

(A Unit of KOS Healthcare)



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

NAME : Mrs. PUSHPA GUPTA

AGE/ GENDER : 75 YRS/FEMALE **PATIENT ID** : 1687665

COLLECTED BY: SURJESH REG. NO./LAB NO. : 012412010043

 REFERRED BY
 : 01/Dec/2024 01:44 PM

 BARCODE NO.
 : 01521811
 COLLECTION DATE
 : 01/Dec/2024 01:54PM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 01/Dec/2024 02:11PM

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) by CALORIMETRIC	13.9	gm/dL	12.0 - 16.0
RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	5.1 ^H	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	44.5	%	37.0 - 50.0
MEAN CORPUSCULAR VOLUME (MCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	87.3	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	27.3	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	31.3 ^L	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	14.4	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	47.2	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED	17.12	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX by CALCULATED	24.69	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	10870	/cmm	4000 - 11000
NUCLEATED RED BLOOD CELLS (nRBCS) by automated 6 part hematology analyzer	NIL		0.00 - 20.00
NUCLEATED RED BLOOD CELLS (nRBCS) %	NIL	%	< 10 %



DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER

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





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Test Name	Value	Unit	Biological Reference interval			
DIFFERENTIAL LEUCOCYTE COUNT (DLC)						
NEUTROPHILS	64	%	50 - 70			
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY						
LYMPHOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	25	%	20 - 40			
EOSINOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	3	%	1 - 6			
MONOCYTES	8	%	2 - 12			
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY						
BASOPHILS	0	%	0 - 1			
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY						
ABSOLUTE LEUKOCYTES (WBC) COUNT						
ABSOLUTE NEUTROPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	6957	/cmm	2000 - 7500			
ABSOLUTE LYMPHOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	2718	/cmm	800 - 4900			
ABSOLUTE EOSINOPHIL COUNT	326	/cmm	40 - 440			
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE MONOCYTE COUNT	870	/cmm	80 - 880			
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	870	/ CIIIII	00 - 000			
ABSOLUTE BASOPHIL COUNT	0	/cmm	0 - 110			
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY		, 011111	0 110			
ABSOLUTE IMMATURE GRANULOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	0	/cmm	0.0 - 999.0			
PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.						
PLATELET COUNT (PLT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	260000	/cmm	150000 - 450000			
PLATELETCRIT (PCT)	0.26	%	0.10 - 0.36			
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE						
MEAN PLATELET VOLUME (MPV)	10	fL	6.50 - 12.0			
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE						
PLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	65000	/cmm	30000 - 90000			
PLATELET LARGE CELL RATIO (P-LCR) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	24.9	%	11.0 - 45.0			
PLATELET DISTRIBUTION WIDTH (PDW) by hydro dynamic focusing, electrical impedence	15.9	%	15.0 - 17.0			



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KOS Diagnostic Lab (A Unit of KOS Healthcare)



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:01/Dec/2024 02:11PM

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

Test Name Value Unit **Biological Reference interval**

REPORTING DATE

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD



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Value Unit **Biological Reference interval Test Name**

REPORTING DATE

ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)

39^H

mm/1st hr

: 01/Dec/2024 02:24PM

by RED CELL AGGREGATION BY CAPILLARY PHOTOMETRY

INTERPRETATION:

CLIENT CODE.

- 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.
 Progs such as doubtern mathyldona, oral contracentives, popicillamino procesingmide, the only viling, and vitality in the orange of the contracentives.

- 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



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Value Unit **Biological Reference interval Test Name**

IMMUNOPATHOLOGY/SEROLOGY **C-REACTIVE PROTEIN (CRP)**

C-REACTIVE PROTEIN (CRP) QUANTITATIVE: 0.0 - 6.07.62^H mg/L

by NEPHLOMETRY

INTERPRETATION:

C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation.

2. CRP levels can increase dramatically (100-fold or more) after severe trauma, bacterial infection, inflammation, surgery, or neoplastic

3. CRP levels (Quantitative) has been used to assess activity of inflammatory disease, to detect infections after surgery, to detect transplant rejection, and to monitor these inflammatory processes.

4. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc., 5. Elevated values are consistent with an acute inflammatory process.

NOTE:

1. Elevated C-reactive protein (CRP) values are nonspecific and should not be interpreted without a complete clinical history.

2. Oral contraceptives may increase CRP levels.

End Of Report ***



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