

(A Unit of KOS Healthcare)



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

NAME : Mrs. GEETA KHANNA

**AGE/ GENDER** : 91 YRS/FEMALE **PATIENT ID** : 1718880

COLLECTED BY : REG. NO./LAB NO. : 012501080017

 REFERRED BY
 : 08/Jan/2025 09:46 AM

 BARCODE NO.
 : 01523602
 COLLECTION DATE
 : 08/Jan/2025 10:13AM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 08/Jan/2025 10:29AM

**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

HAEMOGLOBIN (HB) by CALORIMETRIC	4.4 <sup>L</sup>	gm/dL	12.0 - 16.0
RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	1.61 <sup>L</sup>	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	14.4 <sup>L</sup>	%	37.0 - 50.0
MEAN CORPUSCULAR VOLUME (MCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	91.6	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	28.4	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	31.1 <sup>L</sup>	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	18.5 <sup>H</sup>	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	59.7 <sup>H</sup>	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED	56.89	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX by CALCULATED	109.38	RATIO	BETA THALASSEMIA TRAIT:<= 65.0 IRON DEFICIENCY ANEMIA: > 65.0
WHITE BLOOD CELLS (WBCS)			
TOTAL LEUCOCYTE COUNT (TLC) by flow cytometry by SF cube & microscopy	8240	/cmm	4000 - 11000
NUCLEATED RED BLOOD CELLS (nRBCS) by automated 6 part hematology analyzer	NIL		0.00 - 20.00
NUCLEATED RED BLOOD CELLS (nRBCS) %	NIL	%	< 10 %



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

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS MD (PATHOLOGY)



by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER



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DIFFERENTIAL LEUCOCYTE COUNT (DLC)					
NEUTROPHILS by flow cytometry by Sf cube & microscopy	68	%	50 - 70		
LYMPHOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	24	%	20 - 40		
EOSINOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	$\mathbf{0_{\Gamma}}$	%	1 - 6		
MONOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	8	%	2 - 12		
BASOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	0	%	0 - 1		
ABSOLUTE LEUKOCYTES (WBC) COUNT					
ABSOLUTE NEUTROPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	5603	/cmm	2000 - 7500		
ABSOLUTE LYMPHOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	1978	/cmm	800 - 4900		
ABSOLUTE EOSINOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	$\mathbf{0_{\Gamma}}$	/cmm	40 - 440		
ABSOLUTE MONOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	659	/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	57000 <sup>L</sup>	/cmm	150000 - 450000		
PLATELETCRIT (PCT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	0.07 <sup>L</sup>	%	0.10 - 0.36		
MEAN PLATELET VOLUME (MPV) by hydro dynamic focusing, electrical impedence	13 <sup>H</sup>	fL	6.50 - 12.0		
PLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	27000 <sup>L</sup>	/cmm	30000 - 90000		
PLATELET LARGE CELL RATIO (P-LCR) by hydro dynamic focusing, electrical impedence	44.6 <sup>H</sup>	%	11.0 - 45.0		
PLATELET DISTRIBUTION WIDTH (PDW) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	16.8 <sup>H</sup>	%	15.0 - 17.0		
ADVICE	KINDLY CORRE	LATE CLINICALLY			



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MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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# KOS Diagnostic Lab (A Unit of KOS Healthcare)



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Chairman & Consultant Pathologist

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

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**Test Name Value** Unit **Biological Reference interval** 

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

RECHECKED.



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## **CLINICAL CHEMISTRY/BIOCHEMISTRY** LIVER FUNCTION TEST (COMPLETE)

BILIRUBIN TOTAL: SERUM by DIAZOTIZATION, SPECTROPHOTOMETRY	0.86	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (CONJUGATED): SERUM by DIAZO MODIFIED, SPECTROPHOTOMETRY	0.28	mg/dL	0.00 - 0.40
BILIRUBIN INDIRECT (UNCONJUGATED): SERUM by CALCULATED, SPECTROPHOTOMETRY	0.58	mg/dL	0.10 - 1.00
SGOT/AST: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE	138.6 <sup>H</sup>	U/L	7.00 - 45.00
SGPT/ALT: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE	31.6	U/L	0.00 - 49.00
AST/ALT RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY	4.39	RATIO	0.00 - 46.00
ALKALINE PHOSPHATASE: SERUM by Para nitrophenyl phosphatase by amino methyl propanol	104.42	U/L	40.0 - 130.0
GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM by SZASZ, SPECTROPHTOMETRY	74.52 <sup>H</sup>	U/L	0.00 - 55.0
TOTAL PROTEINS: SERUM by BIURET, SPECTROPHOTOMETRY	7.04	gm/dL	6.20 - 8.00
ALBUMIN: SERUM by BROMOCRESOL GREEN	3.12 <sup>L</sup>	gm/dL	3.50 - 5.50
GLOBULIN: SERUM by CALCULATED, SPECTROPHOTOMETRY	3.92 <sup>H</sup>	gm/dL	2.30 - 3.50
A: G RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY	0.8 <sup>L</sup>	RATIO	1.00 - 2.00

NOTE 2 RESULT RECHECKED TWICE **ADVICE** KINDLY CORRELATE CLINICALLY

**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



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ALCOHOLIC HEPATITIS		> 2 (Highly Suggestive)	
CIRRHOSIS		1.4 - 2.0	
INTRAHEPATIC CHOLESTATIS	V	> 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 cholestatis: 0.8 (normal or slightly decreased).

### PROGNOSTIC SIGNIFICANCE:

NORMAL		< 0.65	
GOOD PROGNOS	STIC SIGN	0.3 - 0.6	
POOR PROGNOS	TIC SIGN	1.2 - 1.6	



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**UREA** 

UREA: SERUM
by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)

122.3<sup>H</sup> mg/dL 10.00 - 50.00

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**CREATININE** 

**CREATININE: SERUM** 2.32H mg/dL 0.40 - 1.20by ENZYMATIC, SPECTROPHOTOMETRY



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Test Name	Value	Unit	<b>Biological Reference interval</b>		
ELECTROLYTES COMPLETE PROFILE					
SODIUM: SERUM by ISE (ION SELECTIVE ELECTRODE)	149.2	mmol/L	135.0 - 150.0		

POTASSIUM: SERUM mmol/L 3.50 - 5.00 $3.31^{L}$ by ISE (ION SELECTIVE ELECTRODE) CHLORIDE: SERUM 111.9H mmol/L 90.0 - 110.0

by ISE (ION SELECTIVE ELECTRODE)

NOTE 2 RESULT RECHECKED TWICE **ADVICE** KINDLY CORRELATE CLINICALLY

### **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.
- 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



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2.Renal failure or Shock

3. Respiratory acidosis

4.Hemolysis of blood

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



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