



	Dr. Vinay Chopra MD (Pathology & Micr Chairman & Consultan	obiology)		(Pathology)
NAME	: Mr. VISHU SHARMA			
AGE/ GENDER	: 17 YRS/MALE		PATIENT ID	: 1688536
COLLECTED BY	:		REG. NO./LAB NO.	: 012412020047
REFERRED BY	:		REGISTRATION DATE	: 02/Dec/2024 04:10 PM
BARCODE NO.	:01521864		COLLECTION DATE	: 02/Dec/2024 04:14PM
CLIENT CODE. CLIENT ADDRESS	: KOS DIAGNOSTIC LAB : 6349/1, NICHOLSON ROAD, AMB/		REPORTING DATE	: 02/Dec/2024 04:26PM
Test Name		Value	Unit	Biological Reference interva
		HAEM	ATOLOGY	
	СОМР	LETE BLO	DOD COUNT (CBC)	
RED BLOOD CELLS	(RBCS) COUNT AND INDICES			
HAEMOGLOBIN (HB)		13.3	gm/dL	12.0 - 17.0
RED BLOOD CELL (R	BC) COUNT cusing, electrical impedence	4.6	Millions	/cmm 3.50 - 5.00
PACKED CELL VOLUM		41.7	%	35.0 - 49.0
MEAN CORPUSCULA		90.6	fL	80.0 - 100.0
	R HAEMOGLOBIN (MCH) TOMATED HEMATOLOGY ANALYZER	29	pg	27.0 - 34.0
	R HEMOGLOBIN CONC. (MCHC) TOMATED HEMATOLOGY ANALYZER	32	g/dL	32.0 - 36.0
	TION WIDTH (RDW-CV) tomated hematology analyzer	13.4	%	11.00 - 16.00
	TION WIDTH (RDW-SD) TOMATED HEMATOLOGY ANALYZER	45.4	fL	35.0 - 56.0
MENTZERS INDEX		19.7	RATIO	BETA THALASSEMIA TRAIT 13.0 IRON DEFICIENCY ANEMIA >13.0
GREEN & KING INDE	ΣX	26.47	RATIO	BETA THALASSEMIA TRAIT 65.0 IRON DEFICIENCY ANEMIA 65.0
WHITE BLOOD CEL	LS (WBCS)			
TOTAL LEUCOCYTE (COUNT (TLC) by sf cube & microscopy	5600	/cmm	4000 - 11000
NUCLEATED RED BL by AUTOMATED 6 PART	OOD CELLS (nRBCS) THEMATOLOGY ANALYZER	NIL		0.00 - 20.00
NUCLEATED RED BL	OOD CELLS (nRBCS) % TOMATED HEMATOLOGY ANALYZER	NIL	%	< 10 %





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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





Dr. Yugam Chopra

MD (Pathology)

Chairman & Consultant Pathologist **CEO & Consultant Pathologist** NAME : Mr. VISHU SHARMA AGE/ GENDER : 17 YRS/MALE **PATIENT ID** :1688536 **COLLECTED BY** REG. NO./LAB NO. :012412020047 **REFERRED BY REGISTRATION DATE** :02/Dec/2024 04:10 PM **BARCODE NO.** :01521864 **COLLECTION DATE** :02/Dec/2024 04:14PM CLIENT CODE. : KOS DIAGNOSTIC LAB **REPORTING DATE** :02/Dec/2024 04:26PM **CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit **Biological Reference interval DIFFERENTIAL LEUCOCYTE COUNT (DLC) NEUTROPHILS** 71^H % 50 - 70 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY LYMPHOCYTES 21% 20 - 40 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY EOSINOPHILS oL % 1 - 6 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY MONOCYTES 8 % 2 - 12by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY BASOPHILS 0 % 0 - 1 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY **ABSOLUTE LEUKOCYTES (WBC) COUNT** ABSOLUTE NEUTROPHIL COUNT 3976 2000 - 7500 /cmm by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE LYMPHOCYTE COUNT 1176 800 - 4900 /cmm by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE EOSINOPHIL COUNT 0L /cmm 40 - 440 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE MONOCYTE COUNT 448 /cmm 80 - 880 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE BASOPHIL COUNT 0 /cmm 0 - 110 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS. PLATELET COUNT (PLT) 150000 - 450000 164000 /cmm by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PLATELETCRIT (PCT) 0.19 % 0.10 - 0.36 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE MEAN PLATELET VOLUME (MPV) 12 fL 6.50 - 12.0 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 30000 - 90000 PLATELET LARGE CELL COUNT (P-LCC) 59000 /cmm by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE % PLATELET LARGE CELL RATIO (P-LCR) 35.9 11.0 - 45.0

