

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

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

NAME : Baby. JAPSIRAT KAUR  
AGE/ GENDER : 4 YRS/FEMALE  
COLLECTED BY :  
REFERRED BY :  
BARCODE NO. : 01520629  
CLIENT CODE. : KOS DIAGNOSTIC LAB  
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1669305  
REG. NO./LAB NO. : 012411120010  
REGISTRATION DATE : 12/Nov/2024 09:12 AM  
COLLECTION DATE : 12/Nov/2024 09:14AM  
REPORTING DATE : 12/Nov/2024 10:43AM

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

HAEMATOLOGY  
PERIPHERAL BLOOD SMEAR FOR MALARIA

PERIPHERAL BLOOD SMEAR  
FOR MALARIAL PARASITE (MP)  
by MICROSCOPY

NO MALARIA PARASITE (MP) SEEN IN SMEAR EXAMINED



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

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



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

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

<b>NAME</b>	: <b>Baby. JAPSIRAT KAUR</b>	<b>PATIENT ID</b>	: 1669305
<b>AGE/ GENDER</b>	: 4 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: <b>012411120010</b>
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 12/Nov/2024 09:12 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 12/Nov/2024 09:14AM
<b>BARCODE NO.</b>	: 01520629	<b>REPORTING DATE</b>	: 12/Nov/2024 11:59AM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

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

## IMMUNOPATHOLOGY/SEROLOGY

### C-REACTIVE PROTEIN (CRP)

C-REACTIVE PROTEIN (CRP) QUANTITATIVE: SERUM by NEPHLOMETRY	<b>18.65<sup>H</sup></b>	mg/L	0.0 - 6.0
---	--------------------------	------	-----------

#### INTERPRETATION:

1. C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation.
2. CRP levels can increase dramatically (100-fold or more) after severe trauma, bacterial infection, inflammation, surgery, or neoplastic proliferation.
3. CRP levels (Quantitative) has been used to assess activity of inflammatory disease, to detect infections after surgery, to detect transplant rejection, and to monitor these inflammatory processes.
4. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc.,
5. Elevated values are consistent with an acute inflammatory process.

#### NOTE:

1. Elevated C-reactive protein (CRP) values are nonspecific and should not be interpreted without a complete clinical history.
2. Oral contraceptives may increase CRP levels.



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

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



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

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

<b>NAME</b>	: <b>Baby. JAPSIRAT KAUR</b>	<b>PATIENT ID</b>	: 1669305
<b>AGE/ GENDER</b>	: 4 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: <b>012411120010</b>
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 12/Nov/2024 09:12 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 12/Nov/2024 09:14AM
<b>BARCODE NO.</b>	: 01520629	<b>REPORTING DATE</b>	: 12/Nov/2024 01:31PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

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

**DENGUE FEVER COMBO SCREENING - (NS1 ANTIGEN, IgG AND IgM)**

DENGUE NS1 ANTIGEN - SCREENING <i>by ICT (IMMUNOCHROMATOGRAPHY)</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
DENGUE ANTIBODY IgG - SCREENING <i>by ICT (IMMUNOCHROMATOGRAPHY)</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
DENGUE ANTIBODY IgM - SCREENING <i>by ICT (IMMUNOCHROMATOGRAPHY)</i>	NEGATIVE (-ve)		NEGATIVE (-ve)

**INTERPRETATION:-**

- 1.This is a solid phase immunochromatographic ELISA test for the qualitative detection of the specific IgG and IgM antibodies against the Dengue virus.
- 2.The IgM antibodies take a minimum of 5-10 days in primary infection and 4-5 days in secondary infections to test positive and hence are suitable for the diagnosis of dengue fever only when the fever is approximately one week old.
- 3.The IgG antibodies develop at least two weeks after exposure to primary infection and subsequently remain positive for the rest of the life. A positive result is incapable of differentiating a current infection from a past infection.
- 4.The Dengue NS-1 antigen test is most suited for early diagnosis (within the first week of exposure).



