

# **KOS Diagnostic Lab**

(A Unit of KOS Healthcare)



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

NAME : Mr. VINEET

AGE/ GENDER : 37 YRS/MALE PATIENT ID : 1680791

COLLECTED BY : REG. NO./LAB NO. : 012411240009

 REFERRED BY
 :
 REGISTRATION DATE
 : 24/Nov/2024 09:20 AM

 BARCODE NO.
 : 01521342
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 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 24/Nov/2024 09:32 AM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

### HAEMATOLOGY HAEMOGLOBIN (HB)

HAEMOGLOBIN (HB)  $10.4^{L}$  gm/dL 12.0 - 17.0

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

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

**NAME** : Mr. VINEET

**AGE/ GENDER** : 37 YRS/MALE **PATIENT ID** : 1680791

**COLLECTED BY** REG. NO./LAB NO. :012411240009

REFERRED BY **REGISTRATION DATE** : 24/Nov/2024 09:20 AM BARCODE NO. :01521342 **COLLECTION DATE** : 24/Nov/2024 09:21AM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 24/Nov/2024 09:51AM

**CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT

**Value** Unit **Biological Reference interval Test Name** 

### **ERYTHROCYTE SEDIMENTATION RATE (ESR)**

ERYTHROCYTE SEDIMENTATION RATE (ESR)

mm/1st hr

by RED CELL AGGREGATION BY CAPILLARY PHOTOMETRY

#### INTERPRETATION:

- 1. ESR is a non-specific test because an elevated result often indicates the presence of inflammation associated with infection, cancer and auto-immune disease, but does not tell the health practitioner exactly where the inflammation is in the body or what is causing it.

  2. An ESR can be affected by other conditions besides inflammation. For this reason, the ESR is typically used in conjunction with other test such
- as C-reactive protein
- 3. This test may also be used to monitor disease activity and response to therapy in both of the above diseases as well as some others, such as systemic lupus erythematosus
  CONDITION WITH LOW ESR

A low ESR can be seen with conditions that inhibit the normal sedimentation of red blood cells, such as a high red blood cell count (polycythaemia), significantly high white blood cell count (leucocytosis), and some protein abnormalities. Some changes in red cell shape (such as sickle cells in sickle cell anaemia) also lower the ESR. NOTE:

- ESR and C reactive protein (C-RP) are both markers of inflammation.
   Generally, ESR does not change as rapidly as does CRP, either at the start of inflammation or as it resolves.
   CRP is not affected by as many other factors as is ESR, making it a better marker of inflammation.
   If the ESR is elevated, it is typically a result of two types of proteins, globulins or fibrinogen.
   Women tend to have a higher ESR, and menstruation and pregnancy can cause temporary elevations.
   Drugs such as doutran mathyldona oral contracentives, popicillamino procesingmide, the only viling, and vitaliance.

- 6. Drugs such as dextran, methyldopa, oral contraceptives, penicillamine procainamide, theophylline, and vitamin A can increase ESR, while aspirin, cortisone, and quinine may decrease it

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



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