

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

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

NAME : Mrs. SHIVANI BANSAL  
AGE/ GENDER : 47 YRS/FEMALE  
COLLECTED BY :  
REFERRED BY : CENTRAL PHOENIX CLUB (AMBALA CANTT)  
BARCODE NO. : 01522564  
CLIENT CODE. : KOS DIAGNOSTIC LAB  
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1701223  
REG. NO./LAB NO. : 012412170017  
REGISTRATION DATE : 17/Dec/2024 09:42 AM  
COLLECTION DATE : 17/Dec/2024 09:44AM  
REPORTING DATE : 17/Dec/2024 10:14AM

| Test Name | Value | Unit | Biological Reference interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

COMPLETE HAEMOGRAM (CBC + ESR + PBS)  
COMPLETE BLOOD COUNT (CBC)

RED BLOOD CELLS (RBCS) COUNT AND INDICES

|  |                   |              |  |
|--|-------------------|--------------|--|
| HAEMOGLOBIN (HB)<br>by CALORIMETRIC  | 10.9 <sup>L</sup> | gm/dL        | 12.0 - 16.0  |
| RED BLOOD CELL (RBC) COUNT<br>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE              | 4.81              | Millions/cmm | 3.50 - 5.00  |
| PACKED CELL VOLUME (PCV)<br>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER                 | 36.5 <sup>L</sup> | %            | 37.0 - 50.0  |
| MEAN CORPUSCULAR VOLUME (MCV)<br>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER            | 75.9 <sup>L</sup> | fL           | 80.0 - 100.0   |
| MEAN CORPUSCULAR HAEMOGLOBIN (MCH)<br>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER       | 22.7 <sup>L</sup> | pg           | 27.0 - 34.0  |
| MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC)<br>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER | 29.9 <sup>L</sup> | g/dL         | 32.0 - 36.0  |
| RED CELL DISTRIBUTION WIDTH (RDW-CV)<br>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER     | 17.6 <sup>H</sup> | %            | 11.00 - 16.00  |
| RED CELL DISTRIBUTION WIDTH (RDW-SD)<br>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER     | 51                | fL           | 35.0 - 56.0  |
| MENTZERS INDEX<br>by CALCULATED  | 15.78             | RATIO        | BETA THALASSEMIA TRAIT: < 13.0<br>IRON DEFICIENCY ANEMIA: >13.0  |
| GREEN & KING INDEX<br>by CALCULATED  | 27.82             | RATIO        | BETA THALASSEMIA TRAIT:<= 65.0<br>IRON DEFICIENCY ANEMIA: > 65.0 |

WHITE BLOOD CELLS (WBCS)

|   |      |      |              |
|---|------|------|--------------|
| TOTAL LEUCOCYTE COUNT (TLC)<br>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY              | 6260 | /cmm | 4000 - 11000 |
| NUCLEATED RED BLOOD CELLS (nRBCS)<br>by AUTOMATED 6 PART HEMATOLOGY ANALYZER          | NIL  |      | 0.00 - 20.00 |
| NUCLEATED RED BLOOD CELLS (nRBCS) %<br>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER | NIL  | %    | < 10 %       |



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| <b><u>DIFFERENTIAL LEUCOCYTE COUNT (DLC)</u></b>  |                   |      |                               |
| NEUTROPHILS<br><i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>                         | 60                | %    | 50 - 70                       |
| LYMPHOCYTES<br><i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>                         | 24                | %    | 20 - 40                       |
| EOSINOPHILS<br><i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>                         | 5                 | %    | 1 - 6                         |
| MONOCYTES<br><i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>                           | 11                | %    | 2 - 12                        |
| BASOPHILS<br><i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>                           | 0                 | %    | 0 - 1                         |
| <b><u>ABSOLUTE LEUKOCYTES (WBC) COUNT</u></b>   |                   |      |                               |
| ABSOLUTE NEUTROPHIL COUNT<br><i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>           | 3756              | /cmm | 2000 - 7500                   |
| ABSOLUTE LYMPHOCYTE COUNT<br><i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>           | 1502              | /cmm | 800 - 4900                    |
| ABSOLUTE EOSINOPHIL COUNT<br><i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>           | 313               | /cmm | 40 - 440                      |
| ABSOLUTE MONOCYTE COUNT<br><i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>             | 689               | /cmm | 80 - 880                      |
| ABSOLUTE BASOPHIL COUNT<br><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)<br><i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>              | 418000            | /cmm | 150000 - 450000               |
| PLATELETCRIT (PCT)<br><i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>                | 0.37 <sup>H</sup> | %    | 0.10 - 0.36                   |
| MEAN PLATELET VOLUME (MPV)<br><i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>        | 9                 | fL   | 6.50 - 12.0                   |
| PLATELET LARGE CELL COUNT (P-LCC)<br><i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 79000             | /cmm | 30000 - 90000                 |
| PLATELET LARGE CELL RATIO (P-LCR)<br><i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 19                | %    | 11.0 - 45.0                   |
| PLATELET DISTRIBUTION WIDTH (PDW)<br><i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 15.8              | %    | 15.0 - 17.0                   |

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD



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### ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR) **67<sup>H</sup>** mm/1st hr 0 - 20  
*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 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:

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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### PERIPHERAL BLOOD SMEAR

#### TEST NAME:

**PERIPHERAL BLOOD FILM/SMEAR (PBF)**

#### RED BLOOD CELLS (RBC'S):

Anisocytosis with microcytes & occ. macrocytes. RBCs reveal mild hypochromia. No polychromatic cells or normoblasts present.

