TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

NAME	**: Mrs. KAMLESH SHARMA**		
AGE/ GENDER	: 76 YRS/FEMALE	**PATIENT ID**	: 1662348
COLLECTED BY	: SURJESH	**REG. NO./LAB NO.**	**: 012411050082**
REFERRED BY	:	**REGISTRATION DATE**	: 05/Nov/2024 05:19 PM
BARCODE NO.	: 01520178	**COLLECTION DATE**	: 05/Nov/2024 05:42PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 05/Nov/2024 08:01PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE RANDOM (R)

GLUCOSE RANDOM (R): PLASMA *by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)*	**204.83^{H}**	mg/dL	NORMAL: < 140.00 PREDIABETIC: 140.0 - 200.0 DIABETIC: > 0R = 200.0

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-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.

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Test Name	Value	Unit	Biological Reference interval
ELECTROLYTES COMPLETE PROFILE			
SODIUM: SERUM *by ISE (ION SELECTIVE ELECTRODE)*	140.9	mmol/L	135.0 - 150.0
POTASSIUM: SERUM *by ISE (ION SELECTIVE ELECTRODE)*	**5.01^{H}**	mmol/L	3.50 - 5.00
CHLORIDE: SERUM *by ISE (ION SELECTIVE ELECTRODE)*	105.68	mmol/L	90.0 - 110.0

INTERPRETATION:-

SODIUM:-

Sodium is the major cation of extra-cellular fluid. Its primary function in the body is to chemically maintain osmotic pressure & acid base balance & to transmit nerve impulse.

HYPONATREMIA (LOW SODIUM LEVEL) CAUSES:-

1. Low sodium intake.
2. Sodium loss due to diarrhea & vomiting with adequate water and iadequate salt replacement.
3. Diuretics abuses.
4. Salt loosing nephropathy.
5. Metabolic acidosis.
6. Adrenocortical issuficiency .
7.Hepatic failure.

HYPERNATREMIA (INCREASED SODIUM LEVEL) CAUSES:-

1.Hyperapnea (Prolonged)
2.Diabetes insipidus
3.Diabetic acidosis
4.Cushings syndrome
5.Dehydration

POTASSIUM:-

Potassium is the major cation in the intracellular fluid. 90% of potassium is concentrated within the cells. When cells are damaged, potassium is released in the blood.

HYPOKALEMIA (LOW POTASSIUM LEVELS):-

1.Diarrhoea, vomiting & malabsorption.
2. Severe Burns.
3.Increased Secretions of Aldosterone

HYPERKALEMIA (INCREASED POTASSIUM LEVELS):-

1.Oliguria
2.Renal failure or Shock
3.Respiratory acidosis

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Test Name	Value	Unit	Biological Reference interval

4.Hemolysis of blood

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Test Name	Value	Unit	Biological Reference interval

VITAMINS

VITAMIN B12/COBALAMIN

VITAMIN B12/COBALAMIN: SERUM *by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)*	**> 2000^{H}**	pg/mL	190.0 - 890.0

INTERPRETATION:-

INCREASED VITAMIN B12	DECREASED VITAMIN B12
1.Ingestion of Vitamin C	1.Pregnancy
2.Ingestion of Estrogen	2.DRUGS:Aspirin, Anti-convulsants, Colchicine
3.Ingestion of Vitamin A	3.Ethanol Igestion
4.Hepatocellular injury	4. Contraceptive Harmones
5.Myeloproliferative disorder	5.Haemodialysis
6.Uremia	6. Multiple Myeloma

1.Vitamin B12 (cobalamin) is necessary for hematopoiesis and normal neuronal function.
2.In humans, it is obtained only from animal proteins and requires intrinsic factor (IF) for absorption.
3.The body uses its vitamin B12 stores very economically, reabsorbing vitamin B12 from the ileum and returning it to the liver; very little is excreted.
4.Vitamin B12 deficiency may be due to lack of IF secretion by gastric mucosa (eg, gastrectomy, gastric atrophy) or intestinal malabsorption (eg, ileal resection, small intestinal diseases).
5.Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. These manifestations may occur in any combination; many patients have the neurologic defects without macrocytic anemia.
6.Serum methylmalonic acid and homocysteine levels are also elevated in vitamin B12 deficiency states.
7.Follow-up testing for antibodies to intrinsic factor (IF) is recommended to identify this potential cause of vitamin B12 malabsorption.
NOTE:A normal serum concentration of vitamin B12 does not rule out tissue deficiency of vitamin B12. The most sensitive test for vitamin B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum vitamin B12 concentrations are normal.

