



	Dr. Vinay Chopra MD (Pathology & Micr Chairman & Consultar	obiology)	1	am Chopra 1D (Pathology) ant Pathologist	
NAME :	Dr. SANIKA				
AGE/ GENDER :	26 YRS/Female		PATIENT ID	: 166511	18
COLLECTED BY :			REG. NO./LAB NO.	:01241	1080008
REFERRED BY :			REGISTRATION DATI		v/2024 08:24 AM
	01520338 KOS DIAGNOSTIC LAB		COLLECTION DATE REPORTING DATE		v/2024 08:27AM
	6349/1, NICHOLSON ROAD, AMB/	ALA CANT		: 08/100	v/2024 08:47AM
Test Name		Value	Unit		Biological Reference interval
		HAEM	IATOLOGY		
	COMP		LOOD COUNT (CBC)		
RED BLOOD CELLS (1	RBCS) COUNT AND INDICES				
HAEMOGLOBIN (HB)		11.9 ^L	gm/d	L	12.0 - 16.0
by CALORIMETRIC RED BLOOD CELL (RE	BC) COUNT	4.28	Millio	ns/cmm	3.50 - 5.00
by HYDRO DYNAMIC FOC	USING, ELECTRICAL IMPEDENCE				
	OMATED HEMATOLOGY ANALYZER	36.8 ^L	%		37.0 - 50.0
MEAN CORPUSCULAR	VOLUME (MCV)	86.1	fL		80.0 - 100.0
MEAN CORPUSCULAF	R HAEMOGLOBIN (MCH)	27.9	pg		27.0 - 34.0
	COMATED HEMATOLOGY ANALYZER R HEMOGLOBIN CONC. (MCHC)	32.4	g/dL		32.0 - 36.0
by CALCULATED BY AUT	OMATED HEMATOLOGY ANALYZER		Ŭ		
	YON WIDTH (RDW-CV) COMATED HEMATOLOGY ANALYZER	13	%		11.00 - 16.00
	TON WIDTH (RDW-SD)	41.6	fL		35.0 - 56.0
MENTZERS INDEX		20.12	RATIO)	BETA THALASSEMIA TRAIT: <
by CALCULATED					13.0 IRON DEFICIENCY ANEMIA:
					>13.0
GREEN & KING INDE2 by CALCULATED	X	26.24	RATIO)	BETA THALASSEMIA TRAIT:<= 65.0
.,					IRON DEFICIENCY ANEMIA: >
WHITE BLOOD CELL	S (WRCS)				65.0
WHITE BLOOD CELL FOTAL LEUCOCYTE C		8330	/cmm	1	4000 - 11000
by FLOW CYTOMETRY B	Y SF CUBE & MICROSCOPY			-	
NUCLEATED RED BLO	OOD CELLS (nRBCS) HEMATOLOGY ANALYZER	NIL			0.00 - 20.00
	OOD CELLS (nRBCS) %	NIL	%		< 10 %



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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





Dr. Vinay Chopra



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

NAME	: Dr. SANIKA		
AGE/ GENDER	: 26 YRS/Female	PATIENT ID	: 1665118
COLLECTED BY	:	REG. NO./LAB NO.	: 012411080008
REFERRED BY	:	REGISTRATION DATE	: 08/Nov/2024 08:24 AM
BARCODE NO.	: 01520338	COLLECTION DATE	: 08/Nov/2024 08:27AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPORTING DATE	: 08/Nov/2024 08:47AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	58	%	50 - 70
LYMPHOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	30	%	20 - 40
EOSINOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	8 ^H	%	1 - 6
MONOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	4	%	2 - 12
BASOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	0	%	0 - 1
IMMATURE GRANULOCTE (IG) % by flow cytometry by SF cube & microscopy	0	%	0 - 5.0
ABSOLUTE LEUKOCYTES (WBC) COUNT			
ABSOLUTE NEUTROPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	4831	/cmm	2000 - 7500
ABSOLUTE LYMPHOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	2499	/cmm	800 - 4900
ABSOLUTE EOSINOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	666 ^H	/cmm	40 - 440
ABSOLUTE MONOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	333	/cmm	80 - 880
ABSOLUTE BASOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	0	/cmm	0 - 110
ABSOLUTE IMMATURE GRANULOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	0	/cmm	0.0 - 999.0
PLATELETS AND OTHER PLATELET PREDICTIVE	MARKERS.		
PLATELET COUNT (PLT) by hydro dynamic focusing, electrical impedence	324000	/cmm	150000 - 450000
PLATELETCRIT (PCT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	0.33	%	0.10 - 0.36
MEAN PLATELET VOLUME (MPV) by hydro dynamic focusing, electrical impedence	10	fL	6.50 - 12.0
PLATELET LARGE CELL COUNT (P-LCC) by Hydro Dynamic Focusing, electrical impedence	90000	/cmm	30000 - 90000
PLATELET LARGE CELL RATIO (P-LCR) by hydro dynamic focusing, electrical impedence	27.7	%	11.0 - 45.0