#### WHITE BLOOD CELLS (WBC'S):

No immature leucocytes seen.

#### PLATELETS:

Platelets are adequate.

#### HEMOPARASITES:

NOT SEEN.

#### IMPRESSION:

Mild microcytic hypochromic picture.



*[Signature]*

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*[Signature]*

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CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE RANDOM (R)

|   |        |       |  |
|---|--------|-------|--|
| GLUCOSE RANDOM (R): PLASMA<br>by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD) | 109.68 | mg/dL | NORMAL: < 140.00<br>PREDIABETIC: 140.0 - 200.0<br>DIABETIC: > OR = 200.0 |
|---|--------|-------|--|

INTERPRETATION

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A random plasma glucose level below 140 mg/dl is considered normal.
2. A random glucose level between 140 - 200 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.
3. 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.



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#### SGOT/SGPT PROFILE

|  |                         |     |              |
|--|-------------------------|-----|--------------|
| SGOT/AST: SERUM<br><i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i> | <b>50.2<sup>H</sup></b> | U/L | 7.00 - 45.00 |
| SGPT/ALT: SERUM<br><i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i> | 32.9                    | U/L | 0.00 - 49.00 |
| SGOT/SGPT RATIO<br><i>by CALCULATED, SPECTROPHOTOMETRY</i>     | 1.53                    |     |              |

#### 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                      |
| HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS | > 1.3 (Slightly Increased) |

#### 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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**CREATININE**

|                                 |      |       |             |
|---------------------------------|------|-------|-------------|
| CREATININE: SERUM               | 0.98 | mg/dL | 0.40 - 1.20 |
| by ENZYMATIC, SPECTROPHOTOMETRY |      |       |             |



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

|   |                          |      |           |
|---|--------------------------|------|-----------|
| C-REACTIVE PROTEIN (CRP) QUANTITATIVE:<br>SERUM<br>by NEPHLOMETRY | <b>12.19<sup>H</sup></b> | mg/L | 0.0 - 6.0 |
|---|--------------------------|------|-----------|

**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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REGISTRATION DATE : 17/Dec/2024 09:42 AM  
COLLECTION DATE : 17/Dec/2024 09:44AM  
REPORTING DATE : 17/Dec/2024 10:14AM

| Test Name | Value | Unit | Biological Reference interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

## CLINICAL PATHOLOGY

### URINE ROUTINE & MICROSCOPIC EXAMINATION

#### PHYSICAL EXAMINATION

|  |              |    |               |
|--|--------------|----|---------------|
| QUANTITY RECEIVED                          | 10           | ml |               |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY |              |    |               |
| COLOUR                                     | AMBER YELLOW |    | PALE YELLOW   |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY |              |    |               |
| TRANSPARANCY                               | CLEAR        |    | CLEAR         |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY |              |    |               |
| SPECIFIC GRAVITY                           | 1.01         |    | 1.002 - 1.030 |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY |              |    |               |

#### CHEMICAL EXAMINATION

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

#### MICROSCOPIC EXAMINATION

|                        |                |      |       |
|------------------------|----------------|------|-------|
| RED BLOOD CELLS (RBCs) | NEGATIVE (-ve) | /HPF | 0 - 3 |
|------------------------|----------------|------|-------|



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

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



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

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

|                       |  |                          |                        |
|-----------------------|--|--------------------------|------------------------|
| <b>NAME</b>           | : Mrs. SHIVANI BANSAL                  | <b>PATIENT ID</b>        | : 1701223              |
| <b>AGE/ GENDER</b>    | : 47 YRS/FEMALE                        | <b>REG. NO./LAB NO.</b>  | : 012412170017         |
| <b>COLLECTED BY</b>   | :                                      | <b>REGISTRATION DATE</b> | : 17/Dec/2024 09:42 AM |
| <b>REFERRED BY</b>    | : CENTRAL PHOENIX CLUB (AMBALA CANTT)  | <b>COLLECTION DATE</b>   | : 17/Dec/2024 09:44AM  |
| <b>BARCODE NO.</b>    | : 01522564                             | <b>REPORTING DATE</b>    | : 17/Dec/2024 10:14AM  |
| <b>CLIENT CODE.</b>   | : KOS DIAGNOSTIC LAB                   |                          |                        |
| <b>CLIENT ADDRESS</b> | : 6349/1, NICHOLSON ROAD, AMBALA CANTT |                          |                        |

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

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



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

