



	Dr. Vinay Chopra MD (Pathology & Micr Chairman & Consultar	obiology)		(Pathology)
NAME	: Mr. SURESH KUMAR			
AGE/ GENDER	: 54 YRS/MALE		PATIENT ID	: 1745142
COLLECTED BY	:		REG. NO./LAB NO.	: 012502040046
REFERRED BY	: CIVIL HOSPITAL (AMBALA CANT	Г)	REGISTRATION DATE	: 04/Feb/2025 12:30 PM
BARCODE NO.	: 01524948		COLLECTION DATE	:04/Feb/202502:41PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	:04/Feb/202502:51PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMB	ALA CANTT		
Test Name		Value	Unit	Biological Reference interva
		HAEM	ATOLOGY	
	COMP	PLETE BLO	DOD COUNT (CBC)	
RED BLOOD CELLS	S (RBCS) COUNT AND INDICES			
HAEMOGLOBIN (H		9.6 ^L	gm/dL	12.0 - 17.0
by CALORIMETRIC			Ŭ	
RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE		3.15 ^L	Millions	/cmm 3.50 - 5.00
PACKED CELL VOL	UME (PCV)	29.5 ^L	%	40.0 - 54.0
by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER MEAN CORPUSCULAR VOLUME (MCV)		93.6	fL	80.0 - 100.0
by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER				
MEAN CORPUSCUL by calculated by A	AR HAEMOGLOBIN (MCH)	30.5	pg	27.0 - 34.0
MEAN CORPUSCUL	AR HEMOGLOBIN CONC. (MCHC)	32.6	g/dL	32.0 - 36.0
RED CELL DISTRIB	SUTION WIDTH (RDW-CV)	19.6 ^H	%	11.00 - 16.00
RED CELL DISTRIB	AUTOMATED HEMATOLOGY ANALYZER SUTION WIDTH (RDW-SD) AUTOMATED HEMATOLOGY ANALYZER	67.3 ^H	fL	35.0 - 56.0
MENTZERS INDEX		29.71	RATIO	BETA THALASSEMIA TRAIT
by CALCULATED				13.0 IRON DEFICIENCY ANEMIA
				>13.0
GREEN & KING INI	DEX	58.29	RATIO	BETA THALASSEMIA TRAII
by CALCULATED				65.0 IRON DEFICIENCY ANEMIA
				65.0
WHITE BLOOD CE				
FOTAL LEUCOCYTE	E COUNT (TLC)	11210 ^H	/cmm	4000 - 11000
FOTAL LEUCOCYTE		11210^H Nil	/cmm	4000 - 11000 0.00 - 20.00
FOTAL LEUCOCYTF by flow cytometry NUCLEATED RED E by automated 6 pai	E COUNT (TLC) y by sf cube & microscopy		/cmm %	





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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** : Mr. SURESH KUMAR NAME AGE/ GENDER : 54 YRS/MALE **PATIENT ID** :1745142 **COLLECTED BY** :012502040046 REG. NO./LAB NO. : **REFERRED BY** : CIVIL HOSPITAL (AMBALA CANTT) **REGISTRATION DATE** :04/Feb/2025 12:30 PM **BARCODE NO.** :01524948 **COLLECTION DATE** :04/Feb/202502:41PM CLIENT CODE. : KOS DIAGNOSTIC LAB **REPORTING DATE** :04/Feb/202502:51PM **CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit **Biological Reference interval DIFFERENTIAL LEUCOCYTE COUNT (DLC) NEUTROPHILS** 79^H % 50 - 70 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY LYMPHOCYTES 18^L % 20 - 40 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY EOSINOPHILS OL % 1 - 6 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY MONOCYTES 3 % 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 8856^H /cmm by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE LYMPHOCYTE COUNT 2018 800 - 4900 /cmm by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE EOSINOPHIL COUNT 0^L /cmm 40 - 440 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE MONOCYTE COUNT 336 /cmm 80 - 880 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS. PLATELET COUNT (PLT) 150000 - 450000 378000 /cmm by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PLATELETCRIT (PCT) % 0.10 - 0.36 0.39^H by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE MEAN PLATELET VOLUME (MPV) 10 fL. 6.50 - 12.0 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PLATELET LARGE CELL COUNT (P-LCC) 30000 - 90000 111000^H /cmm by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PLATELET LARGE CELL RATIO (P-LCR) 29.3% 11.0 - 45.0 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PLATELET DISTRIBUTION WIDTH (PDW) 16.4% 15.0 - 17.0 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD



