



	<b>Dr. Vinay Chopra</b> MD (Pathology & Micr Chairman & Consultar	obiology)		(Pathology)
NAME	: Mrs. PRIYA			
AGE/ GENDER	: 31 YRS/FEMALE		PATIENT ID	: 1755320
COLLECTED BY	:		REG. NO./LAB NO.	: 012502130026
REFERRED BY	:		<b>REGISTRATION DATE</b>	: 13/Feb/2025 09:59 AM
BARCODE NO.	: 01525432		COLLECTION DATE	: 13/Feb/2025 10:02AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 13/Feb/2025 10:43AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBA	ALA CANTT		
Test Name		Value	Unit	<b>Biological Reference interval</b>
		HAEM	ATOLOGY	
	COMP		OOD COUNT (CBC)	
RED BLOOD CELLS	(RBCS) COUNT AND INDICES		(020)	
HAEMOGLOBIN (H		10 <sup>L</sup>	gm/dL	12.0 - 16.0
by CALORIMETRIC			ů,	0.50 5.00
RED BLOOD CELL (	RBC) COUNT OCUSING, ELECTRICAL IMPEDENCE	3.88	Millions/	cmm 3.50 - 5.00
ACKED CELL VOLU	JME (PCV)	31.3 <sup>L</sup>	%	37.0 - 50.0
	utomated hematology analyzer AR VOLUME (MCV)	80.6	fL	80.0 - 100.0
by CALCULATED BY A	UTOMATED HEMATOLOGY ANALYZER			
	AR HAEMOGLOBIN (MCH) UTOMATED HEMATOLOGY ANALYZER	25.7 <sup>L</sup>	pg	27.0 - 34.0
MEAN CORPUSCUL	AR HEMOGLOBIN CONC. (MCHC) UTOMATED HEMATOLOGY ANALYZER	31.8 <sup>L</sup>	g/dL	32.0 - 36.0
	UTION WIDTH (RDW-CV)	14.7	%	11.00 - 16.00
RED CELL DISTRIB	UTOMATED HEMATOLOGY ANALYZER UTION WIDTH (RDW-SD) UTOMATED HEMATOLOGY ANALYZER	44.3	fL	35.0 - 56.0
		20.77	RATIO	BETA THALASSEMIA TRAIT: <
MENTZERS INDEX				13.0
by CALCULATED	DEX	30.45	RATIO	13.0 IRON DEFICIENCY ANEMIA: >13.0 BETA THALASSEMIA TRAIT:<=
by CALCULATED	DEX	30.45	RATIO	13.0 IRON DEFICIENCY ANEMIA: >13.0 BETA THALASSEMIA TRAIT:<= 65.0
by CALCULATED	DEX	30.45	RATIO	13.0 IRON DEFICIENCY ANEMIA: >13.0 BETA THALASSEMIA TRAIT:<=
by CALCULATED GREEN & KING INE by CALCULATED WHITE BLOOD CE	LLS (WBCS)	30.45	RATIO	13.0 IRON DEFICIENCY ANEMIA: >13.0 BETA THALASSEMIA TRAIT:<= 65.0 IRON DEFICIENCY ANEMIA: >
by CALCULATED GREEN & KING INE by CALCULATED WHITE BLOOD CE FOTAL LEUCOCYTE	<b>LLS (WBCS)</b> COUNT (TLC)	30.45 <b>11330<sup>H</sup></b>	RATIO /cmm	13.0 IRON DEFICIENCY ANEMIA: >13.0 BETA THALASSEMIA TRAIT:<= 65.0 IRON DEFICIENCY ANEMIA: >
GREEN & KING INE by Calculated WHITE BLOOD CE FOTAL LEUCOCYTE by FLOW CYTOMETRY	LLS (WBCS)			13.0 IRON DEFICIENCY ANEMIA: >13.0 BETA THALASSEMIA TRAIT:<= 65.0 IRON DEFICIENCY ANEMIA: > 65.0
by CALCULATED GREEN & KING INE by CALCULATED WHITE BLOOD CE TOTAL LEUCOCYTE by FLOW CYTOMETRY NUCLEATED RED E by AUTOMATED 6 PAF	<b>LLS (WBCS)</b> COUNT (TLC) ′ by sf cube & microscopy	11330 <sup>H</sup>		13.0 IRON DEFICIENCY ANEMIA: >13.0 BETA THALASSEMIA TRAIT:<= 65.0 IRON DEFICIENCY ANEMIA: > 65.0 4000 - 11000