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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBA	LA CANTT		
				/
Test Name		Value	Unit	Biological Reference interval
PLATELET DISTRIE	BUTION WIDTH (PDW)	16.6	%	15.0 - 17.0

PLATELET DISTRIBUTION WIDTH (PDW)	16.6	%	15
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			
NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD			



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		hopra & Microbiology) onsultant Pathologist	Dr. Yugam MD CEO & Consultant	(Pathology)
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CLIENT CODE.	: KOS DIAGNOSTIC LAB		EPORTING DATE	: 08/Nov/2024 11:43AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAI), AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
		CLINICAL PA	THOLOCY	
		OUTINE & MICRO	DSCOPIC EXAMIN	ATION
PHYSICAL EXAMIN		10		
QUANTITY RECIEV	ED TANCE SPECTROPHOTOMETRY	10	ml	
COLOUR		AMBER YEL	LOW	PALE YELLOW
TRANSPARANCY	TANCE SPECTROPHOTOMETRY	HAZY		CLEAR
SPECIFIC GRAVITY	TANCE SPECTROPHOTOMETRY	1.01		1.002 - 1.030
CHEMICAL EXAMI				
REACTION		ACIDIC		
PROTEIN	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)
by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY			
SUGAR by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)
pH by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	5.5		5.0 - 7.5
BILIRUBIN	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)
NITRITE		Negative		NEGATIVE (-ve)
UROBILINOGEN	TANCE SPECTROPHOTOMETRY.	Normal	EU/dL	0.2 - 1.0
KETONE BODIES	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)
BLOOD		Negative		NEGATIVE (-ve)
ASCORBIC ACID	TANCE SPECTROPHOTOMETRY TANCE SPECTROPHOTOMETRY	NEGATIVE (-ve)	NEGATIVE (-ve)
RED BLOOD CELLS		NEGATIVE (-ve) /HPF	0 - 3



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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD,	AMBALA CANT	Т	
Test Name		Value	Unit	Biological Reference interval
by MICROSCOPY ON	CENTRIFUGED URINARY SEDIMENT			
PUS CELLS		2-4	/HPF	0 - 5

by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	2 1	/ 111 1	0 0
EPITHELIAL CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	5-7	/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)	ABSENT		ABSENT



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NAME	: Dr. SANIKA					
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CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 10/Nov/2024 04:02PM		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROA	AD, AMBALA CANTT				
Test Name		Value	Unit	Biological Reference interval		
		MICRO	BIOLOGY			
	CULTURE AEROBI	IC BACTERIA AN	D ANTIBIOTIC SENS	SITIVITY: URINE		
CULTURE AND SU	SCEPTIBILITY: URINE					
DATE OF SAMPLE		08-11-20	24			
SPECIMEN SOURCE	E	URINE	URINE			
INCUBATION PERI by AUTOMATED BRO		48 HOURS	5			
CULTURE by AUTOMATED BRO	TH CULTURE	STERILE				
ORGANISM			NO AEROBIC PYOGENIC ORGANISM GROWN AFTER 48 HOURS OF			
by AUTOMATED BROTH CULTURE		INCUBAT	INCUBATION AT 37*C			

AEROBIC SUSCEPTIBILITY: URINE

INTERPRETATION:

TEST PERFORMED AT KOS DIAGNOSTIC LAB. AMBALA CANTT

In urine culture and sensitivity, presence of more than 100,000 organism per mL in midstream sample of urine is considered clinically significant. However in symptomatic patients, a smaller number of bacteria (100 to 10000/mL) may signify infection.
 Colony count of 100 to 10000/ mL indicate infection, if isolate from specimen obtained by suprapubic aspiration or "in-and-out" catheterization or from patients with indwelling catheters.

SUSCEPTIBILITY:

 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..
 A test interpreted as INTERMEDIATE implies that the" Infection due to the isolate may be appropriately treated in body sites where the drugs are

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

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.

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.

*** End Of Report ***





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