

# **KOS Diagnostic Lab**





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

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

**NAME** : Mrs. RAJ

**AGE/ GENDER** : 66 YRS/FEMALE **PATIENT ID** : 1756639

**COLLECTED BY** REG. NO./LAB NO. :012502140029

REFERRED BY **REGISTRATION DATE** : 14/Feb/2025 11:39 AM BARCODE NO. :01525500 **COLLECTION DATE** : 14/Feb/2025 11:39AM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 14/Feb/2025 11:48AM

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

**Value** Unit **Biological Reference interval Test Name** 

### **HAEMATOLOGY** HAEMOGLOBIN (HB)

HAEMOGLOBIN (HB) 8.1<sup>L</sup> 12.0 - 16.0gm/dL

by CALORIMETRIC

**INTERPRETATION:-**Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the bodys tissues and returns carbon dioxide from the tissues back to the lungs.

A low hemoglobin level is referred to as ANEMIA or low red blood count.

#### ANEMIA (DECRESED HAEMOGLOBIN):

1) Loss of blood (traumatic injury, surgery, bleeding, colon cancer or stomach ulcer)

- 2) Nutritional deficiency (iron, vitamin B12, folate)
- 3) Bone marrow problems (replacement of bone marrow by cancer)
- 4) Suppression by red blood cell synthesis by chemotherapy drugs
- 5) Kidney failure
- 6) Abnormal hemoglobin structure (sickle cell anemia or thalassemia).

#### POLYCYTHEMIA (INCREASED HAEMOGLOBIN):

- 1) People in higher altitudes (Physiological)
- 2) Smoking (Secondary Polycythemia)
- 3) Dehydration produces a falsely rise in hemoglobin due to increased haemoconcentration
- 4) Advanced lung disease (for example, emphysema)
- 5) Certain tumors
- 6) A disorder of the bone marrow known as polycythemia rubra vera,
- 7) Abuse of the drug erythropoetin (Epogen) by athletes for blood doping purposes (increasing the amount of oxygen available to the body by chemically raising the production of red blood cells).

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST





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(A Unit of KOS Healthcare)



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**NAME** : Mrs. RAJ

**AGE/ GENDER** : 66 YRS/FEMALE **PATIENT ID** :1756639

**COLLECTED BY** REG. NO./LAB NO. : 012502140029

REFERRED BY **REGISTRATION DATE** : 14/Feb/2025 11:39 AM BARCODE NO. :01525500 **COLLECTION DATE** : 14/Feb/2025 11:39AM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 14/Feb/2025 12:32PM

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

**Value** Unit **Biological Reference interval Test Name** 

## **CLINICAL CHEMISTRY/BIOCHEMISTRY GLUCOSE FASTING (F)**

GLUCOSE FASTING (F): PLASMA NORMAL: < 100.0 132.48<sup>H</sup> mg/dL

by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD) PREDIABETIC: 100.0 - 125.0

DIABETIC: > 0R = 126.0

INTERPRETATION
IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A fasting plasma glucose level below 100 mg/dl is considered normal.

2. A fasting plasma glucose level between 100 - 125 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood

test (after consumption of 75 gms of glucose) is recommended for all such patients.

3. A fasting plasma glucose level of above 125 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients. A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.

End Of Report



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