

(A Unit of KOS Healthcare)



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

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

NAME : Mr. VIJAY KAPOOR

AGE/ GENDER : 75 YRS/MALE **PATIENT ID** : 1693374

COLLECTED BY : SURJESH REG. NO./LAB NO. : 012412070044

REFERRED BY **REGISTRATION DATE** : 07/Dec/2024 02:18 PM BARCODE NO. :01522121 **COLLECTION DATE** : 07/Dec/2024 02:22PM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 07/Dec/2024 02:36PM

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

Value Unit **Biological Reference interval Test Name**

HAEMATOLOGY COMPLETE BLOOD COUNT (CBC)

RED BLOOD CELLS (RBCS) COUNT AND INDICES

HAEMOGLOBIN (HB) by CALORIMETRIC	13.7	gm/dL	12.0 - 17.0
RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	4.84	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	43.2	%	40.0 - 54.0
MEAN CORPUSCULAR VOLUME (MCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	89.3	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	28.3	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	13.1	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	43.7	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED	18.45	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX by CALCULATED	24.17	RATIO	BETA THALASSEMIA TRAIT:<= 65.0 IRON DEFICIENCY ANEMIA: > 65.0
WHITE BLOOD CELLS (WBCS)			

TOTAL LEUCOCYTE COUNT (TLC) 17840^H /cmm 4000 - 11000 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY NUCLEATED RED BLOOD CELLS (nRBCS) NIL 0.00 - 20.00 by AUTOMATED 6 PART HEMATOLOGY ANALYZER NIL < 10 % NUCLEATED RED BLOOD CELLS (nRBCS) % % by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER



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





CLIENT CODE.

KOS Diagnostic Lab

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Test Name	Value	Unit	Biological Reference interval
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHILS by flow cytometry by sf cube & microscopy	83 ^H	%	50 - 70
LYMPHOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	10 ^L	%	20 - 40
EOSINOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	2	%	1 - 6
MONOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	5	%	2 - 12
BASOPHILS by flow cytometry by sf cube & microscopy ABSOLUTE LEUKOCYTES (WBC) COUNT	0	%	0 - 1
ABSOLUTE NEUTROPHIL COUNT by flow cytometry by sf cube & microscopy	14807 ^H	/cmm	2000 - 7500
ABSOLUTE LYMPHOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	1784	/cmm	800 - 4900
ABSOLUTE EOSINOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	357	/cmm	40 - 440
ABSOLUTE MONOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	892 ^H	/cmm	80 - 880
ABSOLUTE BASOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	0	/cmm	0 - 110
ABSOLUTE IMMATURE GRANULOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	200	/cmm	0.0 - 999.0
PLATELETS AND OTHER PLATELET PREDICTIVE	MARKERS.		
PLATELET COUNT (PLT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	556000 ^H	/cmm	150000 - 450000
PLATELETCRIT (PCT) by hydro dynamic focusing, electrical impedence	0.44 ^H	%	0.10 - 0.36
MEAN PLATELET VOLUME (MPV) by hydro dynamic focusing, electrical impedence	8	fL	6.50 - 12.0
PLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	74000	/cmm	30000 - 90000
PLATELET LARGE CELL RATIO (P-LCR) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	13.3	%	11.0 - 45.0
PLATELET DISTRIBUTION WIDTH (PDW) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	15.9	%	15.0 - 17.0



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Test Name Value Unit **Biological Reference interval**

REPORTING DATE

ADVICE KINDLY CORRELATE CLINICALLY

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

RECHECKED.

CLIENT CODE.



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

Test Name Value Unit Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

UREA

UREA: SERUM 23.81 mg/dL 10.00 - 50.00

by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)



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Test Name Value Unit Biological Reference interval

CREATININE

CREATININE: SERUM 1.09 mg/dL 0.40 - 1.40 by ENZYMATIC, SPECTROPHOTOMETRY

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

Test Name	Value	Unit	Biological Reference interval
	ELECTROLVTES COMP	TETE DDAEH E	

SODIUM: SERUM by ISE (ION SELECTIVE ELECTRODE)	135.3	mmol/L	135.0 - 150.0
POTASSIUM: SERUM by ISE (ION SELECTIVE ELECTRODE)	4.11	mmol/L	3.50 - 5.00
CHLORIDE: SERUM	101.48	mmol/L	90.0 - 110.0

INTERPRETATION:-

SODIUM:-

Sodium is the major cation of extra-cellular fluid. Its primary function in the body is to chemically maintain osmotic pressure & acid base balance & to transmit nerve impulse.

HYPONATREMIA (LOW SODIUM LEVEL) CAUSES:-

- 1. Low sodium intake.
- 2. Sodium loss due to diarrhea & vomiting with adequate water and iadequate salt replacement.
- 3. Diuretics abuses.
- 4. Salt loosing nephropathy.
- 5. Metabolic acidosis.
- 6. Adrenocortical issuficiency.
- 7. Hepatic failure.

HYPERNATREMIA (INCREASED SODIUM LEVEL) CAUSES:-

- 1. Hyperapnea (Prolonged)
- 2. Diabetes insipidus
- 3. Diabetic acidosis
- 4. Cushings syndrome
- 5.Dehydration

POTASSIUM:-

Potassium is the major cation in the intracellular fluid. 90% of potassium is concentrated within the cells. When cells are damaged, potassium is released in the blood.

HYPOKALEMIA (LOW POTASSIUM LEVELS):-

- 1. Diarrhoea, vomiting & malabsorption.
- 2. Severe Burns.
- 3.Increased Secretions of Aldosterone

HYPERKALEMIA (INCREASED POTASSIUM LEVELS):-

- 1.Oliguria
- 2. Renal failure or Shock
- 3. Respiratory acidosis



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Test Name Value Unit **Biological Reference interval**

4. Hemolysis of blood



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Value Unit **Biological Reference interval Test Name**

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

C-REACTIVE PROTEIN (CRP) QUANTITATIVE: 16.54^H 0.0 - 6.0mg/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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