

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

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

NAME	: Mrs. KAVITA	PATIENT ID	: 1670653
AGE/ GENDER	: 29 YRS/FEMALE	REG. NO./LAB NO.	: 012411130039
COLLECTED BY	:	REGISTRATION DATE	: 13/Nov/2024 11:55 AM
REFERRED BY	: LOOMBA HOSPITAL (AMBALA CANTT)	COLLECTION DATE	: 13/Nov/2024 11:58AM
BARCODE NO.	: 01520731	REPORTING DATE	: 13/Nov/2024 12:17PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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HAEMATOLOGY

HAEMOGLOBIN (HB)

HAEMOGLOBIN (HB)	11 ^L	gm/dL	12.0 - 16.0
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by CALORIMETRIC

INTERPRETATION:-

Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the bodys 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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BLEEDING TIME (BT)

BLEEDING TIME (BT) 2 MIN 15 SEC MINS 1 - 5
by DUKE METHOD



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CLOTTING TIME (CT)

CLOTTING TIME (CT) by CAPILLARY TUBE METHOD	5 MIN 52 SEC	MINS	4 - 9
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CLINICAL CHEMISTRY/BIOCHEMISTRY
GLUCOSE RANDOM (R)

GLUCOSE RANDOM (R): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)	122.67	mg/dL	NORMAL: < 140.00 PREDIABETIC: 140.0 - 200.0 DIABETIC: > OR = 200.0
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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-prandial 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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CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC EXAMINATION

PHYSICAL EXAMINATION

QUANTITY RECEIVED	10	ml	
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
COLOUR	AMBER YELLOW		PALE YELLOW
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
TRANSPARANCY	CLEAR		CLEAR
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
SPECIFIC GRAVITY	1.02		1.002 - 1.030
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			

CHEMICAL EXAMINATION


REACTION	NEUTRAL		
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
PROTEIN	Negative		NEGATIVE (-ve)
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
SUGAR	Negative		NEGATIVE (-ve)
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
pH	7		5.0 - 7.5
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
BILIRUBIN	Negative		NEGATIVE (-ve)
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
NITRITE	Negative		NEGATIVE (-ve)
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
UROBILINOGEN	Normal	EU/dL	0.2 - 1.0
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
KETONE BODIES	Negative		NEGATIVE (-ve)
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
BLOOD	Negative		NEGATIVE (-ve)
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
ASCORBIC ACID	NEGATIVE (-ve)		NEGATIVE (-ve)
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			

MICROSCOPIC EXAMINATION

RED BLOOD CELLS (RBCs)	NEGATIVE (-ve)	/HPF	0 - 3
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by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
PUS CELLS	1-2	/HPF	0 - 5
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
EPITHELIAL CELLS	2-3	/HPF	ABSENT
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
CRYSTALS	NEGATIVE (-ve)		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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