

**Dr. Vinay Chopra**  
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 Chairman & Consultant Pathologist

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

<b>NAME</b>	: Ms. SHALINI	<b>PATIENT ID</b>	: 1689208
<b>AGE/ GENDER</b>	: 24 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: <b>012412030035</b>
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 03/Dec/2024 11:09 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 03/Dec/2024 11:56AM
<b>BARCODE NO.</b>	: 01521906	<b>REPORTING DATE</b>	: 03/Dec/2024 11:50AM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

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>	13.4	gm/dL	12.0 - 16.0
RED BLOOD CELL (RBC) COUNT <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDEANCE</i>	4.91	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	42.3	%	37.0 - 50.0
MEAN CORPUSCULAR VOLUME (MCV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	86.1	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	27.4	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	<b>31.8<sup>L</sup></b>	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	12.9	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	41.7	fL	35.0 - 56.0
MENTZERS INDEX <i>by CALCULATED</i>	17.54	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX <i>by CALCULATED</i>	22.71	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 &amp; MICROSCOPY</i>	4730	/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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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.


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<b><u>DIFFERENTIAL LEUCOCYTE COUNT (DLC)</u></b>			
NEUTROPHILS <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	61	%	50 - 70
LYMPHOCYTES <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	22	%	20 - 40
EOSINOPHILS <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	6	%	1 - 6
MONOCYTES <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	11	%	2 - 12
BASOPHILS <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	0	%	0 - 1
<b><u>ABSOLUTE LEUKOCYTES (WBC) COUNT</u></b>			
ABSOLUTE NEUTROPHIL COUNT <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	2885	/cmm	2000 - 7500
ABSOLUTE LYMPHOCYTE COUNT <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	1041	/cmm	800 - 4900
ABSOLUTE EOSINOPHIL COUNT <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	284	/cmm	40 - 440
ABSOLUTE MONOCYTE COUNT <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	520	/cmm	80 - 880
ABSOLUTE BASOPHIL COUNT <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	0	/cmm	0 - 110
<b><u>PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.</u></b>			
PLATELET COUNT (PLT) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	186000	/cmm	150000 - 450000
PLATELETCRIT (PCT) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	0.21	%	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>	64000	/cmm	30000 - 90000
PLATELET LARGE CELL RATIO (P-LCR) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	34.3	%	11.0 - 45.0
PLATELET DISTRIBUTION WIDTH (PDW) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	16.1	%	15.0 - 17.0

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

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**KOS Diagnostic Lab**  
(A Unit of KOS Healthcare)



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**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	mm/1st hr	0 - 20
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*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 autoimmune 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:**

1. ESR and C - reactive protein (C-RP) are both markers of inflammation.
2. Generally, ESR does not change as rapidly as does CRP, either at the start of inflammation or as it resolves.
3. **CRP is not affected by as many other factors as is ESR, making it a better marker of inflammation.**
4. If the ESR is elevated, it is typically a result of two types of proteins, globulins or fibrinogen.
5. Women tend to have a higher ESR, and menstruation and pregnancy can cause temporary elevations.
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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**COMPLEMENT COMPONENT - C3**

COMPLEMENT COMPONENT - C3 <i>by NEPHLOMETRY</i>	113.76	mg/dL	90.0 - 180.0
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**INTERPRETATION:-**

C3 plays a central role in the activation of complement system. Its activation is required for both classical and alternative complement activation pathways. People with C3 deficiency are susceptible to bacterial infections.

Low levels indicate activation by one or both pathways.

Complement C3 levels may be useful in following the activity of immune complex diseases as most of them show decreased C3 levels.

In the classical pathway, C3-convertase, known as C4b2a, catalyzes the proteolytic cleavage of C3 into C3a and C3b. While in the alternative pathway this effect is induced by C3bBb. C3a is an anaphylotoxin and the precursor of some cytokines such as ASP, and C3b serves as an opsonizing agent. Factor I can cleave C3b into C3c and C3d, the latter of which plays a role in enhancing B cell responses.

