iron, vitamin B12, folate lems (replacement of bone r d blood cell synthesis by che obin structure (sickle cell an REASED HAEMOGLOBIN): lititudes (Physiological) ry Polycythemia) uces a falsely rise in hemoglo ease (for example, emphyser one marrow known as polyc	10.7^L cells that carries oxygen fror for low red blood count. ing, colon cancer or stoma e) marrow by cancer) motherapy drugs emia or thalassemia). obin due to increased haen na) ythemia rubra vera,	gm/dL rom the lungs to the bo nch ulcer)		

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD





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

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

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 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



TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





		Chopra / & Microbiology) onsultant Pathologist	Dr. Yugam Ch MD (Path CEO & Consultant Path	nology)
NAME	: Mrs. BABITA			
AGE/ GENDER	: 29 YRS/FEMALE	PATI	ENT ID : 1	1661564
COLLECTED BY	:	REG.	NO./LAB NO. :	012411050048
REFERRED BY	: LOOMBA HOSPITAL (AMB	ALA CANTT) REGI	STRATION DATE : (05/Nov/2024 11:49 AM
BARCODE NO.	: 01520144	COLL	ECTION DATE : (05/Nov/2024 11:50AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPO	DRTING DATE : (05/Nov/2024 01:31PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAI	D, AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
	CLIN	ICAL CHEMISTRY	/BIOCHEMISTRY	
		GLUCOSE RAN	DOM (R)	
GLUCOSE RANDON	I (R): PLASMA E - PEROXIDASE (GOD-POD)	104.79	mg/dL	NORMAL: < 140.00 PREDIABETIC: 140.0 - 200.0 DIABETIC: > 0R = 200.0

A random plasma glucose level below 140 mg/dl is considered normal.
 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.
 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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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



AMBALA CANTT

FEST PERFORMED AT KOS DIAGNOSTIC LAB.



Dr. Vinay Chopra Dr. Yugam Chopra MD (Pathology & Microbiology) MD (Pathology) Chairman & Consultant Pathologist **CEO & Consultant Pathologist** NAME : Mrs. BABITA AGE/ GENDER : 29 YRS/FEMALE **PATIENT ID** :1661564 **COLLECTED BY** :012411050048 REG. NO./LAB NO. **REFERRED BY** : LOOMBA HOSPITAL (AMBALA CANTT) **REGISTRATION DATE** :05/Nov/2024 11:49 AM **BARCODE NO.** :01520144 **COLLECTION DATE** :05/Nov/2024 11:50AM CLIENT CODE. : KOS DIAGNOSTIC LAB **REPORTING DATE** :05/Nov/2024 01:54PM **CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT Value Unit **Biological Reference interval** Test Name **CLINICAL PATHOLOGY URINE ROUTINE & MICROSCOPIC EXAMINATION PHYSICAL EXAMINATION** QUANTITY RECIEVED 10 ml by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY PALE YELLOW COLOUR AMBER YELLOW by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY TRANSPARANCY CLEAR CLEAR by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY SPECIFIC GRAVITY 1.01 1.002 - 1.030 by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY **CHEMICAL EXAMINATION** ALKALINE REACTION by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY PROTEIN Negative NEGATIVE (-ve) by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY SUGAR Negative NEGATIVE (-ve) by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY pН 7.5 5.0 - 7.5 by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY BILIRUBIN NEGATIVE (-ve) Negative by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY NITRITE Negative NEGATIVE (-ve) by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY. EU/dL UROBILINOGEN Normal 0.2 - 1.0by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY NEGATIVE (-ve) KETONE BODIES Negative by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY NEGATIVE (-ve) BLOOD Negative by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY ASCORBIC ACID NEGATIVE (-ve) NEGATIVE (-ve) by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY **MICROSCOPIC EXAMINATION** RED BLOOD CELLS (RBCs) NEGATIVE (-ve) /HPF 0 - 3





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

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



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

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AGE/ GENDER	: 29 YRS/FEMALE		PATIENT ID	: 1661564	
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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		T		
Test Name		Value	Unit	Biological Reference interval	
PUS CELLS	CENTRIFUGED URINARY SEDIMENT	0-2	/HPF	0 - 5	

by MICKOSCOFT ON CENTRIFOGED ORINART 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
W MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			

** End Of Report ***



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

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