



		Chopra y & Microbiology) Consultant Pathologist	Dr. Yugam MD (CEO & Consultant	(Pathology)
NAME	: Mrs. SAPNA			
AGE/ GENDER	: 34 YRS/FEMALE	PAT	IENT ID	: 1673541
COLLECTED BY	:	REG	. NO./LAB NO.	: 012411160048
REFERRED BY	: LOOMBA HOSPITAL (AM	BALA CANTT) REG	ISTRATION DATE	: 16/Nov/2024 12:21 PM
BARCODE NO.	:01520924	COL	LECTION DATE	: 16/Nov/2024 01:01PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REP	ORTING DATE	: 16/Nov/2024 01:52PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROA	AD, AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
HAEMOGLOBIN (H	B)	11.4 ^L	gm/dL	12.0 - 16.0
		HAEMOGLOB	BIN (HB)	
	D)	11.4"	giii/ dL	12.0 - 18.0
INTERPRETATION:-	atain malacula in rad blood a	olls that carries exugen fro	om the lungs to the he	odys tissues and returns carbon dioxide from the
tissues back to the lu	ngs.	50	off the longs to the bo	
A low hemoglobin lev ANEMIA (DECRESED I	el is referred to as ANEMIA o	r low red blood count.		
1) Loss of blood (trau	matic injury, surgery, bleedir	ng, colon cancer or stoma	ch ulcer)	
	ncy (iron, vitamin B12, folate lems (replacement of bone m			
4) Suppression by rec	blood cell synthesis by chen	notherapy drugs		
5) Kidney failure	obin structure (sickle cell ane	mia or thalassemia)		
POLYCYTHEMIA (INČR	REASED HAEMOGLOBIN):	inia or trialassenna).		
1) People in higher a 2) Smoking (Seconda	Ititudes (Physiological)			
3) Dehydration produ	ices a falsely rise in hemoglol	oin due to increased haem	noconcentration	
4) Advanced lung dise 5) Certain tumors	ease (for example, emphysem	a)		
A disorder of the b	one marrow known as polycy	themia rubra vera,		
7) Abuse of the drug chemically raising the	erythropoetin (Epogen) by atl e production of red blood cel	hietes for blood doping pu ls).	rposes (increasing the	amount of oxygen available to the body by

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD





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

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





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BARCODE NO.	: 01520924	COLI	ECTION DATE	: 16/Nov/2024 01:01PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPO	ORTING DATE	: 16/Nov/2024 02:27PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD,	, AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
	CLINI	CAL CHEMISTRY	/BIOCHEMISTR	Y
		GLUCOSE RAN	DOM (R)	
		ULUCUSE RAN		

A random plasma glucose level below 140 mg/dl is considered normal.
 A random glucose level between 140 - 200 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prnadial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.
 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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CLIENT CODE.	: KOS DIAGNOSTIC LAB	R	EPORTING DATE	: 16/Nov/2024 01:59PM	
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	AMBALA CANTT			
Test Name		Value	Unit	Biological Reference interval	
		CUNICAL P	ATHOLOGY		
	LIDINE DAI		OSCOPIC EXAMINA	ATION	
DIIVCICAT EVAM		UTINE & MICK	USCUPIC EXAMINA	ATION	
PHYSICAL EXAMI QUANTITY RECIEV		10	ml		
	CTANCE SPECTROPHOTOMETRY				
COLOUR			LLOW	PALE YELLOW	
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY TRANSPARANCY by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY		HAZY		CLEAR	
		1.01		1.002 1.020	
SPECIFIC GRAVITY	I CTANCE SPECTROPHOTOMETRY	1.01		1.002 - 1.030	
CHEMICAL EXAM	INATION				
REACTION	CTANCE SPECTROPHOTOMETRY	ACIDIC			
PROTEIN	STANCE SPECTROPHOTOWETRT	Negative		NEGATIVE (-ve)	
	CTANCE SPECTROPHOTOMETRY				
SUGAR by DIP STICK/REFLEC	CTANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)	
pH		6.5		5.0 - 7.5	
BILIRUBIN	CTANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)	
	by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY				
NITRITE by DIP STICK/REFLEC	CTANCE SPECTROPHOTOMETRY.	Negative		NEGATIVE (-ve)	
UROBILINOGEN		Normal	EU/dL	0.2 - 1.0	
KETONE BODIES	CTANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)	
	CTANCE SPECTROPHOTOMETRY				
BLOOD by DIP STICK/REFLEC	CTANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)	
ASCORBIC ACID		NEGATIVE	(-ve)	NEGATIVE (-ve)	
by DIP STICK/REFLEC	CTANCE SPECTROPHOTOMETRY AMINATION				
RED BLOOD CELLS		NEGATIVE	(-ve) /HPF	0 - 3	
		TEGHTIVE	(,		



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



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

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Test Name		Value	Unit	Biological Reference interval	
by MICROSCOPY ON O	CENTRIFUGED URINARY SEDIMENT				
PUS CELLS by MICROSCOPY ON (CENTRIFUGED URINARY SEDIMENT	6-8	/HPF	0 - 5	
EPITHELIAL CELLS	S CENTRIEUGED URINARY SEDIMENT	4-5	/HPF	ABSENT	

EPITHELIAL CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	4-5	/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) by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	ABSENT		ABSENT	

** End Of Report



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