

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

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

NAME : Mrs. MEERA CHOPRA
AGE/ GENDER : 51 YRS/FEMALE
COLLECTED BY :
REFERRED BY : CENTRAL PHOENIX CLUB (AMBALA CANTT)
BARCODE NO. : 01521572
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1684395
REG. NO./LAB NO. : 012411270070
REGISTRATION DATE : 27/Nov/2024 07:40 PM
COLLECTION DATE : 27/Nov/2024 07:44PM
REPORTING DATE : 27/Nov/2024 08:38PM

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) by CALORIMETRIC	11.2 ^L	gm/dL	12.0 - 16.0
RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	3.95	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	34.7 ^L	%	37.0 - 50.0
MEAN CORPUSCULAR VOLUME (MCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	87.7	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	27.9	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	31.8 ^L	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	14.5	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	47.4	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED	22.2	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX by CALCULATED	31.68	RATIO	BETA THALASSEMIA TRAIT:<= 65.0 IRON DEFICIENCY ANEMIA: > 65.0

WHITE BLOOD CELLS (WBCS)

TOTAL LEUCOCYTE COUNT (TLC) by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	4680	/cmm	4000 - 11000
NUCLEATED RED BLOOD CELLS (nRBCS) by AUTOMATED 6 PART HEMATOLOGY ANALYZER	NIL		0.00 - 20.00
NUCLEATED RED BLOOD CELLS (nRBCS) % by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	NIL	%	< 10 %



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<u>DIFFERENTIAL LEUCOCYTE COUNT (DLC)</u>			
NEUTROPHILS <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>	27 ^L	%	50 - 70
LYMPHOCYTES <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>	58 ^H	%	20 - 40
EOSINOPHILS <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>	7 ^H	%	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>	1264 ^L	/cmm	2000 - 7500
ABSOLUTE LYMPHOCYTE COUNT <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>	2714	/cmm	800 - 4900
ABSOLUTE EOSINOPHIL COUNT <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>	328	/cmm	40 - 440
ABSOLUTE MONOCYTE COUNT <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>	374	/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>	110000 ^L	/cmm	150000 - 450000
PLATELETCRIT (PCT) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	0.12	%	0.10 - 0.36
MEAN PLATELET VOLUME (MPV) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	11	fL	6.50 - 12.0
PLATELET LARGE CELL COUNT (P-LCC) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	40000	/cmm	30000 - 90000
PLATELET LARGE CELL RATIO (P-LCR) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	36.3	%	11.0 - 45.0
PLATELET DISTRIBUTION WIDTH (PDW) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	17.6 ^H	%	15.0 - 17.0
ADVICE	KINDLY CORRELATE CLINICALLY		



[Signature]

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NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

RECHECKED.




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CLINICAL CHEMISTRY/BIOCHEMISTRY
LACTATE DEHYDROGENASE (LDH): SERUM

LACTATE DEHYDROGENASE (LDH): SERUM	539.5^H	U/L	225.0 - 450.0
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by BASED ON SCE, SPECTROPHOTOMETRY

INTERPRETATION:-

- 1.Lactate dehydrogenase (LDH) activity is present in all cells of the body with highest concentrations in heart, liver, muscle, kidney, lung, and erythrocytes.
- 2.The test can be used for monitoring changes in tumor burden after chemotherapy, although, lactate dehydrogenase elevations in patients with cancer are too erratic to be of use in the diagnosis of cancer

INCREASED (MARKED) :-

- 1.Megaloblastic anemia.
- 2.Untreated pernicious anemia.
- 3.Hodgkins disease.
- 4.Abdominal and lung cancers.
- 5.Severe shock.
- 6.Hypoxia.

INCREASED (MODERATE):-

- 1.Myocardial infarction (MI).
- 2.Pulmonary infarction and pulmonary embolism.
- 3.Leukemia.
- 4.Hemolytic anemia.
- 5.Infectious mononucleosis.
- 6.Progressive muscular dystrophy (especially in the early and middle stages of the disease)
- 7.Liver disease and renal disease.

NOTE:-

- 1.In liver disease, elevations of LDH are not as great as the increases in aspartate amino transferase (AST) and alanine aminotransferase (ALT).
- 2.Serum LDH may be falsely elevated in otherwise healthy individuals which can be due to mechanical destruction of RBCs. Therefore, Possiblity of mechanical errors (Transportation or vigorous shaking) should always be ruled out.

*** End Of Report ***




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