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BARCODE NO.	: 01524948	COLLECTION DATE	:04/Feb/202502:41PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPORTING DATE	:06/Feb/202511:58AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CAN	ITT	
Test Name	Value	Unit	Biological Reference interval
	MIC CULTURE AEROBIC BACTERIA	ROBIOLOGY	STTIVITY IIDINE
CULTURE AND SU	SCEPTIBILITY: URINE	AND ANTIDIOTIC SLA	JIIIVIII. OMINL
DATE OF SAMPLE	04-02	-2025	
SPECIMEN SOURCE	E URINI	E	
INCUDATION DEDI	00 40 10	UDC	

INCUBATION PERIOD by AUTOMATED BROTH CULTURE	48 HOURS
CULTURE by AUTOMATED BROTH CULTURE	STERILE
ORGANISM by AUTOMATED BROTH CULTURE	NO AEROBIC PYOGENIC ORGANISM GROWN AFTER 48 HOURS OF INCUBATION AT 37*C

KOS Diagnostic Lab (A Unit of KOS Healthcare)

AEROBIC SUSCEPTIBILITY: URINE

INTERPRETATION:

In units culture and sensitivity, presence of more than 100,000 organism per mL in midstream sample of urine is considered clinically significant. However in symptomatic patients, a smaller number of bacteria (100 to 10000/mL) may signify infection.
 Colony count of 100 to 10000/ mL indicate infection, if isolate from specimen obtained by suprapubic aspiration or "in-and-out" catheterization or from patients with indwelling catheters.

SUSCEPTIBILITY:

 A test interpreted as SENSTITIVE implies that infection due to isolate may be appropriately treated with the dosage of an antimicrobial agent recommended for that type of infection and infecting species, unless otherwise indicated..
 A test interpreted as INTERMEDIATE implies that the" Infection due to the isolate may be appropriately treated in body sites where the drugs are

A test interpreted as **INTERMEDIATE** implies that the "Infection due to the isolate may be appropriately treated in body sites where the drugs are physiologically concentrated or when a high dosage of drug can be used".
 A test interpreted as **RESISTANT** implies that the "isolates are not inhibited by the usually achievable concentration of the agents with normal

3.A test interpreted as **RESISTANT** implies that the "isolates" are not inhibited by the usually achievable concentration of the agents with normal dosage, schedule and/or fall in the range where specific microbial resistance mechanism are likely (e.g. beta-lactamases), and clinical efficacy has not been reliable in treatment studies.

CAUTION:

Conditions which can cause a false Negative culture:

1. Patient is on antibiotics. Please repeat culture post therapy.

2. Anaerobic bacterial infection.

- 3. Fastidious aerobic bacteria which are not able to grow on routine culture media
- 4. Besides all these factors, at least in 25-40 % of cases there is no direct correlation between in vivo clinical picture.
- 5. Renal tuberculosis to be confirmed by AFB studies.



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BARCODE NO.	: 01524948		COLLECTION DATE	:04/Feb/202502:41PM
CLIENT CODE.	: KOS DIAGNOST	IC LAB	REPORTING DATE	: 09/Feb/2025 08:23AM
LIENT ADDRESS	: 6349/1, NICHO	LSON ROAD, AMBALA CA	ANTT	
Fest Name		Value	e Unit	Biological Reference interval
PECIMEN SOURCI NCUBATION PERI ULTURE by AUTOMATED BRO ORGANISM by AUTOMATED BRO	OD TH CULTURE	NO A	AYS RILE	NISM GROWN AFTER 5 DAYS OF
ecommended for th 2. A test interpreted a obysiologically conce 5. A test interpreted a losage, schedule and has not been reliable CAUTION: Conditions which car . Patient is on antib 2. Anaerobic bacteria 5. Fastidious aerobic	as SENSTITIVE implies at type of infection as INTERMEDIATE im entrated or when a l s RESISTANT implies d/or fall in the range in treatment studies n cause a false Nega iotics. Please repeat al infection. bacteria which are actors, at least in 25	and infecting species, unle plies that the" Infection conigh dosage of drug can be that the "isolates are no e where specific microbia es. tive culture: t culture post therapy. not able to grow on routi 5-40 % of cases there is n	ess otherwise indicated. due to the isolate may be appro- be used". It inhibited by the usually achie al resistance mechanism are li	ated with the dosage of an antimicrobial agent opriately treated in body sites where the drugs an evable concentration of the agents with normal kely (e.g. beta-lactamases), and clinical efficacy n vivo clinical picture.
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