

(A Unit of KOS Healthcare)



Dr. Vinay Chopra
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Chairman & Consultant Pathologist

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

NAME : Mr. AMANDEEP SINGH

AGE/ GENDER : 34 YRS/MALE PATIENT ID : 1693992

COLLECTED BY : REG. NO./LAB NO. : 012412080025

 REFERRED BY
 : 08/Dec/2024 12:03 PM

 BARCODE NO.
 : 01522163
 COLLECTION DATE
 : 08/Dec/2024 12:13PM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 08/Dec/2024 12:17PM

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

	MOGLOBIN (HB) CALORIMETRIC	13.4	gm/dL	12.0 - 17.0
	BLOOD CELL (RBC) COUNT HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	5.19 ^H	Millions/cmm	3.50 - 5.00
	KED CELL VOLUME (PCV) CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	42.1	%	40.0 - 54.0
	N CORPUSCULAR VOLUME (MCV) CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	81.2	fL	80.0 - 100.0
	N CORPUSCULAR HAEMOGLOBIN (MCH) CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	25.9 ^L	pg	27.0 - 34.0
	N CORPUSCULAR HEMOGLOBIN CONC. (MCHC) CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	31.9 ^L	g/dL	32.0 - 36.0
	CELL DISTRIBUTION WIDTH (RDW-CV) CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	14.9	%	11.00 - 16.00
	CELL DISTRIBUTION WIDTH (RDW-SD) CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	45.1	fL	35.0 - 56.0
	TZERS INDEX CALCULATED	15.65	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
	EN & KING INDEX CALCULATED	23.38	RATIO	BETA THALASSEMIA TRAIT:<= 65.0 IRON DEFICIENCY ANEMIA: > 65.0
WHI	TE BLOOD CELLS (WBCS)			

TOTAL LEUCOCYTE COUNT (TLC)
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY

NUCLEATED RED BLOOD CELLS (nRBCS)
by AUTOMATED 6 PART HEMATOLOGY ANALYZER

NUCLEATED RED BLOOD CELLS (nRBCS) %
by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER

NIL

%

4000 - 11000
0.00 - 20.00
0.00 - 20.00
NIL
%
< 10 %</p>



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Test Name	Value	Unit	Biological Reference interval				
DIFFERENTIAL LEUCOCYTE COUNT (DLC)							
NEUTROPHILS	60	%	50 - 70				
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY LYMPHOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	30	%	20 - 40				
EOSINOPHILS	2	%	1 - 6				
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY MONOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	8	%	2 - 12				
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	6966	/cmm	2000 - 7500				
ABSOLUTE LYMPHOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	3483	/cmm	800 - 4900				
ABSOLUTE EOSINOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	232	/cmm	40 - 440				
ABSOLUTE MONOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	929 ^H	/cmm	80 - 880				
ABSOLUTE BASOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	0	/cmm	0 - 110				
PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.							
PLATELET COUNT (PLT) by hydro dynamic focusing, electrical impedence	406000	/cmm	150000 - 450000				
PLATELETCRIT (PCT) by hydro dynamic focusing, electrical impedence	0.39 ^H	%	0.10 - 0.36				
MEAN PLATELET VOLUME (MPV) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	10	fL	6.50 - 12.0				
PLATELET LARGE CELL COUNT (P-LCC) by hydro dynamic focusing, electrical impedence	96000 ^H	/cmm	30000 - 90000				
PLATELET LARGE CELL RATIO (P-LCR) by hydro dynamic focusing, electrical impedence	23.7	%	11.0 - 45.0				
PLATELET DISTRIBUTION WIDTH (PDW) by hydro dynamic focusing, electrical impedence NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD	15.8	%	15.0 - 17.0				



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KOS Diagnostic Lab (A Unit of KOS Healthcare)



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Test Name Value Unit **Biological Reference interval**



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CLINICAL CHEMISTRY/BIOCHEMISTRY

LIPID PROFILE: BASIC

LIPID PROFILE : BASIC							
CHOLESTEROL TOTAL: SERUM by CHOLESTEROL OXIDASE PAP	133.18	mg/dL	OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.0				
TRIGLYCERIDES: SERUM by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)	195.18 ^H	mg/dL	OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199.0 HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0				
HDL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION	36.97	mg/dL	LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 - 60.0 HIGH HDL: > OR = 60.0				
LDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY	57.17	mg/dL	OPTIMAL: < 100.0 ABOVE OPTIMAL: 100.0 - 129.0 BORDERLINE HIGH: 130.0 - 159.0 HIGH: 160.0 - 189.0 VERY HIGH: > OR = 190.0				
NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY	96.21	mg/dL	OPTIMAL: < 130.0 ABOVE OPTIMAL: 130.0 - 159.0 BORDERLINE HIGH: 160.0 - 189.0 HIGH: 190.0 - 219.0 VERY HIGH: > OR = 220.0				
VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY	39.04	mg/dL	0.00 - 45.00				
TOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY	461.54	mg/dL	350.00 - 700.00				
CHOLESTEROL/HDL RATIO: SERUM	3.6	RATIO	LOW RISK: 3.30 - 4.40				



by CALCULATED, SPECTROPHOTOMETRY

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AVERAGE RISK: 4.50 - 7.0



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Test Name	Value	Unit	Biological Reference interval
LDL/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY	1.55	RATIO	MODERATE RISK: 7.10 - 11.0 HIGH RISK: > 11.0 LOW RISK: 0.50 - 3.0 MODERATE RISK: 3.10 - 6.0 HIGH RISK: > 6.0
TRIGLYCERIDES/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY	5.28 ^H	RATIO	3.00 - 5.00

INTERPRETATION:

1. Measurements in the same patient can show physiological analytical variations. Three serial samples 1 week apart are recommended for

Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.

2. As per NLA-2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

3. Low HDL levels are associated with increased risk for Atherosclerotic Cardiovascular disease (ASCVD) due to insufficient HDL being available

to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.

4. NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogeniclipoproteins such as LDL, VLDL, IDL, Lpa, Chylomicron remnants) along with LDL-cholesterol as co- primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL &Non

5. Additional testing for Apolipoprotein B, hsCRP,Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

End Of Report **



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