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Page 1 of 8





Dr. Vinay Chopra

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

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Test Name		Value	Unit	Biological Reference interval
DIFFERENTIAL LE	UCOCYTE COUNT (DLC)			
NEUTROPHILS by FLOW CYTOMETRY	Y BY SF CUBE & MICROSCOPY	72 <sup>H</sup>	%	50 - 70
LYMPHOCYTES by FLOW CYTOMETRY	Y BY SF CUBE & MICROSCOPY	15 <sup>L</sup>	%	20 - 40
EOSINOPHILS by FLOW CYTOMETRY	Y BY SF CUBE & MICROSCOPY	7 <sup>H</sup>	%	1 - 6
MONOCYTES	Y BY SF CUBE & MICROSCOPY	6	%	2 - 12
BASOPHILS	Y BY SF CUBE & MICROSCOPY	0	%	0 - 1
	CYTES (WBC) COUNT			
ABSOLUTE NEUTR	OPHIL COUNT y by sf cube & microscopy	8158 <sup>H</sup>	/cmm	2000 - 7500
ABSOLUTE LYMPH	OCYTE COUNT Y BY SF CUBE & MICROSCOPY	1700	/cmm	800 - 4900
ABSOLUTE EOSINO	PHIL COUNT ( by sf cube & microscopy	793 <sup>H</sup>	/cmm	40 - 440
ABSOLUTE MONOC	YTE COUNT y by sf cube & microscopy	680	/cmm	80 - 880
PLATELETS AND O	THER PLATELET PREDICTIV	<u>E MARKERS.</u>		
PLATELET COUNT by HYDRO DYNAMIC F	(PLT) OCUSING, ELECTRICAL IMPEDENCE	227000	/cmm	150000 - 450000
PLATELETCRIT (PC by HYDRO DYNAMIC F	CT) FOCUSING, ELECTRICAL IMPEDENCE	0.19	%	0.10 - 0.36
MEAN PLATELET V by hydro dynamic f	OLUME (MPV)	8	fL	6.50 - 12.0
	CELL COUNT (P-LCC)	40000	/cmm	30000 - 90000
PLATELET LARGE (	CELL RATIO (P-LCR)	17.6	%	11.0 - 45.0
PLATELET DISTRIE	BUTION WIDTH (PDW) FOCUSING, ELECTRICAL IMPEDENCE CTED ON EDTA WHOLE BLOOD	16.4	%	15.0 - 17.0



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CLIENT CODE.	: KOS DIAGNOSTIC LAB		<b>REPORTING DATE</b>	: 13/Feb/2025 11:34AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD,	AMBALA CANT	Т	
Test Name		Value	Unit	Biological Reference interval

## INTERPRETATION:-

SIGNIFICANCE:

1. The indirect Coombs test (also known as the indirect antiglobulin test or IAT) is used to detect in-vitro antibody-antigen reactions.

2.To detect very low concentrations of antibodies present in a patient's plasma/serum prior to a blood transfusion. The donor's and recipient's blood must be ABO and Rh D compatible.

3.In antenatal care, the IAT is used to screen pregnant women for antibodies IgG that are likely to pass through the placenta into the fetal blood and cause hemolytic disease of the newborn.

4. The IAT can also be used for compatibility testing, antibody identification, RBC phenotyping, and titration studies.

KOS Diagnostic Lab (A Unit of KOS Healthcare)



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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



