



Dr. Vinay Chopr MD (Pathology & Mici Chairman & Consultar		nt Pathologist		D (Pathology) It Pathologist	
NAME : Mr	s. GEETA KHANNA				
AGE/ GENDER : 91	YRS/FEMALE		PATIENT ID	: 1701226	
COLLECTED BY : SU	RJESH		REG. NO./LAB NO.	: 012412170020	
REFERRED BY :			REGISTRATION DATE	: 17/Dec/2024 09:44 AM	
BARCODE NO. : 01	522567		COLLECTION DATE	: 17/Dec/2024 09:58AM	
	S DIAGNOSTIC LAB		REPORTING DATE	: 17/Dec/2024 10:20AM	
CLIENT ADDRESS : 63	49/1, NICHOLSON ROAD, AMBA	ALA CANTT			
Test Name		Value	Unit	Biological Reference inter	val
		HAEM	ATOLOGY		
	СОМР	LETE BLO	DOD COUNT (CBC)		
RED BLOOD CELLS (RB	CS) COUNT AND INDICES				
HAEMOGLOBIN (HB)		9.2 ^L	gm/dL	12.0 - 16.0	
by CALORIMETRIC RED BLOOD CELL (RBC) by HYDRO DYNAMIC FOCUSI	COUNT NG, ELECTRICAL IMPEDENCE	3.31 ^L	Millions	3.50 - 5.00	
PACKED CELL VOLUME (28.2 ^L	%	37.0 - 50.0	
MEAN CORPUSCULAR VO		85.1	fL	80.0 - 100.0	
MEAN CORPUSCULAR H. by CALCULATED BY AUTOM.	AEMOGLOBIN (MCH) ATED HEMATOLOGY ANALYZER	27.8	pg	27.0 - 34.0	
by CALCULATED BY AUTOM	EMOGLOBIN CONC. (MCHC) ATED HEMATOLOGY ANALYZER	32.6	g/dL	32.0 - 36.0	
RED CELL DISTRIBUTIO	N WIDTH (RDW-CV) ATED HEMATOLOGY ANALYZER	16.4 ^H	%	11.00 - 16.00	
RED CELL DISTRIBUTIO	N WIDTH (RDW-SD) ated hematology analyzer	50.9	fL	35.0 - 56.0	
MENTZERS INDEX by CALCULATED		25.71	RATIO	BETA THALASSEMIA TRA 13.0 IRON DEFICIENCY ANEMI >13.0	
GREEN & KING INDEX by calculated		42.17	RATIO	BETA THALASSEMIA TRA 65.0 IRON DEFICIENCY ANEMI 65.0	
WHITE BLOOD CELLS (0000		4000 11000	
TOTAL LEUCOCYTE COU by FLOW CYTOMETRY BY SF		6300	/cmm	4000 - 11000	
NUCLEATED RED BLOOI		NIL		0.00 - 20.00	
	AT OLUGT ANALTZER	NIL	%	< 10 %	





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

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.







Dr. Vinay Chopra Dr. Yugam Chopra MD (Pathology & Microbiology) MD (Pathology) Chairman & Consultant Pathologist **CEO & Consultant Pathologist** NAME : Mrs. GEETA KHANNA **AGE/ GENDER** : 91 YRS/FEMALE **PATIENT ID** :1701226 **COLLECTED BY** : SURJESH :012412170020 REG. NO./LAB NO. **REFERRED BY REGISTRATION DATE** : 17/Dec/2024 09:44 AM : **BARCODE NO.** :01522567 **COLLECTION DATE** : 17/Dec/2024 09:58AM CLIENT CODE. : KOS DIAGNOSTIC LAB **REPORTING DATE** : 17/Dec/2024 10:20AM **CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit **Biological Reference interval DIFFERENTIAL LEUCOCYTE COUNT (DLC)** NEUTROPHILS 58 % 50 - 70 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY LYMPHOCYTES 28 % 20 - 40 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY EOSINOPHILS 5 % 1 - 6 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY MONOCYTES 9 % 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 3654 2000 - 7500 /cmm by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE LYMPHOCYTE COUNT 1764 800 - 4900 /cmm by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE EOSINOPHIL COUNT 315 /cmm 40 - 440 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE MONOCYTE COUNT 567 /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 82000^L /cmm by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PLATELETCRIT (PCT) 0.08^L % 0.10 - 0.36 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE MEAN PLATELET VOLUME (MPV) 10 fL 6.50 - 12.0 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 30000 - 90000 PLATELET LARGE CELL COUNT (P-LCC) /cmm 22000^L by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE % PLATELET LARGE CELL RATIO (P-LCR) 26.811.0 - 45.0 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PLATELET DISTRIBUTION WIDTH (PDW) 15.0 - 17.0 16.4% by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE

ADVICE



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

KINDLY CORRELATE CLINICALLY

KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana KOS Molecular Lab: IInd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt -133 001, Haryana 0171-2643898, +91 99910 43898 care@koshealthcare.com www.koshealthcare.com







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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBAL	A CANTT	
Test Name	V	/alue Unit	Biological Reference interval

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

RECHECKED.



