

(A Unit of KOS Healthcare)



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

NAME : Mr. SUMIT

AGE/ GENDER : 38 YRS/MALE PATIENT ID : 1750442

COLLECTED BY : REG. NO./LAB NO. : 012502080057

 REFERRED BY
 : 08/Feb/2025 06:25 PM

 BARCODE NO.
 : 01525177
 COLLECTION DATE
 : 08/Feb/2025 06:26 PM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 08/Feb/2025 07:31 PM

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	8.6 ^L	gm/dL	12.0 - 17.0
RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	5.73 ^H	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	29.1 ^L	%	40.0 - 54.0
MEAN CORPUSCULAR VOLUME (MCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	50.8 ^L	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	15 ^L	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	29.4 ^L	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	20.5 ^H	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	38.8	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED	8.87	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX by CALCULATED	18.16	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	8020	/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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DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST



by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER



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Test Name	Value	Unit	Biological Reference interval
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHILS	79 ^H	%	50 - 70
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY		0/	00 40
LYMPHOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	16 ^L	%	20 - 40
EOSINOPHILS	1	%	1 - 6
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
MONOCYTES	4	%	2 - 12
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY BASOPHILS	0	%	0 - 1
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	U	70	0 - 1
ABSOLUTE LEUKOCYTES (WBC) COUNT			
ABSOLUTE NEUTROPHIL COUNT by Flow cytometry by SF cube & microscopy	6336	/cmm	2000 - 7500
ABSOLUTE LYMPHOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	1283	/cmm	800 - 4900
ABSOLUTE EOSINOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	80	/cmm	40 - 440
ABSOLUTE MONOCYTE COUNT	321	/cmm	80 - 880
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
PLATELETS AND OTHER PLATELET PREDICTIVE	MARKERS.		
PLATELET COUNT (PLT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	462000 ^H	/cmm	150000 - 450000
PLATELETCRIT (PCT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	0.5 ^H	%	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	179000 ^H	/cmm	30000 - 90000
PLATELET LARGE CELL RATIO (P-LCR) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	38.8	%	11.0 - 45.0
PLATELET DISTRIBUTION WIDTH (PDW) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD	15.3	%	15.0 - 17.0



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GLYCOSYLATED HAEMOGLOBIN (HBA1C)

GLYCOSYLATED HAEMOGLOBIN (HbA1c): 9,7^H % 4.0 - 6.4

WHOLE BLOOD

by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)

ESTIMATED AVERAGE PLASMA GLUCOSE by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) mg/dL 60.00 - 140.00

INTERPRETATION:

AS PER AIVIERICAN D	IABETES ASSOCIATION (ADA):	
REFERENCE GROUP	GLYCOSYLATED HEMOGL	OGIB (HBAIC) in %
Non diabetic Adults >= 18 years	<5.7	
At Risk (Prediabetes)	5.7 – 6.4	4
Diagnosing Diabetes	>= 6.5	
ž ž	Age > 19 Y	ears
	Goals of Therapy:	< 7.0
Therapeutic goals for glycemic control	Actions Suggested:	>8.0
	Age < 19 Y	ears
	Goal of therapy:	<7.5

COMMENTS:

1. Glycosylated hemoglobin (HbA1c) test is three monthly monitoring done to assess compliace with therapeutic regimen in diabetic patients.

2. Since Hb1c reflects long term fluctuations in blood glucose concentration, a diabetic patient who has recently under good control may still have high concentration of HbAlc. Converse is true for a diabetic previously under good control but now poorly controlled.

3. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targetting a goal of < 7.0% may not be

appropriate

4 High

HbA1c (>9.0 -9.5 %) is strongly associated with risk of development and rapid progression of microvascular and nerve complications

5.Any condition that shorten RBC life span like acute blood loss, hemolytic anemia falsely lower HbA1c results.

6.HbA1c results from patients with HbSS,HbSC and HbD must be interpreted with caution, given the pathological processes including anemia, increased red cell turnover, and transfusion requirement that adversely impact HbA1c as a marker of long-term gycemic control.

7. Specimens from patients with polycythemia or post-splenctomy may exhibit increse in HbA1c values due to a somewhat longer life span of the red cells.



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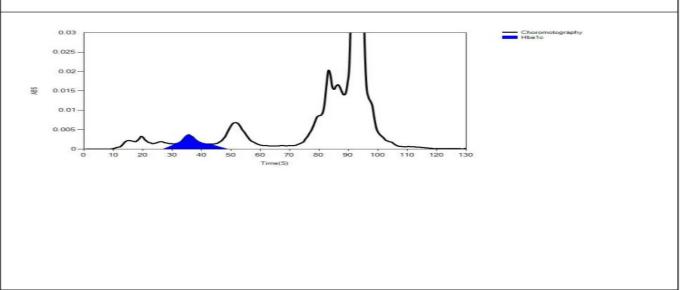
Test Name Value Unit **Biological Reference interval**

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LIFOTRONIC Graph Report

Name :	Case:	Patient Type :	Test Date: 08/02/2025 22:55:05
Age:	Department:	Sample Type: Whole Blood EDTA	Sample ld: 01525177
Gender:			Total Area: 6102

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	68	1682	5025	76.8
HbA1c	38	69	636	9.7
La1c	26	37	221	3.4
HbF	19	19	28	0.4
Hba1b	14	33	104	1.6
Hba1a	11	22	88	1.3



*** End Of Report

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