



	Dr. Vinay Chopra MD (Pathology & Micr Chairman & Consultar	obiology)		(Pathology)		
NAME	: Mrs. USHA RANI					
AGE/ GENDER	: 76 YRS/FEMALE		PATIENT ID	: 1709186		
COLLECTED BY	: SURJESH		REG. NO./LAB NO.	: 012412260032		
REFERRED BY	: CENTRAL PHOENIX CLUB (AMBA)	LA CANTT)		: 26/Dec/2024 11:56 AM		
BARCODE NO.	: 01523039		COLLECTION DATE	: 26/Dec/2024 11:57AM		
CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 26/Dec/2024 12:42PM		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMB	ALA CANT'I	ſ			
Test Name		Value	Unit	Biological Reference inter	val	
RED BLOOD CELLS	HAEMATOLOGY COMPLETE BLOOD COUNT (CBC) RED BLOOD CELLS (RBCS) COUNT AND INDICES					
HAEMOGLOBIN (H	B)	9.8 ^L	gm/dL	12.0 - 16.0		
RED BLOOD CELL (RBC) COUNT	3.43 ^L	Millions/	[/] cmm 3.50 - 5.00		
PACKED CELL VOLU	UME (PCV) UTOMATED HEMATOLOGY ANALYZER	30.7 ^L	%	37.0 - 50.0		
MEAN CORPUSCUL. by CALCULATED BY A	AR VOLUME (MCV) utomated hematology analyzer	89.5	fL	80.0 - 100.0		
	AR HAEMOGLOBIN (MCH) UTOMATED HEMATOLOGY ANALYZER	28.5	pg	27.0 - 34.0		
	AR HEMOGLOBIN CONC. (MCHC) UTOMATED HEMATOLOGY ANALYZER	31.8 ^L	g/dL	32.0 - 36.0		
	UTION WIDTH (RDW-CV) UTOMATED HEMATOLOGY ANALYZER	13.5	%	11.00 - 16.00		
	UTION WIDTH (RDW-SD) UTOMATED HEMATOLOGY ANALYZER	45.1	fL	35.0 - 56.0		
MENTZERS INDEX by CALCULATED		26.09	RATIO	BETA THALASSEMIA TRA 13.0 IRON DEFICIENCY ANEMI >13.0		
GREEN & KING INI by CALCULATED		35.14	RATIO	BETA THALASSEMIA TRA 65.0 IRON DEFICIENCY ANEMI 65.0		
WHITE BLOOD CE						
TOTAL LEUCOCYTE	E COUNT (TLC) (by sf cube & microscopy	12250 ^H	/cmm	4000 - 11000		
NUCLEATED RED E	BLOOD CELLS (nRBCS) RT HEMATOLOGY ANALYZER	NIL		0.00 - 20.00		
NUCLEATED RED B	BLOOD CELLS (nRBCS) % INTOMATED HEMATOLOGY ANALYZER	NIL	%	< 10 %		





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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. USHA RANI **AGE/ GENDER** : 76 YRS/FEMALE **PATIENT ID** :1709186 **COLLECTED BY** : SURJESH :012412260032 REG. NO./LAB NO. **REFERRED BY** : CENTRAL PHOENIX CLUB (AMBALA CANTT) **REGISTRATION DATE** : 26/Dec/2024 11:56 AM **BARCODE NO.** :01523039 **COLLECTION DATE** : 26/Dec/2024 11:57AM CLIENT CODE. : KOS DIAGNOSTIC LAB **REPORTING DATE** :26/Dec/2024 12:42PM **CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit **Biological Reference interval DIFFERENTIAL LEUCOCYTE COUNT (DLC)** NEUTROPHILS 86^H % 50 - 70 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY LYMPHOCYTES 6^L % 20 - 40 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY EOSINOPHILS 2 % 1 - 6 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY MONOCYTES 6 % 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 2000 - 7500 10535^H /cmm by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE LYMPHOCYTE COUNT 800 - 4900 735^L /cmm by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE EOSINOPHIL COUNT 245/cmm 40 - 440 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE MONOCYTE COUNT 735 /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 318000 /cmm by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PLATELETCRIT (PCT) 0.34 % 0.10 - 0.36 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE MEAN PLATELET VOLUME (MPV) fL 11 6.50 - 12.0 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 30000 - 90000 PLATELET LARGE CELL COUNT (P-LCC) /cmm 95000^H by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE % PLATELET LARGE CELL RATIO (P-LCR) 29.911.0 - 45.0 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PLATELET DISTRIBUTION WIDTH (PDW) 15.0 - 17.0 15.7%

by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD



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







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Test Name	Value	Unit	Biological Reference interval