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

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	Dr. Vinay Che MD (Pathology & Chairman & Cons	o pra Microbiology) sultant Pathologist	Dr. Yugan MD CEO & Consultant	(Pathology)
NAME AGE/ GENDER COLLECTED BY REFERRED BY BARCODE NO. CLIENT CODE. CLIENT ADDRESS	: Mrs. GEETA KHANNA : 91 YRS/FEMALE : SURJESH : : 01522567 : KOS DIAGNOSTIC LAB : 6349/1, NICHOLSON ROAD, A	RE RE CO RE	TIENT ID 2G. NO./LAB NO. 2GISTRATION DATE 2LLECTION DATE 2PORTING DATE	: 1701226 : 012412170020 : 17/Dec/2024 09:44 AM : 17/Dec/2024 09:58AM : 17/Dec/2024 11:34AM
Test Name		Value	Unit	Biological Reference interval
UREA: SERUM	CLINIC	AL CHEMISTR URI 74.7 ^H	EY/BIOCHEMIST E A mg/dL	'RY 10.00 - 50.00

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Test Name		Value	Unit	Biological Reference in	iterval
		CREATINI	NE		
CREATININE: SERUM		2.19 ^H	mg/dL	0.40 - 1.20	
by ENZ MIANO, OF EO					
CREATININE: SERI				0.40 - 1.20	



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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



Test Name SODIUM: SERUM by ISE (ION SELECTIVE ELECTRODE) POTASSIUM: SERUM by ISE (ION SELECTIVE ELECTRODE) CHLORIDE: SERUM by ISE (ION SELECTIVE ELECTRODE) INTERPRETATION:- SODIUM:- Sodium is the major cation of extra-cellula balance & to transmit nerve impulse. HYPONATREMIA (LOW SODIUM LEVEL) CAU 1. Low sodium intake. 2. Sodium loss due to diarrhea & vomiting 3. Diuretics abuses. 4. Salt loosing nephropathy. 5. Metabolic acidosis. 6. Adrenocortical issuficiency . 7.Hepatic failure. HYPERNATREMIA (INCREASED SODIUM LEVE) 1.Hyperapnea (Prolonged) 2.Diabetes insipidus 3.Diabetic acidosis 4.Cushings syndrome 5.Dehydration		PATIENT ID REG. NO./LAB NO. REGISTRATION DATE COLLECTION DATE REPORTING DATE	: 1701226 : 012412170020 : 17/Dec/2024 09:44 AM : 17/Dec/2024 09:58AM : 17/Dec/2024 11:34AM
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POTASSIUM: SERUM by ISE (ION SELECTIVE ELECTRODE) CHLORIDE: SERUM by ISE (ION SELECTIVE ELECTRODE) INTERPRETATION:- SODIUM:- Sodium is the major cation of extra-cellula balance & to transmit nerve impulse. HYPONATREMIA (LOW SODIUM LEVEL) CAU 1. Low sodium intake. 2. Sodium loss due to diarrhea & vomiting 3. Diuretics abuses. 4. Salt loosing nephropathy. 5. Metabolic acidosis. 6. Adrenocortical issuficiency . 7.Hepatic failure. HYPERNATREMIA (INCREASED SODIUM LEV 1.Hyperapnea (Prolonged) 2.Diabetes insipidus 3.Diabetic acidosis 4.Cushings syndrome 5.Dehydration POTASSIUM:- Potassium is the major cation in the intrad	133.9 ^L	mmol/L	135.0 - 150.0
CHLORIDE: SERUM by ISE (ION SELECTIVE ELECTRODE) INTERPRETATION:- SODIUM:- Sodium is the major cation of extra-cellula balance & to transmit nerve impulse. HYPONATREMIA (LOW SODIUM LEVEL) CAU 1. Low sodium intake. 2. Sodium loss due to diarrhea & vomiting 3. Diuretics abuses. 4. Salt loosing nephropathy. 5. Metabolic acidosis. 6. Adrenocortical issuficiency . 7. Hepatic failure. HYPERNATREMIA (INCREASED SODIUM LEV 1. Hyperapnea (Prolonged) 2. Diabetes insipidus 3. Diabetic acidosis 4. Cushings syndrome 5. Dehydration POTASSIUM:- Potassium is the major cation in the intrad	4.52	mmol/L	3.50 - 5.00
 SODIUM:- Sodium is the major cation of extra-cellula balance & to transmit nerve impulse. HYPONATREMIA (LOW SODIUM LEVEL) CAU 1. Low sodium intake. Sodium loss due to diarrhea & vomiting Diuretics abuses. Salt loosing nephropathy. Metabolic acidosis. Adrenocortical issuficiency . Hepatic failure. HYPERNATREMIA (INCREASED SODIUM LEVE) 1. Hyperapnea (Prolonged) Diabetic acidosis Acushings syndrome Dehydration 	100.43	mmol/L	90.0 - 110.0
Sodium is the major cation of extra-cellula balance & to transmit nerve impulse. HYPONATREMIA (LOW SODIUM LEVEL) CAU 1. Low sodium intake. 2. Sodium loss due to diarrhea & vomiting 3. Diuretics abuses. 4. Salt loosing nephropathy. 5. Metabolic acidosis. 6. Adrenocortical issuficiency . 7. Hepatic failure. HYPERNATREMIA (INCREASED SODIUM LEV 1. Hyperapnea (Prolonged) 2. Diabetes insipidus 3. Diabetic acidosis 4. Cushings syndrome 5. Dehydration POTASSIUM:- Potassium is the major cation in the intrad			
POTASSIUM:- Potassium is the major cation in the intrac	EL) CAUSES:-		
HYPOKALEMIA (LOW POTASSIUM LEVELS):- 1.Diarrhoea, vomiting & malabsorption. 2. Severe Burns. 3.Increased Secretions of Aldosterone HYPERKALEMIA (INCREASED POTASSIUM LE 1.Oliguria 2.Renal failure or Shock 3.Respiratory acidosis		ium is concentrated within t	he cells. When cells are damaged, potassium

KOS Diagnostic Lab (A Unit of KOS Healthcare)

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Test Name		Value Unit	Biological Reference interval

4.Hemolysis of blood

*** End Of Report ***



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