Dr. Vinay Chopra

MD (Pathology & Microbiology)

PLATELET DISTRIBUTION WIDTH (PDW) 16.3 by hydro dynamic focusing, electrical impedence NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD



by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE

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

%



15.0 - 17.0

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	Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathologist		(Pathology)
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Test Name	Value	Unit	Biological Reference interval



DR.YUGAM CHOPRA

CONSULTANT PATHOLOGIST

MBBS, MD (PATHOLOGY)







		hopra & Microbiology) onsultant Pathologist	Dr. Yugan MD CEO & Consultant	(Pathology)
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CLIENT CODE.	: KOS DIAGNOSTIC LAB	RE	PORTING DATE	: 02/Dec/2024 04:58PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAI	D. AMBALA CANTT		
CLIENT ADDRESS		,		
Test Name		Value	Unit	Biological Reference interval
		Value	Y/BIOCHEMIST	





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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

A random plasma glucose level below 140 mg/dl is considered normal.
 A random glucose level between 140 - 200 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prnadial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.
 A random glucose level of above 200 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients. A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.





gm/dL

gm/dL

RATIO

	Dr. Vinay Chop MD (Pathology & Mid Chairman & Consulta	crobiology)	Dr. Yugam MD (I CEO & Consultant F	Pathology)
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Test Name		Value	Unit	Biological Reference interval
		Tuluc		
	LIVER	FUNCTION 1	TEST (COMPLETE)	
BILIRUBIN TOTAL: by DIAZOTIZATION, SPI		0.51	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT by DIAZO MODIFIED, SI	(CONJUGATED): SERUM PECTROPHOTOMETRY	0.16	mg/dL	0.00 - 0.40
BILIRUBIN INDIREC	CT (UNCONJUGATED): SERUM	0.35	mg/dL	0.10 - 1.00
SGOT/AST: SERUM by IFCC, WITHOUT PYF	NDOXAL PHOSPHATE	19.8	U/L	7.00 - 45.00
SGPT/ALT: SERUM by IFCC, WITHOUT PYF	NDOXAL PHOSPHATE	10.9	U/L	0.00 - 49.00
AST/ALT RATIO: SE by CALCULATED, SPEC		1.82	RATIO	0.00 - 46.00
ALKALINE PHOSPH by PARA NITROPHENY PROPANOL	ATASE: SERUM L PHOSPHATASE BY AMINO METHYL	74.59	U/L	50.00 - 370.00
GAMMA GLUTAMYL by SZASZ, SPECTROPI	TRANSFERASE (GGT): SERUM	16.23	U/L	0.00 - 55.0
TOTAL PROTEINS: S		6.09 ^L	gm/dL	6.20 - 8.00

GLOBULIN: SERUM by CALCULATED, SPECTROPHOTOMETRY A : G RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY

INTERPRETATION

ALBUMIN: SERUM

by BROMOCRESOL GREEN

by BIURET, SPECTROPHOTOMETRY

NOTE:- To be correlated in individuals having SGOT and SGPT values higher than Normal Referance Range. USE: - Differential diagnosis of diseases of hepatobiliary system and pancreas.

