

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

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

| | | | |
|-----------------------|--|--------------------------|------------------------|
| NAME | : Mrs. MALA PAUL | PATIENT ID | : 1662770 |
| AGE/ GENDER | : 69 YRS/FEMALE | REG. NO./LAB NO. | : 012411060016 |
| COLLECTED BY | : SURJESH | REGISTRATION DATE | : 06/Nov/2024 09:52 AM |
| REFERRED BY | : | COLLECTION DATE | : 06/Nov/2024 10:04AM |
| BARCODE NO. | : 01520204 | REPORTING DATE | : 06/Nov/2024 10:15AM |
| CLIENT CODE. | : KOS DIAGNOSTIC LAB | | |
| CLIENT ADDRESS | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |

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

HAEMATOLOGY

HAEMOGLOBIN (HB)

| | | | |
|-------------------------------------|-----------------|-------|-------------|
| HAEMOGLOBIN (HB) by CALORIMETRIC | 11 ^L | 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




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PLATELET COUNT (P/C)

| | | | |
|---|--------|------|-----------------|
| PLATELET COUNT (PLT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE & MICROSCOPY | 192000 | /cmm | 150000 - 450000 |
|---|--------|------|-----------------|

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD



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BLOOD GROUP (ABO) AND RH FACTOR TYPING

ABO GROUP
 by SLIDE AGGLUTINATION
 RH FACTOR TYPE
 by SLIDE AGGLUTINATION

A
 POSITIVE




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|-----------|-------|------|-------------------------------|

BLEEDING TIME (BT)

| | | | |
|--------------------------------------|--------------|------|-------|
| BLEEDING TIME (BT) by DUKE METHOD | 2MIN. 25SEC. | MINS | 1 - 5 |
|--------------------------------------|--------------|------|-------|




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|-----------|-------|------|-------------------------------|

CLOTTING TIME (CT)

| | | | |
|--------------------------|--------------|------|-------|
| CLOTTING TIME (CT) | 6MIN. 40SEC. | MINS | 4 - 9 |
| by CAPILLARY TUBE METHOD | | | |




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|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE FASTING (F)

| | | | |
|--|---------------------------|-------|---|
| GLUCOSE FASTING (F): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD) | 124.26^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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| Test Name | Value | Unit | Biological Reference interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

UREA

| | | | |
|--|-------|-------|---------------|
| UREA: SERUM | 21.77 | mg/dL | 10.00 - 50.00 |
| by UREASE - GLUTAMATE DEHYDROGENASE (GLDH) | | | |




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|-----------|-------|------|-------------------------------|

CREATININE

| | | | |
|--|------|-------|-------------|
| CREATININE: SERUM by ENZYMATIC, SPECTROPHOTOMETRY | 0.87 | mg/dL | 0.40 - 1.20 |
|--|------|-------|-------------|




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

IMMUNOPATHOLOGY/SEROLOGY

HEPATITIS C VIRUS (HCV) ANTIBODY: TOTAL

HEPATITIS C ANTIBODY (HCV) TOTAL: SERUM 0.05 S/CO NEGATIVE: < 1.00
by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY) POSITIVE: > 1.00

HEPATITIS C ANTIBODY (HCV) TOTAL NON - REACTIVE
RESULT
by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

INTERPRETATION:-

| RESULT (INDEX) | REMARKS |
|----------------|--|
| < 1.00 | NON - REACTIVE/NOT - DETECTED |
| > =1.00 | REACTIVE/ASYMPTOMATIC/INFECTIVE STATE/CARRIER STATE. |

Hepatitis C (HCV) is an RNA virus of Favivirus group transmitted via blood transfusions, transplantation, injection drug abusers, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10 % of new cases show sexual transmission. As compared to HAV & HBV , chronic infection with HCV occurs in 85 % of infected individuals. In high risk population, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25 %.

USES:

- Indicator of past or present infection, but does not differentiate between Acute/ Chronic/Resolved Infection.
- Routine screening of low and high prevalence population including blood donors.

NOTE:

- False positive results are seen in Auto-immune disease, Rheumatoid Factor, HYpergammaglobulinemia, Paraproteinemia, Passive antibody transfer, Anti-idiotypes and Anti-superoxide dismutase.
- False negative results are seen in early Acute infection, Immunosuppression and Immuno—incompetence.
- HCV-RNA PCR recommended in all reactive results to differentiate between past and present infection.



