

Dr. Vinay Chopra
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 Chairman & Consultant Pathologist

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

| | | | |
|-----------------------|--|--------------------------|------------------------|
| NAME | : Mrs. GEETA KHANNA | PATIENT ID | : 1674112 |
| AGE/ GENDER | : 91 YRS/FEMALE | REG. NO./LAB NO. | : 012411160067 |
| COLLECTED BY | : SURJESH | REGISTRATION DATE | : 16/Nov/2024 06:23 PM |
| REFERRED BY | : | COLLECTION DATE | : 16/Nov/2024 06:24 PM |
| BARCODE NO. | : 01520943 | REPORTING DATE | : 16/Nov/2024 06:37 PM |
| CLIENT CODE. | : KOS DIAGNOSTIC LAB | | |
| 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) <i>by CALORIMETRIC</i> | 8.1^L | gm/dL | 12.0 - 16.0 |
| RED BLOOD CELL (RBC) COUNT <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDEANCE</i> | 2.95^L | Millions/cmm | 3.50 - 5.00 |
| PACKED CELL VOLUME (PCV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 24.6^L | % | 37.0 - 50.0 |
| MEAN CORPUSCULAR VOLUME (MCV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 83.2 | fL | 80.0 - 100.0 |
| MEAN CORPUSCULAR HAEMOGLOBIN (MCH) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 27.3 | pg | 27.0 - 34.0 |
| MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 32.9 | g/dL | 32.0 - 36.0 |
| RED CELL DISTRIBUTION WIDTH (RDW-CV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 14.3 | % | 11.00 - 16.00 |
| RED CELL DISTRIBUTION WIDTH (RDW-SD) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 44.1 | fL | 35.0 - 56.0 |
| MENTZERS INDEX <i>by CALCULATED</i> | 28.2 | RATIO | BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0 |
| GREEN & KING INDEX <i>by CALCULATED</i> | 40.1 | RATIO | BETA THALASSEMIA TRAIT:<= 65.0 IRON DEFICIENCY ANEMIA: > 65.0 |

WHITE BLOOD CELLS (WBCS)

| | | | |
|--|------|------|--------------|
| TOTAL LEUCOCYTE COUNT (TLC) <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 8310 | /cmm | 4000 - 11000 |
| NUCLEATED RED BLOOD CELLS (nRBCS) <i>by AUTOMATED 6 PART HEMATOLOGY ANALYZER</i> | NIL | | 0.00 - 20.00 |
| NUCLEATED RED BLOOD CELLS (nRBCS) % <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | NIL | % | < 10 % |




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| <u>DIFFERENTIAL LEUCOCYTE COUNT (DLC)</u> | | | |
| NEUTROPHILS <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 58 | % | 50 - 70 |
| LYMPHOCYTES <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 30 | % | 20 - 40 |
| EOSINOPHILS <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 4 | % | 1 - 6 |
| MONOCYTES <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 8 | % | 2 - 12 |
| BASOPHILS <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 0 | % | 0 - 1 |
| <u>ABSOLUTE LEUKOCYTES (WBC) COUNT</u> | | | |
| ABSOLUTE NEUTROPHIL COUNT <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 4820 | /cmm | 2000 - 7500 |
| ABSOLUTE LYMPHOCYTE COUNT <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 2493 | /cmm | 800 - 4900 |
| ABSOLUTE EOSINOPHIL COUNT <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 332 | /cmm | 40 - 440 |
| ABSOLUTE MONOCYTE COUNT <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 665 | /cmm | 80 - 880 |
| ABSOLUTE BASOPHIL COUNT <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 0 | /cmm | 0 - 110 |
| <u>PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.</u> | | | |
| PLATELET COUNT (PLT) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 153000 | /cmm | 150000 - 450000 |
| PLATELETCRIT (PCT) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 0.15 | % | 0.10 - 0.36 |
| MEAN PLATELET VOLUME (MPV) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 10 | fL | 6.50 - 12.0 |
| PLATELET LARGE CELL COUNT (P-LCC) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 37000 | /cmm | 30000 - 90000 |
| PLATELET LARGE CELL RATIO (P-LCR) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 24.1 | % | 11.0 - 45.0 |
| PLATELET DISTRIBUTION WIDTH (PDW) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 16.2 | % | 15.0 - 17.0 |

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD



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CLINICAL CHEMISTRY/BIOCHEMISTRY

UREA

| | | | |
|--|-------|-------|---------------|
| UREA: SERUM <i>by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)</i> | 36.53 | mg/dL | 10.00 - 50.00 |
|--|-------|-------|---------------|



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| CREATININE | | | |
| CREATININE: SERUM <i>by ENZYMATIC, SPECTROPHOTOMETRY</i> | 1.51^H | mg/dL | 0.40 - 1.20 |

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ELECTROLYTES COMPLETE PROFILE

| | | | |
|---|--------------------------|--------|---------------|
| SODIUM: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i> | 133.6^L | mmol/L | 135.0 - 150.0 |
| POTASSIUM: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i> | 4.36 | mmol/L | 3.50 - 5.00 |
| CHLORIDE: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i> | 100.2 | mmol/L | 90.0 - 110.0 |

INTERPRETATION:-

SODIUM:-

Sodium is the major cation of extra-cellular fluid. Its primary function in the body is to chemically maintain osmotic pressure & acid base balance & to transmit nerve impulse.

HYPONATREMIA (LOW SODIUM LEVEL) CAUSES:-

1. Low sodium intake.
2. Sodium loss due to diarrhea & vomiting with adequate water and inadequate salt replacement.
3. Diuretics abuses.
4. Salt loosing nephropathy.
5. Metabolic acidosis.
6. Adrenocortical insufficiency .
7. Hepatic failure.

HYPERNATREMIA (INCREASED SODIUM LEVEL) CAUSES:-

1. Hyperapnea (Prolonged)
2. Diabetes insipidus
3. Diabetic acidosis
4. Cushing's syndrome
5. Dehydration

POTASSIUM:-

Potassium is the major cation in the intracellular fluid. 90% of potassium is concentrated within the cells. When cells are damaged, potassium is released in the blood.

HYPOKALEMIA (LOW POTASSIUM LEVELS):-

1. Diarrhoea, vomiting & malabsorption.
2. Severe Burns.
3. Increased Secretions of Aldosterone

HYPERKALEMIA (INCREASED POTASSIUM LEVELS):-

1. Oliguria
2. Renal failure or Shock
3. Respiratory acidosis



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4.Hemolysis of blood

*** End Of Report ***



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