Measurement of serum C3 levels are used in the assessment of children suffering from repeated severe bacterial infections and in the work up of some types of kidney disease such as post-infectious glomerulonephritis and shunt nephritis.

**INCREASED IN** - many inflammatory conditions as an acute-phase reactant, active phase of rheumatic diseases (eg, rheumatoid arthritis, SLE), acute viral hepatitis, myocardial infarction, cancer, diabetes mellitus, pregnancy, sarcoidosis, amyloidosis, thyroiditis.

**DECREASED BY** - decreased synthesis (protein malnutrition, congenital deficiency, severe liver disease), increased catabolism (immune complex disease, membranoproliferative glomerulonephritis [75%], SLE, SjAgren syndrome, rheumatoid arthritis, DIC, paroxysmal nocturnal hemoglobinuria, autoimmune hemolytic anemia, gram-negative bacteremia), increased loss (burns, gastroenteropathies).



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**COMPLEMENT COMPONENT - C4**

COMPLEMENT COMPONENT - C4 <i>by NEPHLOMETRY</i>	<b>38.85<sup>H</sup></b>	mg/dL	9.0 - 36.0
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**INTERPRETATION**

C4 is a component of the classic complement pathway. Depressed levels usually indicate classic pathway activation. Low C4 accompanies acute attacks of hereditary angioedema (HAE), and C4 is used as a first-line test for the disease. C1 esterase inhibitor levels are not indicated for the evaluation of hereditary HAE unless C4 is low.

**INCREASED:**

1. Various malignancies (not clinically useful).

**DECREASED:**

1. Decreased synthesis (congenital deficiency),
2. Increased catabolism (SLE, rheumatoid arthritis, proliferative glomerulonephritis, HAE)
3. Increased loss (burns, protein-losing enteropathies).

Rechecked



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**CLINICAL CHEMISTRY/BIOCHEMISTRY**

**LIVER FUNCTION TEST (COMPLETE)**

BILIRUBIN TOTAL: SERUM <i>by DIAZOTIZATION, SPECTROPHOTOMETRY</i>	0.76	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (CONJUGATED): SERUM <i>by DIAZO MODIFIED, SPECTROPHOTOMETRY</i>	0.17	mg/dL	0.00 - 0.40
BILIRUBIN INDIRECT (UNCONJUGATED): SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	0.59	mg/dL	0.10 - 1.00
SGOT/AST: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	18.9	U/L	7.00 - 45.00
SGPT/ALT: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	14.8	U/L	0.00 - 49.00
AST/ALT RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	1.28	RATIO	0.00 - 46.00
ALKALINE PHOSPHATASE: SERUM <i>by PARA NITROPHENYL PHOSPHATASE BY AMINO METHYL PROPANOL</i>	73.25	U/L	40.0 - 130.0
GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM <i>by SZASZ, SPECTROPHOTOMETRY</i>	8.9	U/L	0.00 - 55.0
TOTAL PROTEINS: SERUM <i>by BIURET, SPECTROPHOTOMETRY</i>	6.77	gm/dL	6.20 - 8.00
ALBUMIN: SERUM <i>by BROMOCRESOL GREEN</i>	3.97	gm/dL	3.50 - 5.50
GLOBULIN: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	2.8	gm/dL	2.30 - 3.50
A : G RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	1.42	RATIO	1.00 - 2.00

**INTERPRETATION**

**NOTE:-** To be correlated in individuals having SGOT and SGPT values higher than Normal Reference Range.

**USE:-** Differential diagnosis of diseases of hepatobiliary system and pancreas.

**INCREASED:**

DRUG HEPATOTOXICITY	> 2
ALCOHOLIC HEPATITIS	> 2 (Highly Suggestive)
CIRRHOSIS	1.4 - 2.0
INTRAHEPATIC CHOLESTATIS	> 1.5



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HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS		> 1.3 (Slightly Increased)	
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**DECREASED:**


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



  
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<b>UREA</b>			
UREA: SERUM <i>by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)</i>	12.68	mg/dL	10.00 - 50.00



