

KOS Diagnostic Lab

(A Unit of KOS Healthcare)



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

NAME : Mr. SATYAM

AGE/ GENDER : 29 YRS/MALE **PATIENT ID** : 1719470

COLLECTED BY: SURJESH REG. NO./LAB NO. : 012501080052

 REFERRED BY
 : 08/Jan/2025 05:23 PM

 BARCODE NO.
 : 01523637
 COLLECTION DATE
 : 08/Jan/2025 05:28 PM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 08/Jan/2025 05:55 PM

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	13.4	gm/dL	12.0 - 17.0
RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	4.49	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	41.9	%	40.0 - 54.0
MEAN CORPUSCULAR VOLUME (MCV) by Calculated by automated hematology analyzer	93.3	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by Calculated by automated hematology analyzer	29.9	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	32.1	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) by Calculated by automated hematology analyzer	13.9	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) by Calculated by automated hematology analyzer	48.3	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED	20.78	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX by CALCULATED	28.94	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	5940	/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 %



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by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER



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Test Name	Value	Unit	Biological Reference interval			
DIFFERENTIAL LEUCOCYTE COUNT (DLC)						
NEUTROPHILS by flow cytometry by sf cube & microscopy	62	%	50 - 70			
LYMPHOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	24	%	20 - 40			
EOSINOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	1	%	1 - 6			
MONOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	13 ^H	%	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	3683	/cmm	2000 - 7500			
ABSOLUTE LYMPHOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	1426	/cmm	800 - 4900			
ABSOLUTE EOSINOPHIL COUNT by flow cytometry by sf cube & microscopy	59	/cmm	40 - 440			
ABSOLUTE MONOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	772	/cmm	80 - 880			
PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.						
PLATELET COUNT (PLT) by hydro dynamic focusing, electrical impedence	418000	/cmm	150000 - 450000			
PLATELETCRIT (PCT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	0.43 ^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	119000 ^H	/cmm	30000 - 90000			
PLATELET LARGE CELL RATIO (P-LCR) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	28.5	%	11.0 - 45.0			
PLATELET DISTRIBUTION WIDTH (PDW) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD	16	%	15.0 - 17.0			



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KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana KOS Molecular Lab: Ilnd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt -133 001, Haryana



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CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY WIDAL SLIDE AGGLUTINATION TEST

SALMONELLA TYPHI O by SLIDE AGGLUTINATION	NIL	TITRE	1:80
SALMONELLA TYPHI H by SLIDE AGGLUTINATION	NIL	TITRE	1:160
SALMONELLA PARATYPHI AH by SLIDE AGGLUTINATION	NIL	TITRE	1:160
SALMONELLA PARATYPHI BH	NIL	TITRE	1:160

INTERPRETATION:

- 1. Titres of 1:80 or more for "O" agglutinin is considered significant.
- 2. Titres of 1:160 or more for "H" agglutinin is considered significant.

LIMITATIONS:

- 1. Agglutinins usually appear by 5th to 6th day of illness of enteric fever, hence a negative result in early stage is inconclusive. The titre then rises till 3rd or 4th week, after which it declines gradually.
- 2.Lower titres may be found in normal individuals.
- 3.A single positive result has less significance than the rising agglutination titre, since demonstration of rising titre four or more in 1st and 3rd week is considered as a definite evidence of infection.
- 4.A simultaneous rise in H agglutinins is suggestive of paratyphoid infection.

NOTE:

- 1.Individuals with prior infection or immunization with TAB vaccine may develop an ANAMNESTIC RESPONSE (False-Positive) during an unrelated fever i.e High titres of antibodies to various antigens. This may be differentiated by repitition of the test after a week.
- 2. The anamnestic response shows only a transient rise, while in enteric fever rise is sustained.
- 3.H agglutinins tend to persist for many months after vaccination but O agglutinins tend to disappear sooner i.e within 6 months. Therefore rise in Oagglutinins indicate recent infection.

*** End Of Report ***



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