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

CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC EXAMINATION

Test Name	Value	Unit	Biological Reference interval
PHYSICAL EXAMINATION			
QUANTITY RECIEVED *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	10	ml	
COLOUR *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	AMBER YELLOW		PALE YELLOW
TRANSPARANCY *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	HAZY		CLEAR
SPECIFIC GRAVITY *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	1.01		1.002 - 1.030
CHEMICAL EXAMINATION			
REACTION *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	ACIDIC		
PROTEIN *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	Negative		NEGATIVE (-ve)
SUGAR ***by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY***	**2+**		**NEGATIVE (-ve)**
pH *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	<=5.0		5.0 - 7.5
BILIRUBIN *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	Negative		NEGATIVE (-ve)
NITRITE *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.*	Negative		NEGATIVE (-ve)
UROBILINOGEN *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	Normal	EU/dL	0.2 - 1.0
KETONE BODIES *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	Negative		NEGATIVE (-ve)
BLOOD *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	Negative		NEGATIVE (-ve)
ASCORBIC ACID *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	NEGATIVE (-ve)		NEGATIVE (-ve)
MICROSCOPIC EXAMINATION			
RED BLOOD CELLS (RBCs) *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT*	NEGATIVE (-ve)	/HPF	0 - 3

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

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BARCODE NO.	: 01520178	**COLLECTION DATE**	: 05/Nov/2024 05:42PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 10/Nov/2024 05:27PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

MICROBIOLOGY

CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY (CONVENTIONAL): BLOOD

BLOOD CULTURE AND SUSCEPTIBILITY

DATE OF SAMPLE	05-11-2024
SPECIMEN SOURCE	BLOOD
INCUBATION PERIOD	72 HOURS (3 SUBCULTURES)
CULTURE *by AUTOMATED BROTH CULTURE*	STERILE
ORGANISM *by AUTOMATED BROTH CULTURE*	NO AEROBIC PYOGENIC ORGANISM GROWN AFTER 72 HOURS OF INCUBATION AT 37*C

AEROBIC SUSCEPTIBILITY BLOOD

INTERPRETATION

SUSCEPTIBILITY:

1. A test interpreted as **SENSTITIVE** 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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CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 07/Nov/2024 03:09PM
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Test Name	Value	Unit	Biological Reference interval
SPECIAL INVESTIGATIONS			
PROTEIN ELECTROPHORESIS: SERUM			
TOTAL PROTEINS: SERUM *by MIGRATION GEL ELECTROPHORESIS*	7.35	gm/dL	6.20 - 8.00
ALBUMIN: SERUM *by MIGRATION GEL ELECTROPHORESIS*	3.72	gm/dL	3.50 - 5.50
A : G RATIO: SERUM *by MIGRATION GEL ELECTROPHORESIS*	1.02	RATIO	1.00 - 2.00
ALPHA 1 GLOBULIN *by MIGRATION GEL ELECTROPHORESIS*	0.36	gm/dL	0.11 - 0.40
ALPHA 2 GLOBULIN *by MIGRATION GEL ELECTROPHORESIS*	0.9	gm/dL	0.43 - 1.03
BETA GLOBULIN *by MIGRATION GEL ELECTROPHORESIS*	0.92	mg/dL	0.53 - 1.40
GAMMA GLOBULIN *by MIGRATION GEL ELECTROPHORESIS*	1.45	gm/dL	0.75 - 1.80
INTERPRETATION	Protein electrophoresis shows normal pattern. No M band seen.		
ADVICE	**KINDLY CORRELATE CLINICALLY**		

INTERPRETATION:

1.Serum protein electrophoresis is commonly used to identify patients with multiple myeloma and disorders of serum proteins.
2.Electrophoresis is a method of separating proteins based on their physical properties. the pattern of serum protein electrophoresis results depends on the frations of 2 types of protein : albumin and globulin (alpha 1 alpha2, beta and gamma.)
3.A homogeneous spike-like peak in a focal region of the gamma-globulin zone indicates a monoclonal gammopathy.
4.Monoclonal gammopathies are associated with a clonal process that is malignant or potentially malignant, including multiple myeloma, Waldenstrom macroglobulinemia, solitary plasmacytoma, smoldering multiple myeloma, monoclonal gammopathy of undetermined significance, plasma cell leukemia, heavy chain disease, and amyloidosis.
5.M-protein (in the gamma region) level greater than 3 g/dL should be interpreted along with other radiologic and haematological findings to arrive at a diagnosis of Multiple myeloma and must not be considered in isolation.
6.Occasionally M protein may appear as a narrow spike in the beta or alpha2 regions also.
7.Up to one fifth of patients with Myeloma may have an M-protein spike of less than 1 g /dL.
8.Hypogammaglobulinemia on serum protein electrophoresis occurs in about 10% of patients with multiple myeloma who do not have a serum M-protein spike.
9.Most of these patients have a large amount of Bence Jones protein (monoclonal free kappa or lambda chain) in their urine, wherein urine protein electrophoresis should be performed. Monoclonal gammopathy is present in up to 8 percent of healthy geriatric patients.