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<b>CREATININE</b>			
CREATININE: SERUM <i>by ENZYMATIC, SPECTROPHOTOMETRY</i>	0.8	mg/dL	0.40 - 1.20



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<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 03/Dec/2024 11:09 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 03/Dec/2024 11:56AM
<b>BARCODE NO.</b>	: 01521906	<b>REPORTING DATE</b>	: 03/Dec/2024 12:53PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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**IMMUNOPATHOLOGY/SEROLOGY**

**C-REACTIVE PROTEIN (CRP)**

C-REACTIVE PROTEIN (CRP) QUANTITATIVE: SERUM	1.56	mg/L	0.0 - 6.0
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by NEPHLOMETRY

**INTERPRETATION:**

1. 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 proliferation.
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.



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**CLINICAL PATHOLOGY**

**URINE ROUTINE & MICROSCOPIC EXAMINATION**

**PHYSICAL EXAMINATION**

QUANTITY RECEIVED	10	ml	
<i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>			
COLOUR	PALE YELLOW		PALE YELLOW
<i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>			
TRANSPARANCY	CLEAR		CLEAR
<i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>			
SPECIFIC GRAVITY	1.02		1.002 - 1.030
<i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>			

**CHEMICAL EXAMINATION**

REACTION	NEUTRAL		
<i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>			
PROTEIN	Negative		NEGATIVE (-ve)
<i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>			
SUGAR	Negative		NEGATIVE (-ve)
<i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>			
pH	7		5.0 - 7.5
<i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>			
BILIRUBIN	Negative		NEGATIVE (-ve)
<i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>			
NITRITE	Negative		NEGATIVE (-ve)
<i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.</i>			
UROBILINOGEN	Normal	EU/dL	0.2 - 1.0
<i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>			
KETONE BODIES	Negative		NEGATIVE (-ve)
<i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>			
BLOOD	Negative		NEGATIVE (-ve)
<i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>			
ASCORBIC ACID	NEGATIVE (-ve)		NEGATIVE (-ve)
<i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>			

**MICROSCOPIC EXAMINATION**

RED BLOOD CELLS (RBCs)	NEGATIVE (-ve)	/HPF	0 - 3
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Test Name	Value	Unit	Biological Reference interval
<i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>			
PUS CELLS	1-2	/HPF	0 - 5
<i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>			
EPITHELIAL CELLS	2-4	/HPF	ABSENT
<i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>			
CRYSTALS	NEGATIVE (-ve)		NEGATIVE (-ve)
<i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>			
CASTS	NEGATIVE (-ve)		NEGATIVE (-ve)
<i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>			
BACTERIA	NEGATIVE (-ve)		NEGATIVE (-ve)
<i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>			
OTHERS	NEGATIVE (-ve)		NEGATIVE (-ve)
<i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>			
TRICHOMONAS VAGINALIS (PROTOZOA)	ABSENT		ABSENT
<i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>			



  
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**PROTEIN/CREATININE RATIO: RANDOM URINE**

PROTEINS: RANDOM URINE <i>by SPECTROPHOTOMETRY</i>	11.43	mg/dL	5 - 25
CREATININE: RANDOM URINE <i>by SPECTROPHOTOMETRY</i>	98.21	mg/dL	20 - 320
PROTEIN/CREATININE RATIO: RANDOM URINE <i>by SPECTROPHOTOMETRY</i>	0.12		< 0.20

**INTERPRETATION:**

PROTEIN/CREATININE RATIO	REMARKS
< 0.20	NORMAL
0.20 – 1.00	LOW GRADE PROTEINURIA
1.00 – 5.00	MODERATE PROTEINURIA
>5.00	NEPHROSIS

**NOTE:**  
Urinary total proteins are nearly negligible in healthy adults. The Protein Creatinine ratio is a simple and convenient method to quantitate and monitor proteinuria in adults with chronic kidney disease. Patients with 2 or more positive results within a period of 1-2 weeks should be labeled as having persistent proteinuria and investigated further

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



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