INCREASED:

> 2
> 2 (Highly Suggestive)
1.4 - 2.0
> 1.5
> 1.3 (Slightly Increased)

4.47

1.62^L

2.76^H





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3.50 - 5.50

2.30 - 3.50

1.00 - 2.00





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Test Name	T	/alue Unit	Biological Reference interval

DECREASED:

1. Acute Hepatitis due to virus, drugs, toxins (with AST increased 3 to 10 times upper limit of normal)

2. Extra Hepatic cholestatis: 0.8 (normal or slightly decreased).

PROGNOSTIC SIGNIFICANCE:

NORMAL	< 0.65
GOOD PROGNOSTIC SIGN	0.3 - 0.6
POOR PROGNOSTIC SIGN	1.2 - 1.6



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

MBBS, MD (PATHOLOGY)





TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



SO 9001 : 2008 CERT		s Healthcare)	CELLENCE IN HEALTHCARE	& DIAGNOSTICS
	Dr. Vinay Chop MD (Pathology & M Chairman & Consul	licrobiology)	Dr. Yugam MD EO & Consultant	(Pathology)
NAME AGE/ GENDER COLLECTED BY REFERRED BY BARCODE NO. CLIENT CODE. CLIENT ADDRESS	: Mr. VISHU SHARMA : 17 YRS/MALE : : : 01521864 : KOS DIAGNOSTIC LAB : 6349/1, NICHOLSON ROAD, AM	REGISTR COLLECT REPORT	[•] ID /LAB NO. ATION DATE ION DATE ING DATE	: 1688536 : 012412020047 : 02/Dec/2024 04:10 PM : 02/Dec/2024 04:14PM : 02/Dec/2024 04:58PM
Test Name		Value	Unit	Biological Reference interval
UREA: SERUM by UREASE - GLUTAM	ATE DEHYDROGENASE (GLDH)	UREA 16.29	mg/dL	
	DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIC	DR.YUGAM CHOPR CONSULTANT PATH MBBS , MD (PATHO	IOLOGIST	

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Test Name		Value	Unit	Biological Reference interval
by ENZYMATIC, SPEC	TROPHOTOMETRY		mg/dL	0.40 - 1.40



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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



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LIENT CODE.	: KOS DIAGNOSTIC		REPORTING DATE	: 02/Dec/2024 04:36PM
LIENT ADDRESS	: 6349/1, NICHOLS	ON ROAD, AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
		ΕΙ Ε <u></u> Γ Γ Γ Γ Γ Γ Γ Γ Γ Γ	COMPLETE PROFILE	
SODIUM: SERUM		ELECTROLITES 142.4	mmol/L	135.0 - 150.0
	E ELECTRODE)			
by ISE (ION SELECTIVE		0 70		
by ISE (ION SELECTIVE POTASSIUM: SERUM by ISE (ION SELECTIVE	A	3.79	mmol/L	3.50 - 5.00
POTASSIUM: SERUM by ISE (ION SELECTIVE CHLORIDE: SERUM	A E ELECTRODE)	3.79 106.8	mmol/L mmol/L	90.0 - 110.0
POTASSIUM: SERUM by ISE (ION SELECTIVE CHLORIDE: SERUM by ISE (ION SELECTIVE NTERPRETATION:- GODIUM:-	A E ELECTRODE) E ELECTRODE) Cation of extra-cellula nerve impulse. V SODIUM LEVEL) CAL	106.8 ar fluid. Its primary function	mmol/L	
POTASSIUM: SERUM by ISE (ION SELECTIVE CHLORIDE: SERUM by ISE (ION SELECTIVE NTERPRETATION:- GODIUM:-	A E ELECTRODE) E ELECTRODE) Cation of extra-cellula nerve impulse. V SODIUM LEVEL) CAL diarrhea & vomiting opathy. Ificiency . EREASED SODIUM LEVE iged)	106.8 ar fluid. Its primary function ISES:- with adequate water and iac	mmol/L	90.0 - 110.0

m

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







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Test Name	Value	Unit	Biological Reference interval

