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CEO & Consultant Pathologist

NAME	**: Mr. DEVANSH**		
AGE/ GENDER	: 20 YRS/MALE	**PATIENT ID**	: 1737097
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012501270059**
REFERRED BY	:	**REGISTRATION DATE**	: 27/Jan/2025 06:39 PM
BARCODE NO.	: 01524530	**COLLECTION DATE**	: 27/Jan/2025 06:45PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 27/Jan/2025 08:11PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC)

Test Name	Value	Unit	Biological Reference interval
RED BLOOD CELLS (RBCS) COUNT AND INDICES			
HAEMOGLOBIN (HB) *by CALORIMETRIC*	16.2	gm/dL	12.0 - 17.0
RED BLOOD CELL (RBC) COUNT *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	**5.08**^{H}	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	47.7	%	40.0 - 54.0
MEAN CORPUSCULAR VOLUME (MCV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	94	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	32	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	34	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	13.2	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	46.8	fL	35.0 - 56.0
MENTZERS INDEX *by CALCULATED*	18.5	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX *by CALCULATED*	24.51	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*	**11690**^{H}	/cmm	4000 - 11000
NUCLEATED RED BLOOD CELLS (nRBCS) *by AUTOMATED 6 PART HEMATOLOGY ANALYZER*	NIL		0.00 - 20.00
NUCLEATED RED BLOOD CELLS (nRBCS) % *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	NIL	%	< 10 %

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Test Name	Value	Unit	Biological Reference interval
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHILS *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	**71^{H}**	%	50 - 70
LYMPHOCYTES *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	20	%	20 - 40
EOSINOPHILS *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	3	%	1 - 6
MONOCYTES *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	6	%	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*	**8300^{H}**	/cmm	2000 - 7500
ABSOLUTE LYMPHOCYTE COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	2338	/cmm	800 - 4900
ABSOLUTE EOSINOPHIL COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	351	/cmm	40 - 440
ABSOLUTE MONOCYTE COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	701	/cmm	80 - 880
PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.			
PLATELET COUNT (PLT) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	**672000^{H}**	/cmm	150000 - 450000
PLATELETCRIT (PCT) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	**0.66^{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*	**172000^{H}**	/cmm	30000 - 90000
PLATELET LARGE CELL RATIO (P-LCR) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	25.7	%	11.0 - 45.0
PLATELET DISTRIBUTION WIDTH (PDW) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	16.1	%	15.0 - 17.0

ADVICE **KINDLY CORRELATE CLINICALLY**

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

RECHECKED.

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Test Name	Value	Unit	Biological Reference interval

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BARCODE NO.	: 01524530	**COLLECTION DATE**	: 27/Jan/2025 07:33PM
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Test Name	Value	Unit	Biological Reference interval

BLOOD GROUP (ABO) AND RH FACTOR TYPING

ABO GROUP *by SLIDE AGGLUTINATION*	O		
RH FACTOR TYPE *by SLIDE AGGLUTINATION*	POSITIVE		

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Test Name	Value	Unit	Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY

C-REACTIVE PROTEIN (CRP)

C-REACTIVE PROTEIN (CRP) QUANTITATIVE: SERUM *by NEPHLOMETRY*	**8.93^{H}**	mg/L	0.0 - 6.0

INTERPRETATION:

1. C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation.
2. CRP levels can increase dramatically (100-fold or more) after severe trauma, bacterial infection, inflammation, surgery, or neoplastic proliferation.
3. CRP levels (Quantitative) has been used to assess activity of inflammatory disease, to detect infections after surgery, to detect transplant rejection, and to monitor these inflammatory processes.
4. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc.,
5. Elevated values are consistent with an acute inflammatory process.

NOTE:

1. Elevated C-reactive protein (CRP) values are nonspecific and should not be interpreted without a complete clinical history.
2. Oral contraceptives may increase CRP levels.

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CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 29/Jan/2025 10:38AM
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Test Name	Value	Unit	Biological Reference interval

TB GOLD (QUANTIFERON): INTERFERON GAMMA RELEASE ASSAY (IGRA)

TB GOLD - QUANTIFERON *by ELISA (ENZYME LINKED IMMUNOASSAY)*	NEGATIVE (-ve)	

TEST DETAILS (REFERENCE ONLY)

IFN-GAMMA FROM NEGATIVE CONTROL VIAL (N) *by ELISA (ENZYME LINKED IMMUNOASSAY)*	0.197	pg/mL
IFN-GAMMA FROM TB Ag CULTURE VIAL (T) *by ELISA (ENZYME LINKED IMMUNOASSAY)*	0.45	pg/mL
IFN-GAMMA DIFFERENCE (T-N) *by ELISA (ENZYME LINKED IMMUNOASSAY)*	0.25	pg/mL
(T-N/N) % VALUE *by ELISA (ENZYME LINKED IMMUNOASSAY)*	126.9	%
INTERPRETATION CRITERIA FOR IGRA	(T-N) VALUE SHOULD BE >= 0.35 AND >= 25% OF NIL VALUE	

INTERPRETATION:

NIL (IU/ML)	T – N (TB Antigen minus NIL Tube) IU/mL	SATNDARD E RESULT	INTERPRETATION
<= 8.0	< 0.35	NEGATIVE	NOT Infected with *Mycobacterium tuberculosis*
	>= 0.35 and < 25 % of NIL VALUE		
	>= 0.35 and >25 % of NIL VALUE	POSITIVE	Infected with *Mycobacterium tuberculosis*(active, latent or inapparent infection)
>8.0	ANY VALUE	INTERMEDIATE	Cannot determine whether Mycobacterium tuberculosis infection/ Result are indeterminate for TB Antigen responsiveness Any

NOTE:

1. Diagnosing or excluding tuberculosis disease, and assessing the probability of LTBI, Requires a combination of epidemiological, historical, medical, and diagnostic findings that should be taken into account when interpreting ELISA Report results.

2. NEGATIVE TEST DOES NOT PRECLUDE THE POSSIBILITY OF MYCOBACTERIUM TUBERCULOSIS INFECTION/DISEASE

3. IGRA Test is approved as an in vitro diagnostic aid for detection of Mycobacterium tuberculosis infection (active disease and LTBI) and is intended for use in conjunction with risk assessment, radiography and other medical and diagnostic evaluations. The IGRA test does not differentiate between active and latent TB so latent patient will also be picked by IGRA. IGRA cannot be used as standalone test to diagnose TB infection. IGRA test is not

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Test Name	Value	Unit	Biological Reference interval

established for any prognostic use.

3. The SD Biosensor TB Gold IGRA (Interferon Gamma Releasing Assay) test is whole blood test for detection of infection to Mycobacterium tuberculosis as occurs in active tuberculosis and latent tuberculosis infection (LTBI).If not detected and treated, LTBI may later develop into TB disease. This test measures the patient's immune reactivity to M. tuberculosis, the bacterium that causes TB. Blood samples are mixed with TB specific antigens and incubated for 20 to 24 hours. The antigens include ESAT-6 and CFP-10, proteins specific to tuberculosis complex. These antigens are not found in BCG strains or atypical Mycobacteria. If the patient is infected with M. tuberculosis, the patient's lymphocytes will recognize the antigens and release interferon –gamma in response .The TB Platinum test results are based on the amount of IFN –gamma that is released. Additional tests (such as chest radiograph) are needed to exclude TB disease and confirm the diagnosis of LTBI.

METHOD: Interferon Gamma Release Assay (IGRA);

CAUTION: Assay results should be interpreted only in the context of other laboratory finding and the total clinical status of the patient

*** End Of Report ***

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