TN

) 9001 : 2008 CERTI	IFIED LAB		EXCELLENCE IN HEALTHCARE	& DIAGNOSTICS
	<b>Dr. Vinay Cl</b> MD (Pathology Chairman & Co		Dr. Yugam MD CEO & Consultant	(Pathology)
NAME AGE/ GENDER COLLECTED BY REFERRED BY BARCODE NO. CLIENT CODE. CLIENT ADDRESS	: Mrs. PRIYA : 31 YRS/FEMALE : : : 01525432 : KOS DIAGNOSTIC LAB : 6349/1, NICHOLSON ROAD	RE RE CO RE	FIENT ID G. NO./LAB NO. GISTRATION DATE LLECTION DATE PORTING DATE	: 1755320 <b>: 012502130026</b> : 13/Feb/2025 09:59 AM : 13/Feb/2025 10:02AM : 13/Feb/2025 12:07PM
Test Name		Value	Unit	Biological Reference interval
GLUCOSE FASTING	GLUCOSE TOLERANC		Y/BIOCHEMIST 2 HRS AFTER 75 ( mg/dL	
GLUCOSE AFTER 12	20 MINS: PLASMA E - peroxidase (god-pod)	130.8	mg/dL	DIABETIC: > 0R = 126.0 60.0 - 160.0
	<i>d</i>	Gho	yra	
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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	MBALA CANTT		
Test Name		Value	Unit	Biological Reference interva
	THYRO	M 1.625	IOLOGY IG HORMONE (TSI µIU/mL	<b>H)</b> 0.35 - 5.50
by CMIA (CHEMILUMIN Brd GENERATION, ULT	ATING HORMONE (TSH): SERUN	<b>ID STIMULATIN</b> M 1.625	G HORMONE (TSI	
by CMIA (CHEMILUMIN Brd GENERATION, ULT	ATING HORMONE (TSH): SERUN	<b>ID STIMULATIN</b> M 1.625	G HORMONE (TSI	0.35 - 5.50
by CMIA (CHEMILUMIN 3rd GENERATION, ULT	ATING HORMONE (TSH): SERUI NESCENT MICROPARTICLE IMMUNOAS TRASENSITIVE	<b>ID STIMULATIN</b> M 1.625	<b>IG HORMONE (TSI</b> μIU/mL	0.35 - 5.50
by CMIA (CHEMILUMIN Brd GENERATION, ULT	ATING HORMONE (TSH): SERUI NESCENT MICROPARTICLE IMMUNOAS RASENSITIVE AGE	<b>ID STIMULATIN</b> M 1.625	IG HORMONE (TSI μIU/mL REFFERENCE RANGE (μ	0.35 - 5.50
by CMIA (CHEMILUMIN 3rd GENERATION, ULT	ATING HORMONE (TSH): SERUI NESCENT MICROPARTICLE IMMUNOASS RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months	<b>ID STIMULATIN</b> M 1.625	<b>G HORMONE (TSI</b> μIU/mL <b>REFFERENCE RANGE (μ</b> 0.70 – 15.20 0.70 – 11.00 0.70 – 8.40	0.35 - 5.50
by CMIA (CHEMILUMIN 3rd GENERATION, ULT	ATING HORMONE (TSH): SERUI NESCENT MICROPARTICLE IMMUNOASS RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years	<b>ID STIMULATIN</b> M 1.625	<b>G HORMONE (TSI</b> μIU/mL <b>REFFERENCE RANGE (μ</b> 0.70 – 15.20 0.70 – 11.00 0.70 – 8.40 0.70 – 7.00	0.35 - 5.50
by CMIA (CHEMILUMIN 3rd GENERATION, ULT	ATING HORMONE (TSH): SERUI VESCENT MICROPARTICLE IMMUNOASS RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years 6 – 10 Years	<b>ID STIMULATIN</b> M 1.625	<b>G HORMONE (TSI</b> μIU/mL <b>REFFERENCE RANGE (μ</b> 0.70 – 15.20 0.70 – 11.00 0.70 – 8.40 0.70 – 7.00 0.60 – 5.50	0.35 - 5.50
by CMIA (CHEMILUMIN 3rd GENERATION, ULT	ATING HORMONE (TSH): SERUI VESCENT MICROPARTICLE IMMUNOASS RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years 6 – 10 Years 11 - 15	<b>ID STIMULATIN</b> M 1.625	<b>G HORMONE (TSI</b> μIU/mL <b>REFFERENCE RANGE (μ</b> 0.70 – 15.20 0.70 – 11.00 0.70 – 8.40 0.70 – 7.00 0.60 – 5.50 0.50 – 5.50	0.35 - 5.50
by CMIA (CHEMILUMIN 3rd GENERATION, ULT	ATING HORMONE (TSH): SERUI VESCENT MICROPARTICLE IMMUNOASS RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years 6 – 10 Years 11 - 15 > 20 Years (Adults)	ID STIMULATIN M 1.625 SAY)	<b>G HORMONE (TSI</b> μIU/mL <b>REFFERENCE RANGE (μ</b> 0.70 – 15.20 0.70 – 11.00 0.70 – 8.40 0.70 – 7.00 0.60 – 5.50	0.35 - 5.50
by CMIA (CHEMILUMIN Brd GENERATION, ULT	ATING HORMONE (TSH): SERUN VESCENT MICROPARTICLE IMMUNOASS RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years 6 – 10 Years 11 - 15 > 20 Years (Adults)	<b>ID STIMULATIN</b> M 1.625	<b>G HORMONE (TSI</b> μIU/mL <b>REFFERENCE RANGE (μ</b> 0.70 – 15.20 0.70 – 11.00 0.70 – 8.40 0.70 – 7.00 0.60 – 5.50 0.50 – 5.50 0.27 – 5.50	0.35 - 5.50
by CMIA (CHEMILUMIN 3rd GENERATION, ULT	ATING HORMONE (TSH): SERUN VESCENT MICROPARTICLE IMMUNOASS RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years 6 – 10 Years 11 - 15 > 20 Years (Adults) 1st Trimester	ID STIMULATIN M 1.625 SAY)	<b>G HORMONE (TSI</b> μIU/mL <b>REFFERENCE RANGE (μ</b> 0.70 – 15.20 0.70 – 11.00 0.70 – 8.40 0.70 – 7.00 0.60 – 5.50 0.50 – 5.50 0.27 – 5.50 0.10 - 3.00	0.35 - 5.50
	ATING HORMONE (TSH): SERUN VESCENT MICROPARTICLE IMMUNOASS RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years 6 – 10 Years 11 - 15 > 20 Years (Adults)	ID STIMULATIN M 1.625 SAY)	<b>G HORMONE (TSI</b> μIU/mL <b>REFFERENCE RANGE (μ</b> 0.70 – 15.20 0.70 – 11.00 0.70 – 8.40 0.70 – 7.00 0.60 – 5.50 0.50 – 5.50 0.27 – 5.50	0.35 - 5.50