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	KOS DIAGNOSTIC LAB		REPORTING DATE	: 26/Dec/2024 02:30PM
	6349/1, NICHOLSON ROAD, AM	BALA CANTT		. 20/ DCC/ 2024 02.001 M
Test Name		Value	Unit	Biological Reference interva
	LIVER	FUNCTION	TRY/BIOCHEMIST N TEST (COMPLETE)	
BILIRUBIN TOTAL: SI		0.4	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (C	CONJUGATED): SERUM CTROPHOTOMETRY	0.18	mg/dL	0.00 - 0.40
BILIRUBIN INDIRECT	(UNCONJUGATED): SERUM	0.22	mg/dL	0.10 - 1.00
SGOT/AST: SERUM by IFCC, WITHOUT PYRID	OXAL PHOSPHATE	23.7	U/L	7.00 - 45.00
SGPT/ALT: SERUM by IFCC, WITHOUT PYRID	OXAL PHOSPHATE	22.8	U/L	0.00 - 49.00
AST/ALT RATIO: SER		1.04	RATIO	0.00 - 46.00
ALKALINE PHOSPHA by PARA NITROPHENYL PROPANOL	TASE: SERUM PHOSPHATASE BY AMINO METHYL	80.03	U/L	40.0 - 130.0
GAMMA GLUTAMYL T by SZASZ, SPECTROPHT	RANSFERASE (GGT): SERUM	32.32	U/L	0.00 - 55.0
TOTAL PROTEINS: SE by BIURET, SPECTROPHO	RUM	4.85 ^L	gm/dL	6.20 - 8.00
ALBUMIN: SERUM by BROMOCRESOL GREE	EN	3.69	gm/dL	3.50 - 5.50
GLOBULIN: SERUM by CALCULATED, SPECT	ROPHOTOMETRY	1.16 ^L	gm/dL	2.30 - 3.50
A : G RATIO: SERUM by CALCULATED, SPECTA	ROPHOTOMETRY	3.18 ^H	RATIO	1.00 - 2.00

INTERPRETATION

NOTE:- To be correlated in individuals having SGOT and SGPT values higher than Normal Referance 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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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT	ſ	
Test Name	Value	Unit	Biological Reference interval
HEPATOCELLULAR C	ARCINOMA & CHRONIC HEPATITIS	> 1.3 (Slightly Inc	reased)

 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 cholestatis: 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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Dr. Vinay Cho MD (Pathology & M Chairman & Consu

Ostic Lab OS Healthcare)	EXCELLENCE IN HEALTHCARE & DIAGNOSTICS	
pra Microbiology) Iltant Pathologist	Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist	

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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		
Test Name	Value	Ilmit	Biological Reference interval

Т	est Name	Value	Unit	Biological Reference interv	al
		UREA			
	REA: SERUM by urease - glutamate dehydrogenase (gldh)	37.16	mg/dL	10.00 - 50.00	

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		& Microbiology)	Dr. Yugam (MD (Pa CEO & Consultant Pa	athology)
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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD), AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interva
		CREATININ	IE	
CREATININE: SERU		1.23 ^H	mg/dL	0.40 - 1.20