4.Hemolysis of blood



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

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





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		& Microbiology) onsultant Pathologist	Dr. Yugan MD CEO & Consultant	(Pathology)
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Test Name		Value	Unit	Biological Reference interva
DENGUE NS1 ANT		VER ANTIGEN N 0.23	IS1 - ELISA (QUANT INDEX	NEGATIVE: < 0.90
QUANTITATIVE by ELISA (ENZYME LII DENGUE NS1 ANTI RESULT by ELISA (ENZYME LII	IGEN NKED IMMUNOSORBENT ASSAY)		INDEX	
QUANTITATIVE by ELISA (ENZYME LII DENGUE NS1 ANTI RESULT by ELISA (ENZYME LII	IGEN NKED IMMUNOSORBENT ASSAY) IGEN NKED IMMUNOSORBENT ASSAY)	0.23	INDEX	NEGATIVE: < 0.90 BORDERLINE: 0.90 - 1.10 POSITIVE: >=1.10
QUANTITATIVE by ELISA (ENZYME LII DENGUE NS1 ANTI RESULT by ELISA (ENZYME LII INTERPRETATION	IGEN NKED IMMUNOSORBENT ASSAY) IGEN NKED IMMUNOSORBENT ASSAY)	0.23 NEGATIVE DENGUE ANTIGEN NS UNIT	(-ve)	NEGATIVE: < 0.90 BORDERLINE: 0.90 - 1.10 POSITIVE: >=1.10 NEGATIVE (-ve)
QUANTITATIVE by ELISA (ENZYME LII DENGUE NS1 ANT) RESULT by ELISA (ENZYME LII INTERPRETATION VAI	IGEN NKED IMMUNOSORBENT ASSAY) IGEN NKED IMMUNOSORBENT ASSAY)	0.23 NEGATIVE DENGUE ANTIGEN NS UNIT INDEX	(-ve)	NEGATIVE: < 0.90 BORDERLINE: 0.90 - 1.10 POSITIVE: >=1.10 NEGATIVE (-ve) RESULT VEGATIVE (-ve)
QUANTITATIVE by ELISA (ENZYME LII DENGUE NS1 ANTI RESULT by ELISA (ENZYME LII INTERPRETATION	IGEN NKED IMMUNOSORBENT ASSAY) IGEN NKED IMMUNOSORBENT ASSAY) LUE .90 - 1.10	0.23 NEGATIVE DENGUE ANTIGEN NS UNIT	(-ve)	NEGATIVE: < 0.90 BORDERLINE: 0.90 - 1.10 POSITIVE: >=1.10 NEGATIVE (-ve)



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Test Name		Value	Unit	Biological Reference interval
	и	IDAL SLIDE AGGLU	TINATION TEST	
SALMONELLA TYPHI O by SLIDE AGGLUTINATION		NIL	TITRE	1:80
SALMONELLA TYPHI H by SLIDE AGGLUTINATION		NIL	TITRE	1:160
SALMONELLA PARATYPHI AH by slide agglutination		NIL	TITRE	1:160
SALMONELLA PARATYPHI BH by slide agglutination		NIL	TITRE	1:160

INTERPRETATION:

1. Titres of 1:80 or more for "O" agglutinin is considered significant.

2. Titres of 1:160 or more for "H" agglutinin is considered significant.

LIMITATIONS:

1. Agglutinins usually appear by 5th to 6th day of illness of enteric fever, hence a negative result in early stage is inconclusive. The titre then rises till 3rd or 4th week, after which it declines gradually.

2.Lower titres may be found in normal individuals.

3.A single positive result has less significance than the rising agglutination titre, since demonstration of rising titre four or more in 1st and 3rd week is considered as a definite evidence of infection.

4.A simultaneous rise in H agglutinins is suggestive of paratyphoid infection.

NOTE:

TEST PERFORMED AT KOS DIAGNOSTIC LAB. AMBALA CANTT

1. Individuals with prior infection or immunization with TAB vaccine may develop an ANAMNESTIC RESPONSE (False-Positive) during an unrelated fever *i.e* High titres of antibodies to various antigens. This may be differentiated by repitition of the test after a week.

2. The anamnestic response shows only a transient rise, while in enteric fever rise is sustained.

3.H agglutinins tend to persist for many months after vaccination but O agglutinins tend to disappear sooner i.e within 6 months. Therefore rise in Oagglutinins indicate recent infection.

*** End Of Report ***





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