



	Dr. Vinay Chopra MD (Pathology & Micr Chairman & Consultar	obiology)	M	m Chopra D (Pathology) nt Pathologist	
NAME	: Mr. RAJINDER SINGH				
AGE/ GENDER	: 55 YRS/MALE		PATIENT ID	: 1746245	
COLLECTED BY	: SURJESH		REG. NO./LAB NO.	:012502050	0034
REFERRED BY	:		REGISTRATION DATE	:05/Feb/202	
BARCODE NO.	: 01525001		COLLECTION DATE	: 05/Feb/202	
CLIENT CODE. CLIENT ADDRESS	: KOS DIAGNOSTIC LAB : 6349/1, NICHOLSON ROAD, AMB/	ALA CANT	REPORTING DATE T	: 05/Feb/202	5 12:42PM
Test Name		Value	Unit	Biol	ogical Reference interval
		HAFN	IATOLOGY		
	COMP		LOOD COUNT (CBC)		
RED BLOOD CELLS	(RBCS) COUNT AND INDICES				
HAEMOGLOBIN (HB		8.9 ^L	gm/dL	12.0	0 - 17.0
RED BLOOD CELL (R	BC) COUNT CUSING, ELECTRICAL IMPEDENCE	3.45 ^L	Million	s/cmm 3.50	0 - 5.00
ACKED CELL VOLU		28.1 ^L	%	40.0	0 - 54.0
AEAN CORPUSCULA		81.5	fL	80.0	0 - 100.0
	R HAEMOGLOBIN (MCH) TOMATED HEMATOLOGY ANALYZER	25.9 ^L	pg	27.0	0 - 34.0
MEAN CORPUSCULA	R HEMOGLOBIN CONC. (MCHC) TOMATED HEMATOLOGY ANALYZER	31.8 ^L	g/dL	32.0	0 - 36.0
by CALCULATED BY AU	TION WIDTH (RDW-CV) TOMATED HEMATOLOGY ANALYZER	23.3 ^H	%		00 - 16.00
	TION WIDTH (RDW-SD) TOMATED HEMATOLOGY ANALYZER	71.4 ^H	fL	35.0	0 - 56.0
MENTZERS INDEX		23.62	RATIO	13.0	N DEFICIENCY ANEMIA:
GREEN & KING INDE by CALCULATED	ΞX	55.26	RATIO	65.0	N DEFICIENCY ANEMIA: >
WHITE BLOOD CEL	LS (WBCS)			00.0	
FOTAL LEUCOCYTE (COUNT (TLC) by sf cube & microscopy	9900	/cmm	400	0 - 11000
by AUTOMATED 6 PART	OOD CELLS (nRBCS) HEMATOLOGY ANALYZER	NIL			0 - 20.00
	OOD CELLS (nRBCS) % TOMATED HEMATOLOGY ANALYZER	NIL	%	< 10)%

KOS Diagnostic Lab (A Unit of KOS Healthcare)





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

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 0171-2643898, +91 99910 43898
 care@koshealthcare.com

 www.koshealthcare.com
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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





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REFERRED BY	:	RE	GISTRATION DATE	: 05/Feb/2025 11:47 AM
BARCODE NO.	: 01525001	CO	LLECTION DATE	:05/Feb/2025 11:56AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	RE	PORTING DATE	:05/Feb/2025 12:42PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
DIFFERENTIAL LE	UCOCYTE COUNT (DLC)			
NEUTROPHILS by FLOW CYTOMETR	Y BY SF CUBE & MICROSCOPY	61	%	50 - 70
LYMPHOCYTES by FLOW CYTOMETR	Y BY SF CUBE & MICROSCOPY	26	%	20 - 40
EOSINOPHILS by FLOW CYTOMETR	Y BY SF CUBE & MICROSCOPY	1	%	1 - 6
MONOCYTES	Y BY SF CUBE & MICROSCOPY	12	%	2 - 12
BASOPHILS	Y BY SF CUBE & MICROSCOPY	0	%	0 - 1
ABSOLUTE LEUKO	CYTES (WBC) COUNT			
ABSOLUTE NEUTR	OPHIL COUNT y by sf cube & microscopy	6039	/cmm	2000 - 7500
ABSOLUTE LYMPH		2574	/cmm	800 - 4900
ABSOLUTE EOSINO		99	/cmm	40 - 440
ABSOLUTE MONOC	CYTE COUNT Y by sf cube & microscopy	1188 ^H	/cmm	80 - 880
PLATELETS AND	OTHER PLATELET PREDICTIV	<u>VE MARKERS.</u>		
PLATELET COUNT by HYDRO DYNAMIC I	(PLT) FOCUSING, ELECTRICAL IMPEDENCE	582000 ^H	/cmm	150000 - 450000
PLATELETCRIT (PC	CT) FOCUSING, ELECTRICAL IMPEDENCE	0.67 ^H	%	0.10 - 0.36
MEAN PLATELET V	OLUME (MPV)	12	fL	6.50 - 12.0
	CELL COUNT (P-LCC) FOCUSING, ELECTRICAL IMPEDENCE	223000 ^H	/cmm	30000 - 90000
PLATELET LARGE	CELL RATIO (P-LCR) FOCUSING, ELECTRICAL IMPEDENCE	38.3	%	11.0 - 45.0
by HYDRO DYNAMIC I	BUTION WIDTH (PDW) FOCUSING, ELECTRICAL IMPEDENCE ICTED ON EDTA WHOLE BLOOD	16.1	%	15.0 - 17.0