**USE**:- TSH controls biosynthesis and release of thyroid harmones T4 & T3. It is a sensitive measure of thyroid function, especially useful in early or subclinical hypothyroidism, before the patient develops any clinical findings or goitre or any other thyroid function abnormality. **INCREASED LEVELS**:

1. Primary or untreated hypothyroidism, may vary from 3 times to more than 100 times normal depending on degree of hypofunction.

2. Hypothyroid patients receiving insufficient thyroid replacement therapy.

3. Hashimotos thyroiditis.

4.DRUGS: Amphetamines, Iodine containing agents and dopamine antagonist.

5.Neonatal period, increase in 1st 2-3 days of life due to post-natal surge.

DECREASED LEVELS:

1. Toxic multi-nodular goitre & Thyroiditis.

2. Over replacement of thyroid harmone in treatment of hypothyroidism.

3. Autonomously functioning Thyroid adenoma

4. Secondary pituatary or hypothalmic hypothyroidism

5. Acute psychiatric illness

6.Severe dehydration.

7.DRUGS: Glucocorticoids, Dopamine, Levodopa, T4 replacement therapy, Anti-thyroid drugs for thyrotoxicosis.





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		m Chopra
	MD (Pathology & Mi Chairman & Consult : Mrs. PRIYA : 31 YRS/FEMALE :	MD (Pathology & Microbiology) Chairman & Consultant Pathologist CEO & Consultant : Mrs. PRIYA : 31 YRS/FEMALE PATIENT ID : REG. NO./LAB NO.

Test Name	Value	Unit	Biological Reference interval

8.Pregnancy: 1st and 2nd Trimester

LIMITATIONS:

1.TSH may be normal in central hypothyroidism, recent rapid correction of hyperthyroidism or hypothyroidism, pregnancy, phenytoin therapy. 2. Autoimmune disorders may produce spurious results.



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Test Name		Value	Unit	Biological Reference interval
		CLINICAL PATH	OLOGY	
	URINE RO	UTINE & MICROSCO	<b>DPIC EXAMIN</b>	ATION
PHYSICAL EXAMINATION				
QUANTITY RECIEVED by DIP STICK/REFLECTANCE SPECTRON	PHOTOMETRY	10	ml	
COLOUR		PALE YELLOW		PALE YELLOW
by DIP STICK/REFLECTANCE SPECTRON TRANSPARANCY	PHOTOMETRY	HAZY		CLEAR
by DIP STICK/REFLECTANCE SPECTRO	PHOTOMETRY	117/2 1		
SPECIFIC GRAVITY by DIP STICK/REFLECTANCE SPECTRON	PHOTOMETRY	<=1.005		1.002 - 1.030
CHEMICAL EXAMINATION	THOTOMETRY			
REACTION		ACIDIC		
by DIP STICK/REFLECTANCE SPECTRON PROTEIN	PHOTOMETRY	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTRO	PHOTOMETRY	Ŭ		
SUGAR by DIP STICK/REFLECTANCE SPECTRON	PHOTOMETRY	Negative		NEGATIVE (-ve)
pH		6		5.0 - 7.5
by DIP STICK/REFLECTANCE SPECTRON BILIRUBIN	PHOIOMEIRY	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTRO	PHOTOMETRY			
NITRITE by DIP STICK/REFLECTANCE SPECTRON	PHOTOMETRY.	Negative		NEGATIVE (-ve)
UROBILINOGEN by DIP STICK/REFLECTANCE SPECTRON	PHOTOMETRY	Normal	EU/dL	0.2 - 1.0
KETONE BODIES by DIP STICK/REFLECTANCE SPECTRO		Negative		NEGATIVE (-ve)
BLOOD		Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTRON ASCORBIC ACID	PHOTOMETRY	NEGATIVE (-ve)		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTRO	PHOTOMETRY	INEGATIVE (-Ve)		INEGATIVE (-VE)
MICROSCOPIC EXAMINATION				
RED BLOOD CELLS (RBCs)		NEGATIVE (-ve)	/HPF	0 - 3



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: Mrs. PRIYA

NAME





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

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PUS CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	1-2	/HPF	0 - 5
EPITHELIAL CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	2-3	/HPF	ABSENT
CRYSTALS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
CASTS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
BACTERIA by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
OTHERS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
TRICHOMONAS VAGINALIS (PROTOZOA) by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	ABSENT		ABSENT

\*\* End Of Report \*\*\*



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