

## **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. HITESH BISHT

**AGE/ GENDER** : 10 YRS/MALE **PATIENT ID** : 1729918

COLLECTED BY: SURJESH REG. NO./LAB NO. : 012501210032

 REFERRED BY
 : 21/Jan/2025 11:47 AM

 BARCODE NO.
 : 01524192
 COLLECTION DATE
 : 21/Jan/2025 12:20PM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 21/Jan/2025 12:39PM

**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	12.4	gm/dL	12.0 - 16.0
RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	4.58	Millions/cmm	3.50 - 5.50
PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	36.9	%	35.0 - 49.0
MEAN CORPUSCULAR VOLUME (MCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	80.6	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	27	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	33.5	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	14.1	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	42.5	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED	17.6	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX by CALCULATED	24.75	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	7770	/cmm	4000 - 12000
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	25	%	20 - 45
EOSINOPHILS by flow cytometry by sf cube & microscopy	1	%	1 - 6
MONOCYTES  by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	12	%	3 - 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	4817	/cmm	2000 - 7500
ABSOLUTE LYMPHOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	1942	/cmm	800 - 4900
ABSOLUTE EOSINOPHIL COUNT  by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	78	/cmm	40 - 440
ABSOLUTE MONOCYTE COUNT  by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	932 <sup>H</sup>	/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	224000	/cmm	150000 - 450000
PLATELETCRIT (PCT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	0.25	%	0.10 - 0.36
MEAN PLATELET VOLUME (MPV) by hydro dynamic focusing, electrical impedence	11	fL	6.50 - 12.0
PLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	76000	/cmm	30000 - 90000
PLATELET LARGE CELL RATIO (P-LCR) by hydro dynamic focusing, electrical impedence	34	%	11.0 - 45.0
PLATELET DISTRIBUTION WIDTH (PDW) by hydro dynamic focusing, electrical impedence NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD	16.3	%	15.0 - 17.0



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



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#### **BLOOD GROUP (ABO) AND RH FACTOR TYPING**

ABO GROUP by SLIDE AGGLUTINATION RH FACTOR TYPE by SLIDE AGGLUTINATION 0

**POSITIVE** 



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## IMMUNOPATHOLOGY/SEROLOGY WIDAL SLIDE AGGLUTINATION TEST

SALMONELLA TYPHI O by SLIDE AGGLUTINATION	1:20	TITRE	1:80
SALMONELLA TYPHI H by SLIDE AGGLUTINATION	1:20	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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