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

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



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

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

<b>NAME</b>	: <b>Baby. JAPSIRAT KAUR</b>	<b>PATIENT ID</b>	: 1669305
<b>AGE/ GENDER</b>	: 4 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: <b>012411120010</b>
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 12/Nov/2024 09:12 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 12/Nov/2024 09:14AM
<b>BARCODE NO.</b>	: 01520629	<b>REPORTING DATE</b>	: 12/Nov/2024 11:59AM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

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

## VITAMINS

### VITAMIN D/25 HYDROXY VITAMIN D3

VITAMIN D (25-HYDROXY VITAMIN D3): SERUM by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	33.2	ng/mL	DEFICIENCY: < 20.0 INSUFFICIENCY: 20.0 - 30.0 SUFFICIENCY: 30.0 - 100.0 TOXICITY: > 100.0
---	------	-------	--

#### INTERPRETATION:

DEFICIENT:	< 20	ng/mL
INSUFFICIENT:	21 - 29	ng/mL
PREFERRED RANGE:	30 - 100	ng/mL
INTOXICATION:	> 100	ng/mL

- Vitamin D compounds are derived from dietary ergocalciferol (from plants, Vitamin D2), or cholecalciferol (from animals, Vitamin D3), or by conversion of 7- dihydrocholecalciferol to Vitamin D3 in the skin upon Ultraviolet exposure.
- 25-OH--Vitamin D represents the main body resevoir and transport form of Vitamin D and transport form of Vitamin D, being stored in adipose tissue and tightly bound by a transport protein while in circulation.
- Vitamin D plays a primary role in the maintenance of calcium homeostatis. It promotes calcium absorption, renal calcium absorption and phosphate reabsorption, skeletal calcium deposition, calcium mobilization, mainly regulated by parathyroid hormone (PTH).
- Severe deficiency may lead to failure to mineralize newly formed osteoid in bone, resulting in rickets in children and osteomalacia in adults.

#### DECREASED:

- Lack of sunshine exposure.
- Inadequate intake, malabsorption (celiac disease)
- Depressed Hepatic Vitamin D 25- hydroxylase activity
- Secondary to advanced Liver disease
- Osteoporosis and Secondary Hyperparathroidism (Mild to Moderate deficiency)
- Enzyme Inducing drugs: anti-epileptic drugs like phenytoin, phenobarbital and carbamazepine, that increases Vitamin D metabolism.

#### INCREASED:

- Hypervitaminosis D is Rare, and is seen only after prolonged exposure to extremely high doses of Vitamin D. When it occurs, it can result in severe hypercalcemia and hyperphosphatemia.

**CAUTION:** Replacement therapy in deficient individuals must be monitored by periodic assessment of Vitamin D levels in order to prevent hypervitaminosis D

**NOTE:-** Dark coloured individuals as compare to whites, is at higher risk of developing Vitamin D deficiency due to excess of melanin pigment which interfere with Vitamin D absorption.



  
 DR.VINAY CHOPRA

CONSULTANT PATHOLOGIST  
 MBBS, MD (PATHOLOGY & MICROBIOLOGY)

  
 DR.YUGAM CHOPRA

CONSULTANT PATHOLOGIST  
 MBBS , MD (PATHOLOGY)





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

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

<b>NAME</b>	: Baby. JAPSIRAT KAUR	<b>PATIENT ID</b>	: 1669305
<b>AGE/ GENDER</b>	: 4 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012411120010
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 12/Nov/2024 09:12 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 12/Nov/2024 09:14AM
<b>BARCODE NO.</b>	: 01520629	<b>REPORTING DATE</b>	: 12/Nov/2024 11:59AM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

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

### VITAMIN B12/COBALAMIN

VITAMIN B12/COBALAMIN: SERUM 248 pg/mL 190.0 - 890.0  
 by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

#### 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 lgestion
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.

\*\*\* End Of Report \*\*\*



  
 DR.VINAY CHOPRA

CONSULTANT PATHOLOGIST  
 MBBS, MD (PATHOLOGY & MICROBIOLOGY)

  
 DR.YUGAM CHOPRA

CONSULTANT PATHOLOGIST  
 MBBS, MD (PATHOLOGY)

