

(A Unit of KOS Healthcare)



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

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

NAME : Mr. YUDHISTER KUMAR

AGE/ GENDER : 67 YRS/MALE PATIENT ID : 1662972

COLLECTED BY : REG. NO./LAB NO. : 012411060043

 REFERRED BY
 : DR HARPREET SINGH
 REGISTRATION DATE
 : 06/Nov/2024 01:02 PM

 BARCODE NO.
 : 01520231
 COLLECTION DATE
 : 06/Nov/2024 01:03 PM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 06/Nov/2024 01:24 PM

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

Test Name Value Unit Biological Reference interval

HAEMATOLOGY COMPLETE BLOOD COUNT (CBC)

RED BLOOD CELLS (RBCS) COUNT AND INDICES

HAEMOGLOBIN (HB) by CALORIMETRIC	11.9 ^L	gm/dL	12.0 - 17.0
RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	4.39	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	36.9 ^L	%	40.0 - 54.0
MEAN CORPUSCULAR VOLUME (MCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	84.2	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	27.2	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	32.3	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	14.7	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	46.2	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED	19.18	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX by CALCULATED	28.29	RATIO	BETA THALASSEMIA TRAIT:<= 65.0 IRON DEFICIENCY ANEMIA: > 65.0
WHITE BLOOD CELLS (WBCS)			
TOTAL LEUCOCYTE COUNT (TLC) by flow cytometry by SF cube & microscopy	7180	/cmm	4000 - 11000
NUCLEATED RED BLOOD CELLS (nRBCS) by automated 6 part hematology analyzer	NIL		0.00 - 20.00
NUCLEATED RED BLOOD CELLS (nRBCS) %	NIL	%	< 10 %



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DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS MD (PATHOLOGY)



by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER



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Test Name	Value	Unit	Biological Reference interval
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHILS by Flow cytometry by SF cube & microscopy	72 ^H	%	50 - 70
LYMPHOCYTES by Flow cytometry by SF cube & microscopy	21	%	20 - 40
EOSINOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	1	%	1 - 6
MONOCYTES by Flow cytometry by SF cube & microscopy	6	%	2 - 12
BASOPHILS by Flow cytometry by SF cube & microscopy ABSOLUTE LEUKOCYTES (WBC) COUNT	0	%	0 - 1
ABSOLUTE NEUTROPHIL COUNT by Flow cytometry by SF cube & microscopy	5170	/cmm	2000 - 7500
ABSOLUTE LYMPHOCYTE COUNT by Flow cytometry by sf cube & microscopy	1508	/cmm	800 - 4900
ABSOLUTE EOSINOPHIL COUNT by Flow cytometry by sf cube & microscopy	72	/cmm	40 - 440
ABSOLUTE MONOCYTE COUNT by Flow cytometry by SF cube & microscopy	431	/cmm	80 - 880
PLATELETS AND OTHER PLATELET PREDICTIVE	MARKERS.		
PLATELET COUNT (PLT) by hydro dynamic focusing, electrical impedence	198000	/cmm	150000 - 450000
PLATELETCRIT (PCT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	0.27	%	0.10 - 0.36
MEAN PLATELET VOLUME (MPV) by hydro dynamic focusing, electrical impedence	14 ^H	fL	6.50 - 12.0
PLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	106000 ^H	/cmm	30000 - 90000
PLATELET LARGE CELL RATIO (P-LCR) by hydro dynamic focusing, electrical impedence	53.6 ^H	%	11.0 - 45.0
PLATELET DISTRIBUTION WIDTH (PDW) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD	16.6	%	15.0 - 17.0



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KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana KOS Molecular Lab: IInd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt -133 001, Haryana

CLIENT CODE.



KOS Diagnostic Lab (A Unit of KOS Healthcare)



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

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

: 06/Nov/2024 01:42PM

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: KOS DIAGNOSTIC LAB **CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit **Biological Reference interval**

REPORTING DATE

BLEEDING TIME (BT)

BLEEDING TIME (BT) 2MIN. 25SEC. MINS by DUKE METHOD



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Test Name Value Unit **Biological Reference interval**

REPORTING DATE

CLOTTING TIME (CT)

CLOTTING TIME (CT) 6MIN. 15SEC. MINS

by CAPILLARY TUBE METHOD



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Test Name	Value	Unit	Biological Reference interval
	DDOTUDOMDIN TIME CT	LIDIEC (DT/IND)	

PROTHROMBIN TIME STUDIES (PT/INR)

PT TEST (PATIENT) by PHOTO OPTICAL CLOT DETECTION	12.5	SECS	11.5 - 14.5
PT (CONTROL) by PHOTO OPTICAL CLOT DETECTION	12	SECS	
ISI by PHOTO OPTICAL CLOT DETECTION	1.1		
INTERNATIONAL NORMALISED RATIO (INR) by PHOTO OPTICAL CLOT DETECTION	1.05		0.80 - 1.20
PT INDEX by PHOTO OPTICAL CLOT DETECTION	96	%	

INTERPRETATION:-

- 1.INR is the parameter of choice in monitoring adequacy of oral anti-coagulant therapy. Appropriate therapeutic range varies with the disease and treatment intensity.
- 2. Prolonged INR suggests potential bleeding disorder /bleeding complications
- 3. Results should be clinically correlated.
- 4. Test conducted on Citrated Plasma

RECOMMENDED THERAPEUTIC RANGE FOR ORAL ANTI-COAGULANT THERAPY (INR)				
INDICATION		INTERNATIO	NAL NORMALIZED RATIO (INR)	
Treatment of venous thrombosis				
Treatment of pulmonary embolism				
Prevention of systemic embolism in tissue heart valves				
Valvular heart disease	Low Intensity		2.0 - 3.0	
Acute myocardial infarction				
Atrial fibrillation				
Bileaflet mechanical valve in aortic position				
Recurrent embolism				
Mechanical heart valve	High Intensity		2.5 - 3.5	
Antiphospholipid antibodies ⁺		/		

COMMENTS:



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The prothrombin time (PT) and its derived measures of prothrombin ratio (PR) and international normalized ratio (INR) are measures of the efficacy of the extrinsic pathway of coagulation. PT test reflects the adequacy of factors I (fibrinogen), II (prothrombin), V, VII, and X. It is used in conjunction with the activated partial thromboplastin time (aPTT) which measures the intrinsic pathway.

The common causes of prolonged prothrombin time are :

1.Oral Anticoagulant therapy.

2.Liver disease.

3. Vit K. deficiency.

4. Disseminated intra vascular coagulation.

5. Factor 5, 7, 10 or Prothrombin dificiency

*** End Of Report ***



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