

(A Unit of KOS Healthcare)



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

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

NAME : Mr. RAJINDER TALWAR

AGE/ GENDER : 59 YRS/MALE **PATIENT ID** : 1747413

COLLECTED BY : REG. NO./LAB NO. : 012502060025

 REFERRED BY
 : 06/Feb/2025 11:10 AM

 BARCODE NO.
 : 01525049
 COLLECTION DATE
 : 06/Feb/2025 11:14AM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 06/Feb/2025 11:24AM

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 | 14.3 | gm/dL | 12.0 - 17.0 |
|---|-------------------|--------------|--|
| RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | 5.62 ^H | Millions/cmm | 3.50 - 5.00 |
| PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER | 43.3 | % | 40.0 - 54.0 |
| MEAN CORPUSCULAR VOLUME (MCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER | 77.2 ^L | fL | 80.0 - 100.0 |
| MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER | 25.4 ^L | pg | 27.0 - 34.0 |
| MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER | 33 | 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 | 40.4 | fL | 35.0 - 56.0 |
| MENTZERS INDEX by CALCULATED | 13.74 | RATIO | BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0 |
| GREEN & KING INDEX by CALCULATED | 19.06 | 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 | 6220 | /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 | 60 | % | 50 - 70 |
| LYMPHOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 25 | % | 20 - 40 |
| EOSINOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 7 ^H | % | 1 - 6 |
| MONOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 8 | % | 2 - 12 |
| BASOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ARCOMUTE LEHING CONTEST (MIDE) CONTEST | 0 | % | 0 - 1 |
| ABSOLUTE LEUKOCYTES (WBC) COUNT | 0700 | , | 0000 8500 |
| ABSOLUTE NEUTROPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 3732 | /cmm | 2000 - 7500 |
| ABSOLUTE LYMPHOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 1555 | /cmm | 800 - 4900 |
| ABSOLUTE EOSINOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 435 | /cmm | 40 - 440 |
| ABSOLUTE MONOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 498 | /cmm | 80 - 880 |
| PLATELETS AND OTHER PLATELET PREDICTIVE | MARKERS. | | |
| PLATELET COUNT (PLT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | 273000 | /cmm | 150000 - 450000 |
| PLATELETCRIT (PCT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | 0.28 | % | 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 | 79000 | /cmm | 30000 - 90000 |
| PLATELET LARGE CELL RATIO (P-LCR) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | 29 | % | 11.0 - 45.0 |
| PLATELET DISTRIBUTION WIDTH (PDW) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD | 16.1 | % | 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

CLINICAL CHEMISTRY/BIOCHEMISTRY

UREA

UREA: SERUM 46.68 mg/dL 10.00 - 50.00 by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)

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CREATININE

CREATININE: SERUM by ENZYMATIC, SPECTROPHOTOMETRY 1.46^H mg/dL 0.40 - 1.40



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COLLECTED BY REG. NO./LAB NO. :012502060025

REFERRED BY **REGISTRATION DATE** :06/Feb/2025 11:10 AM BARCODE NO. :01525049 **COLLECTION DATE** :06/Feb/2025 11:14AM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 06/Feb/2025 03:21PM

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

Value Unit **Biological Reference interval Test Name**

CLINICAL PATHOLOGY

MICROALBUMIN/CREATININE RATIO - RANDOM URINE

| MICROALBUMIN: RANDOM URINE | 4.6 | mg/L | 0 - 25 |
|---|-------|-------|----------|
| CREATININE: RANDOM URINE by SPECTROPHOTOMETRY | 25.69 | mg/dL | 20 - 320 |
| MICROALBUMIN/CREATININE RATIO - | 17.91 | mg/g | 0 - 30 |

RANDOM URINE

by SPECTROPHOTOMETRY

INTERPRETATION:-

| PHYSIOLOGICALLY NORMAL: | mg/L | 0 - 30 |
|-------------------------|------|----------|
| MICROALBUMINURIA: | mg/L | 30 - 300 |
| GROSS PROTEINURIA: | mg/L | > 300 |

Long standing un-treated Diabetes and Hypertension can lead to renal dysfunction.

2. Diabetic nephropathy or kidney disease is the most common cause of end stage renal disease(ERSD) or kidney failure.

3. Presence of Microalbuminuria is an early indicator of onset of compromised renal function in these patients.

4. Microalbuminuria is the condition when urinary albumin excretion is between 30-300 mg & above this it is called as macroalbuminuria, the presence of which indicates serious kidney disease, but of cardiovascular disease in patients with dibotes & bypertension.

5.Microalbuminuria is not only associated with kidney disease but of cardiovascular disease in patients with dibetes & hypertension.

6.Microalbuminuria reflects vascular damage & appear to be a marker of of early arterial disease & endothelial dysfunction.

NOTE:- IF A PATIENT HAS = 1+ PROTEINURIA (30 mg/dl OR 300 mg/L) BY URINE DIPSTICK (URINEANALYSIS), OVERT PROTEINURIA IS PRESENT AND TESTING FOR MICROALBUMIN IS INAPPROPIATE. IN SUCH A CASE, URINE PROTEIN:CREATININE RATIO OR 24 HOURS TOTAL URINE MICROPROTEIN IS APPROPIATE.

*** End Of Report ***



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