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Dr. Vinay Chopra MD (Pathology: & Microbiology) Cost Consultant Pathology: Dr. Yugan Chopra MD (Pathology: Cost Consultant Pathology: Cost Consultant Pathology: NAME :: Mrs. USHA RANI AGE/ GENDER : Mrs. USHA RANI Cost Consultant Pathology: NAME :: Mrs. USHA RANI AGE/ GENDER : FORS/FEMALE COLLECTED BY : SUBJESH REG. NO./LAB NO. ICHEFTRED BY : CENTRAL PHOENIX CLUB (AMBALA CANTT REG. NO./LAB NO. BARCODE NO. : 01523039 COLLECTION DATE : 26/Dec/2024 11:55 AM BARCODE NO. : 01523039 COLLECTION DATE : 26/Dec/2024 11:55 AM CLIENT CODE : 05369/1. NICHOLSON ROAD, AMBALA CANTT : 26/Dec/2024 01:11PM CLIENT ADDRESS : 0349/1. NICHOLSON ROAD, AMBALA CANTT : 26/Dec/2024 01:11PM SUDUM: SERUM : 0319. : 031.0 : 030.0 : 030.0 NOT SERUM : 037.9 mmol/1 : 035.0 : 50.0 Not SERUM : 037.9 mmol/1 : 035.0 : 50.0 Not SERUM : 034.3 mmol/1 : 00.0 : 110.0 Not SERUM : 034.43 mmol/1 : 00.0 : 110.0 Not SERUM : 034.3 : 00.0 : 00.0 </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>						
AGE / GENDER : 76 YRS/FEMALE PATIENT ID : 1709186 COLLECTED BY :SURJESH REG. NO./LAB NO. 2012412260032 REFERED BY :CENTRAL PHOENIX CLUB (AMBALA CANTT) REGISTRATION DATE : 260/Dec/2024 11:56 AM BARCODE NO. 20153030 COLLECTION DATE : 260/Dec/2024 11:57 AM CLIENT CODE : KOS DIAGNOSTIC LAB REDORTING DATE : 260/Dec/2024 11:57 AM CLIENT CODE : KOS DIAGNOSTIC LAB REDORTING CATE : 260/Dec/2024 01:11PM CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Fet Name Value Value Vult : 0000 Data in the CLEAR CODE : 1000 Data in the CLEAR CODE : 1000 by 56 (1000 SELECTIVE ELECTRODE) 137.9 mmol/L : 135.0 - 150.0 by 56 (1000 SELECTIVE ELECTRODE) 4.01 mmol/L : 3.50 - 5.00 by 56 (1000 SELECTIVE ELECTRODE) 4.01 mmol/L : 3.50 - 5.00 by 56 (1000 SELECTIVE ELECTRODE) 0.00 - 110.0 by 56 (1000 SELECTIVE ELECTRODE) 0.00 - 10.0 by 56 (1000 SELECTIVE ELECTRODE) 0.00 - 10.0 by 56 (1000 SELECTIVE ELECTRODE) 0.00 - 10.0 CLEAR COME DIA SELECTIVE ELECTRODE) 0.00 - 10.0 CLEAR COME DIA SELECTIVE ELECTRODE 0.00 - 00.0 CLEAR COME DIA SELECTIVE 0.00 - 0.0 CL		MD (Pathology	& Microbiology)	MD ((Pathology)	
ELECTROLYTES COMPLETE PROFILE SODIUM: SERUM by SE (007 SELECTIVE ELECTRODE) 103.43 mmol/L 3.50 - 5.00 by SE (007 SELECTIVE ELECTRODE) 103.43 mmol/L 90.0 - 110.0 by SE (007 SELECTIVE ELECTRODE) 103.43 mmol/L 90.0 - 110.0 by SE (007 SELECTIVE ELECTRODE) 103.43 mmol/L 90.0 - 110.0 by SE (007 SELECTIVE ELECTRODE) 103.43 mmol/L 90.0 - 110.0 by SE (007 SELECTIVE ELECTRODE) 102.0 1	AGE/ GENDER COLLECTED BY REFERRED BY BARCODE NO. CLIENT CODE.	: 76 YRS/FEMALE : SURJESH : CENTRAL PHOENIX CLUB (A : 01523039 : KOS DIAGNOSTIC LAB	AMBALA CANTT)	REG. NO./LAB NO. REGISTRATION DATE COLLECTION DATE	: 012412260032 : 26/Dec/2024 11:56 AM : 26/Dec/2024 11:57AM	
SODIUM: SERUM 137.9 mmol/L 135.0 - 150.0 by ISE (ION SELECTIVE ELECTRODE) 4.01 mmol/L 3.50 - 5.00 POTASSIUM: SERUM 103.43 mmol/L 90.0 - 110.0 by ISE (ION SELECTIVE ELECTRODE) 103.43 mmol/L 90.0 - 110.0 by ISE (ION SELECTIVE ELECTRODE) 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 palance & to transmit nerve impulse. HYPONATENTIA (LOW SODIUM LEVEL) CAUSES:- 1. Low sodium intake. 2. 1. Low sodium intake. 2. Sodium ics baues. 3. 3. Subolic acidosis. 5. Adrenocritical issuficiency . . 4. Sati loosing nephropathy. 5. Adrenocritical issuficiency . . 7. Hepatic failure. 9. Ortassium Chings syndrome . . . 1. Jobertic acidosis 1. Jobertic acidosis 1. Obrotics additionery	Fest Name		Value	Unit	Biological Reference interv	val
ODIUM: SERUM 137.9 mmol/L 135.0 - 150.0 by ISE (ION SELECTIVE ELECTRODE) 4.01 mmol/L 3.50 - 5.00 OTASSIUM: SERUM 103.43 mmol/L 90.0 - 110.0 by ISE (ION SELECTIVE ELECTRODE) 103.43 mmol/L 90.0 - 110.0 by ISE (ION SELECTIVE ELECTRODE) VIERPRETATION:- 00.0 - 110.0 VIERPRETATION:- DUIM:- odium is the major cation of extra-cellular fluid. Its primary function in the body is to chemically maintain osmotic pressure & acid base alance & to transmit nerve impulse. PPONATEEMIA (ION SODIUM LEVEL) CAUSES:- Low sodium intake. Sodium loss due to diarrhea & vomiting with adequate water and iadequate salt replacement. . Jouretics abuses. Salt loosing nephropathy. . . Adrenocortical issuficiency Hyperapnea (Prolonged) . . . Diabetic acidosis <t< td=""><td></td><td>FL</td><td>ECTROLYTES (</td><td>COMPLETE PROFILE</td><td></td><td></td></t<>		FL	ECTROLYTES (COMPLETE PROFILE		