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

ANTI HUMAN IMMUNODEFICIENCY VIRUS (HIV) DUO ULTRA WITH (P-24 ANTIGEN DETECTION)

HIV 1/2 AND P24 ANTIGEN: SERUM 0.11 S/CO
 by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

HIV 1/2 AND P24 ANTIGEN RESULT NON - REACTIVE
 by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

INTERPRETATION:-

| RESULT (INDEX) | REMARKS |
|----------------|------------------------|
| < 1.00 | NON - REACTIVE |
| > = 1.00 | PROVISIONALLY REACTIVE |


Non-Reactive result implies that antibodies to HIV 1/ 2 have not been detected in the sample . This means that patient has either not been exposed to HIV 1/ 2 infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non Reactive result does not exclude the possibility of exposure or infection with HIV 1/ 2.

RECOMMENDATIONS:

1. Results to be clinically correlated
2. Rarely falsenegativity/positivity may occur.




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

HEPATITIS B SURFACE ANTIGEN (HBsAg) ULTRA

HEPATITIS B SURFACE ANTIGEN (HBsAg): 0.29 S/CO
 SERUM
 by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

HEPATITIS B SURFACE ANTIGEN (HBsAg) NON REACTIVE
 RESULT
 by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)


INTERPRETATION:

| RESULT IN INDEX VALUE | REMARKS |
|-----------------------|----------------|
| < 1.30 | NEGATIVE (-ve) |
| >=1.30 | POSITIVE (+ve) |

Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infection of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2 % normal adolescent and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80 % neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than 6 months indicates carrier state or Chronic Liver disease.




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|-----------|-------|------|-------------------------------|

VDRL

| | | |
|---------------------------------|--------------|--------------|
| VDRL by IMMUNOCHROMATOGRAPHY | NON REACTIVE | NON REACTIVE |
|---------------------------------|--------------|--------------|

INTERPRETATION:

- Does not become positive until 7 - 10 days after appearance of chancre.
- High titer (>1:16) - active disease.**
- Low titer (<1:8) - biological falsepositive test in 90% cases or due to late or late latent syphilis.**
- Treatment of primary syphilis causes progressive decline of negative VDRL within 2 years.
- Rising titer (4X) indicates relapse, reinfection, or treatment failure and need for retreatment.
- May be nonreactive in early primary, late latent, and late syphilis (approx. 25% of cases).
- Reactive and weakly reactive tests should always be confirmed with FTA-ABS (fluorescent treponemal antibody absorption test).**

SHORT TERM FALSE POSITIVE TEST RESULTS (<6 MONTHS DURATION) MAY OCCUR IN:

- Acute viral illnesses (e.g., hepatitis, measles, infectious mononucleosis)
- M. pneumoniae; Chlamydia; Malaria infection.
- Some immunizations
- Pregnancy (rare)

LONG TERM FALSE POSITIVE TEST RESULTS (>6 MONTHS DURATION) MAY OCCUR IN:

- Serious underlying disease e.g., collagen vascular diseases, leprosy, malignancy.
- Intravenous drug users.
- Rheumatoid arthritis, thyroiditis, AIDS, Sjogren's syndrome.
- <10 % of patients older than age 70 years.
- Patients taking some anti-hypertensive drugs.




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CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC EXAMINATION

PHYSICAL EXAMINATION

| | | | |
|---|-------------|----|---------------|
| QUANTITY RECIEVED | 10 | ml | |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i> | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i> | | | |
| TRANSPARANCY | HAZY | | CLEAR |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i> | | | |
| SPECIFIC GRAVITY | >=1.030 | | 1.002 - 1.030 |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i> | | | |


CHEMICAL EXAMINATION


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

MICROSCOPIC EXAMINATION

| | | | |
|------------------------|----------------|------|-------|
| RED BLOOD CELLS (RBCs) | NEGATIVE (-ve) | /HPF | 0 - 3 |
|------------------------|----------------|------|-------|




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 MD (Pathology & Microbiology)
 Chairman & Consultant Pathologist

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


| | | | |
|-----------------------|--|--------------------------|------------------------|
| NAME | : Mrs. MALA PAUL | PATIENT ID | : 1662770 |
| AGE/ GENDER | : 69 YRS/FEMALE | REG. NO./LAB NO. | : 012411060016 |
| COLLECTED BY | : SURJESH | REGISTRATION DATE | : 06/Nov/2024 09:52 AM |
| REFERRED BY | : | COLLECTION DATE | : 06/Nov/2024 10:04AM |
| BARCODE NO. | : 01520204 | REPORTING DATE | : 06/Nov/2024 11:41AM |
| CLIENT CODE. | : KOS DIAGNOSTIC LAB | | |
| CLIENT ADDRESS | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |

| Test Name | Value | Unit | Biological Reference interval |
|---|----------------|------|-------------------------------|
| by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT | | | |
| PUS CELLS | 6-7 | /HPF | 0 - 5 |
| by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT | | | |
| EPITHELIAL CELLS | 5-6 | /HPF | ABSENT |
| by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT | | | |
| CRYSTALS | URATES (+) | | 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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