RECHECKED



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

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS , MD (PATHOLOGY)







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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	MBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
Test Name	PROTE		Unit STUDIES (PT/IN	
	")			
PT TEST (PATIENT	") SLOT DETECTION	IROMBIN TIME	STUDIES (PT/IN	R)
PT TEST (PATIENT by photo optical c PT (CONTROL) by photo optical c) CLOT DETECTION CLOT DETECTION	IROMBIN TIME 15.9 ^H	STUDIES (PT/IN SECS	R)
PT TEST (PATIENT by photo optical c PT (CONTROL) by photo optical c ISI by photo optical c	CLOT DETECTION CLOT DETECTION CLOT DETECTION NORMALISED RATIO (INR)	IROMBIN TIME 15.9 ^H 12	STUDIES (PT/IN SECS	R)

INTERPRETATION:-

1.INR is the parameter of choice in monitoring adequacy of oral anti-coagulant therapy. Appropriate therapeutic range varies with the disease and treatment intensity.

2. Prolonged INR suggests potential bleeding disorder /bleeding complications

3. Results should be clinically correlated.

4. Test conducted on Citrated Plasma

INDICATION		INTERNATIO	ONAL NORMALIZED RATIO (INR)
Treatment of venous thrombosis			
Treatment of pulmonary embolism			
Prevention of systemic embolism in tissue heart valves			
Valvular heart disease	Low Intensity		2.0 - 3.0
Acute myocardial infarction			
Atrial fibrillation			
Bileaflet mechanical valve in aortic position			
Recurrent embolism			
Mechanical heart valve	High Intensity		2.5 - 3.5
Antiphospholipid antibodies ⁺			





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	MD (Pathology & M Chairman & Consu	Microbiology)	MD (Pathology) onsultant Pathologist
	Dr. Vinay Cho	pra Dr.	Yugam Chopra

The prothrombin time (PT) and its derived measures of prothrombin ratio (PR) and international normalized ratio (INR) are measures of the efficacy of the extrinsic pathway of coagulation. PT test reflects the adequacy of factors I (fibrinogen), II (prothrombin), V, VII, and X. It is used in conjunction with the activated partial thromboplastin time (aPTT) which measures the intrinsic pathway. The common causes of prolonged prothrombin time are :

1.Oral Anticoagulant therapy.

2.Liver disease.

3.Vit K. deficiency.

4.Disseminated intra vascular coagulation.

5.Factor 5, 7, 10 or Prothrombin dificiency



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Test Name		Value	Unit	Biological Reference interval	
			STRY/BIOCHEMIST ON TEST (COMPLETE)	RY	
BILIRUBIN TOTAL by DIAZOTIZATION, SI	: SERUM PECTROPHOTOMETRY	1.03	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20	
	C (CONJUGATED): SERUM	0.28	mg/dL	0.00 - 0.40	
	CT (UNCONJUGATED): SERUM	0.75	mg/dL	0.10 - 1.00	
SGOT/AST: SERUM by IFCC, WITHOUT PY	[/RIDOXAL PHOSPHATE	30.9	U/L	7.00 - 45.00	
SGPT/ALT: SERUM by IFCC, WITHOUT PY	[/RIDOXAL PHOSPHATE	17.96	U/L	0.00 - 49.00	
AST/ALT RATIO: S by CALCULATED, SPE		1.72	RATIO	0.00 - 46.00	
ALKALINE PHOSPI by PARA NITROPHEN PROPANOL	HATASE: SERUM YL PHOSPHATASE BY AMINO METHYL	99.69	U/L	40.0 - 130.0	
GAMMA GLUTAMY by SZASZ, SPECTROF	L TRANSFERASE (GGT): SERUM	33.19	U/L	0.00 - 55.0	
TOTAL PROTEINS: by BIURET, SPECTRO	SERUM	7.21	gm/dL	6.20 - 8.00	
ALBUMIN: SERUM by BROMOCRESOL G		3.9	gm/dL	3.50 - 5.50	
GLOBULIN: SERUN by CALCULATED, SPE	1	3.31	gm/dL	2.30 - 3.50	
A : G RATIO: SERUI by calculated, spe INTERPRETATION	M	1.18	RATIO	1.00 - 2.00	

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:

> 2
> 2 (Highly Suggestive)
1.4 - 2.0
> 1.5





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Test Name	Va	alue Unit	Biological Reference interval
HEPATOCELLULAR C	ARCINOMA & CHRONIC HEPATITIS	> 1.3 (Slightly Inc	creased)

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).

NORMAL	< 0.65
GOOD PROGNOSTIC SIGN	0.3 - 0.6
POOR PROGNOSTIC SIGN	1.2 - 1.6

*** End Of Report ***



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