

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

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

NAME : Mrs. ANKITA
AGE/ GENDER : 24 YRS/FEMALE
COLLECTED BY :
REFERRED BY : DR SURESH SHARMA
BARCODE NO. : 01521110
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1676695
REG. NO./LAB NO. : 012411190058
REGISTRATION DATE : 19/Nov/2024 07:08 PM
COLLECTION DATE : 19/Nov/2024 07:10PM
REPORTING DATE : 19/Nov/2024 07:35PM

Test Name	Value	Unit	Biological Reference interval
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HAEMATOLOGY COMPLETE BLOOD COUNT (CBC)

RED BLOOD CELLS (RBCS) COUNT AND INDICES

HAEMOGLOBIN (HB) <i>by CALORIMETRIC</i>	12.4	gm/dL	12.0 - 16.0
RED BLOOD CELL (RBC) COUNT <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	5	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	39.5	%	37.0 - 50.0
MEAN CORPUSCULAR VOLUME (MCV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	79.1 ^L	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	24.7 ^L	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	31.3 ^L	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	16.2 ^H	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	48.2	fL	35.0 - 56.0
MENTZERS INDEX <i>by CALCULATED</i>	15.82	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX <i>by CALCULATED</i>	25.53	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>	14000 ^H	/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>	60	%	50 - 70
LYMPHOCYTES <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>	33	%	20 - 40
EOSINOPHILS <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>	1	%	1 - 6
MONOCYTES <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>	6	%	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>	8400 ^H	/cmm	2000 - 7500
ABSOLUTE LYMPHOCYTE COUNT <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>	4620	/cmm	800 - 4900
ABSOLUTE EOSINOPHIL COUNT <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>	140	/cmm	40 - 440
ABSOLUTE MONOCYTE COUNT <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>	840	/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>	408000	/cmm	150000 - 450000
PLATELETCRIT (PCT) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	0.4 ^H	%	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>	99000 ^H	/cmm	30000 - 90000
PLATELET LARGE CELL RATIO (P-LCR) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	24.4	%	11.0 - 45.0
PLATELET DISTRIBUTION WIDTH (PDW) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	15.7	%	15.0 - 17.0

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD





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ENDOCRINOLOGY

BETA HCG - TOTAL (QUANTITATIVE): MATERNAL

BETA HCG TOTAL, PREGNANCY MATERNAL: < 1.20 mIU/mL < 5.0


SERUM


by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

INTERPRETATION:

MEN:	mIU/ml	< 2.0
NON PREGNANT PRE-MENOPAUSAL WOMEN:	mIU/ml	< 5.0
MENOPAUSAL WOMEN:	mIU/ml	< 7.0
BETA HCG EXPECTED VALUES IN ACCORDANCE TO WEEKS OF GESTATIONAL AGE		
WEEKS OF GESTATION	Unit	Value
4-5	mIU/ml	1500 -23000
5-6	mIU/ml	3400 - 135300
6-7	mIU/ml	10500 - 161000
7-8	mIU/ml	18000 - 209000
8-9	mIU/ml	37500 - 219000
9-10	mIU/ml	42800 - 218000
10-11	mIU/ml	33700 - 218700
11-12	mIU/ml	21800 - 193200
12-13	mIU/ml	20300 - 166100
13-14	mIU/ml	15400 - 190000
2rd TRIMESTER	mIU/ml	2800 - 176100
3rd TRIMESTER	mIU/ml	2800 - 144400




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1.hCG is a Glycoprotein with alpha and beta chains. Beta subunit is specific to hCG.

2.It is largely secreted by trophoblastic tissue. Small amounts may be secreted by fetal tissues and by the adult ant pituitary.

INCREASED :

- 1.Pregnancy
- 2.Gestational site & Non gestational trophoblastic neoplasia.
- 3.In mixed germ cell tumors.

SIGNIFICANTLY HIGHER THAN EXPECTED LEVEL:

- 1.Multiple pregnancies & High risk molar pregnancies are usually associated with levels in excess of one lac mIU/ml.
- 2.Erythroblastosis fetalis & Downs syndrome.

DECREASED:

- 1.Ectopic pregnancy.
- 2.Intra-uterine fetal death.

NOTE:

1.The test becomes positive 7-9 days after the midcycle surge that precedes ovulation (time of blastocyst implantation). Blood levels rise rapidly after this and double every 1.4 - 2 days.

2.Peak values are usually seen at 60-80 days of LMP. The levels then begin to taper and ebb out around the 20th week. These low levels are then maintained throughout pregnancy.

3.Doubling time: In intra-uterine pregnancy, serum hCG levels increase by approximately 66% every 48 hrs. Inappropriately rising serum hCG levels are suggestive of dying or ectopic pregnancy.

CAUTION:

Spuriously high levels (Phantom hCG) may be seen in presence of heterophilic antibodies (found in some normal people). If persistently raised levels are seen in a non-pregnant patient with no evidence of other obvious causes for such an increase a urine hCG assay may help confirm presence of the heterophile antibodies.

*** End Of Report ***




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