by / SE (00/ SELECTIVE ELECTRODE) OTASSIUM: SERUM 4.01 mmol/L 3.50 - 5.00 by / SE (00/ SELECTIVE ELECTRODE) HLORDE: SERUM 00/ SELECTIVE ELECTRODE) HTORDE: SERUM 00/ SELECTIVE ELECTRODE) UTERPETATION: ODIUM: odium is the major cation of extra-cellular fluid. Its primary function in the body is to chemically maintain osmotic pressure & acid base alance & to transmit nerve impulse. YPONATEMIA (LOW SODIUM LEVEL) CAUSES: . Low sodium intake. . Sodium lotsk ue to diarrhea & vomiting with adequate water and iadequate salt replacement. . Diuretics abuses. . Salt lossing nephropathy. . Metabolic acidosis. . Adrenocortical issuficiency . . Hepatic failure. YPERNATREMIA (NOREASED SODIUM LEVEL) CAUSES: . Hyperapnea (Prolonged) . Diabetes insipidus . Diabete insipidus . Diabete insipidus . Diabete insipidus . Diabete insipidus . Diabete acidosis . Adrenocortical issufficency . . Hyperapnea (Prolonged) . Diabetes insipidus . Diabete acidosis . Diabete acidosis . Susting syndrome . Dehydration	ODIUM: SERUM				135.0 - 150.0	
THLORIDE: SERUM 103.43 mmol/L 90.0 - 110.0 by ISE (ION SELECTIVE ELECTRODE) MIREPRETATION: ODUM: Goldum 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. IVPONATREMIA (LOW SODIUM LEVEL) CAUSES: 1. Low sodium intake. 9. Sodium loss due to diarrhea & vomiting with adequate water and iadequate salt replacement. 1. Diuretics abuses. 4. Salt lossing nephropathy. Metabolic acidosis. • Metabolic acidosis. • Adrenocortical issuficiency . Hyperapnea (Prolonged) • Diabetic acidosis • Cushings syndrome • Dehydration VTASSIUM: Votassium is the major cation in the intracellular fluid. 90% of potassium is concentrated within the cells. When cells are damaged, potassium eleased in the blood. VPCALENTIA (LOW POTASSIUM LEVELS):- • Diaheytic acidosis • Severe Burns. • Severe Burns. • Severe Burns. • Severe Burns. • Coliguria • Repaid failure or Shock	OTASSIUM: SERUM	1	4.01		3.50 - 5.00	
NTERPRETATION:: ODUM:: odium is the major cation of extra-cellular fluid. Its primary function in the body is to chemically maintain osmotic pressure & acid base salance & to transmit nerve impulse. IVPONATREMIA (LOW SODIUM LEVEL) CAUSES:: . Low sodium intake. Sodium loss due to diarrhea & vomiting with adequate water and iadequate salt replacement. . Divretics abuses. 4. Salt loosing nephropathy. . Metabolic acidosis. . Adrenocortical issuficiency . Hepatic failure. IVPERNATEEMIA (INCREASED SODIUM LEVEL) CAUSES:- Hyperapnea (Prolonged) . Diabetic acidosis . Cushings syndrome . Dehydration VOTASSIUM: votassium is the major cation in the intracellular fluid. 90% of potassium is concentrated within the cells. When cells are damaged, potassium leased in the blood. VPOKALEMIA (LOW POTASSIUM LEVELS):- . Diarrhoea, vomiting & malabsorption. . Severe Burns. . Increased Secretions of Aldosterone VPERNATEMIA (INCREASED POTASSIUM LEVELS):- . Oliguria . Renal failure or Shock	CHLORIDE: SERUM		103.43	mmol/L	90.0 - 110.0	
Potassium is the major cation in the intracellular fluid. 90% of potassium is concentrated within the cells. When cells are damaged, potassium 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	 Sodium loss due to Diuretics abuses. Salt loosing nephro Metabolic acidosis. Adrenocortical issu Hepatic failure. HYPERNATREMIA (INC) Hyperapnea (Prolong) Diabetes insipidus Diabetic acidosis Cushings syndrome Dehydration 	pathy. ficiency . REASED SODIUM LEVEL) CAUSE		lequate salt replacement.		
	eleased in the blood. HYPOKALEMIA (LOW F 1. Diarrhoea, vomiting 2. Severe Burns. 3. Increased Secretions HYPERKALEMIA (INCRE 1. Oliguria 2. Renal failure or Shor	POTASSIUM LEVELS):- & malabsorption. s of Aldosterone EASED POTASSIUM LEVELS):- ck	id. 90% of potassiu	um is concentrated within t	he cells. When cells are damaged, potass	sium is





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

4.Hemolysis of blood

*** End Of Report ***



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