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Test Name	Value	Unit	Biological Reference interval

NOTE:
The following conditions require serum immunofixation to confirm monoclonality or to differentiate monoclonal and polyclonal disoders.
1.A well defined "M" band.
2.Faint band .
3.Chronic inflammatory pattern (decreased albumin, increased alpha, increased gamma fractions)
4.Isolated increase in any region with an otherwise normal pattern.
5.Shouldering of albumin peak along anodal or cathodal side may be seen with lipoproteins, drugs, bilirubin or radiological contrast.

*** End Of Report ***

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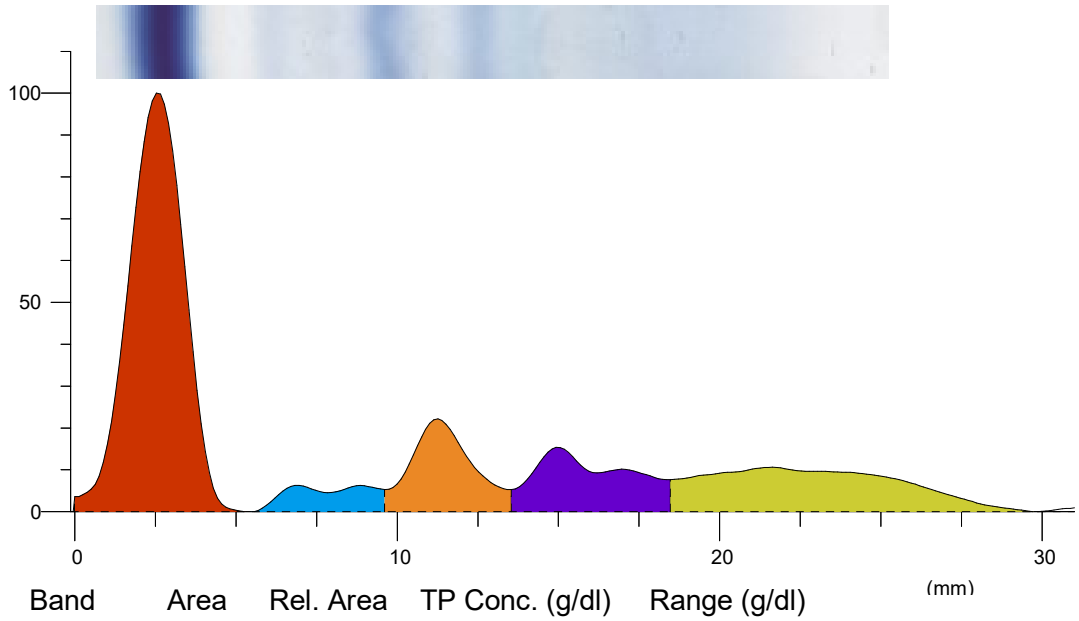
KOS Diagnostic Lab

(A Unit of KOS Healthcare)

PROTEIN ELECTROPHORESIS

NAME	**KAMLESH SHARMA**	**BARCODE ID**	**01520178**
AGE/SEX	**76/f**	**DATE**	**07/11/2024**

Chemistry Results **TP 7.35(g/dl)**



Index	Band	Area	Rel. Area	TP Conc. (g/dl)	Range (g/dl)
1	Albumin	1.067	50.61%	3.72	3.50 ... 5.00
2	Alpha 1	0.102	4.85%	0.36	0.11 ... 0.40
3	Alpha 2	0.258	12.25%	0.90	0.43 ... 1.03
4	Beta	0.264	12.54%	0.92	0.53 ... 1.40
5	Gamma	0.417	19.76%	1.45	0.75 ... 1.80
Total		2.108		7.35	

Ratio A/G 1.02

Comment:-

Protein electrophoresis shows normal pattern. No M band seen. Kindly correlate clinically.

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