

KOS Diagnostic Lab

(A Unit of KOS Healthcare)



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

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

NAME : Mr. MADHAV

AGE/ GENDER : 16 YRS/MALE **PATIENT ID** :1758710

COLLECTED BY REG. NO./LAB NO. :012502150045

REFERRED BY **REGISTRATION DATE** : 15/Feb/2025 08:05 PM BARCODE NO. :01525573 **COLLECTION DATE** : 15/Feb/2025 08:12PM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 15/Feb/2025 08:31PM

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	13.3	gm/dL	12.0 - 17.0
RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	5.17 ^H	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	40.4	%	35.0 - 49.0
MEAN CORPUSCULAR VOLUME (MCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	78.2 ^L	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	25.7 ^L	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	32.9	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	14.8	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	43.4	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED	15.13	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX by CALCULATED	22.36	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	6120	/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 %



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY) 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 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	48 ^L	%	50 - 70			
LYMPHOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	35	%	20 - 40			
EOSINOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	5	%	1 - 6			
MONOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	12	%	2 - 12			
BASOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	0	%	0 - 1			
ABSOLUTE LEUKOCYTES (WBC) COUNT						
ABSOLUTE NEUTROPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	2938	/cmm	2000 - 7500			
ABSOLUTE LYMPHOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	2142	/cmm	800 - 4900			
ABSOLUTE EOSINOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	306	/cmm	40 - 440			
ABSOLUTE MONOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	734	/cmm	80 - 880			
ABSOLUTE BASOPHIL COUNT by flow cytometry by sf cube & microscopy	0	/cmm	0 - 110			
PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.						
PLATELET COUNT (PLT) by hydro dynamic focusing, electrical impedence	249000	/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	11	fL	6.50 - 12.0			
PLATELET LARGE CELL COUNT (P-LCC) by hydro dynamic focusing, electrical impedence	84000	/cmm	30000 - 90000			
PLATELET LARGE CELL RATIO (P-LCR) by hydro dynamic focusing, electrical impedence	33.8	%	11.0 - 45.0			
PLATELET DISTRIBUTION WIDTH (PDW) by hydro dynamic focusing, electrical impedence NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD	15.9	%	15.0 - 17.0			



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Test Name Value Unit **Biological Reference interval**

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IMMUNOPATHOLOGY/SEROLOGY WIDAL SLIDE AGGLUTINATION TEST

SALMONELLA TYPHI O by SLIDE AGGLUTINATION	NIL	TITRE	1:80
SALMONELLA TYPHI H by SLIDE AGGLUTINATION	NIL	TITRE	1:160
SALMONELLA PARATYPHI AH by SLIDE AGGLUTINATION	NIL	TITRE	1:160
SALMONELLA PARATYPHI BH	NIL	TITRE	1:160

INTERPRETATION:

- 1.Titres of 1:80 or more for "O" agglutinin is considered significant.
- 2. Titres of 1:160 or more for "H" agglutinin is considered significant.

LIMITATIONS:

- 1.Agglutinins usually appear by 5th to 6th day of illness of enteric fever, hence a negative result in early stage is inconclusive. The titre then rises till 3rd or 4th week, after which it declines gradually.
- 2.Lower titres may be found in normal individuals.
- 3.A single positive result has less significance than the rising agglutination titre, since demonstration of rising titre four or more in 1st and 3rd week is considered as a definite evidence of infection.
- 4.A simultaneous rise in H agglutinins is suggestive of paratyphoid infection.

NOTE:

- 1.Individuals with prior infection or immunization with TAB vaccine may develop an ANAMNESTIC RESPONSE (False-Positive) during an unrelated fever i.e High titres of antibodies to various antigens. This may be differentiated by repitition of the test after a week.
- 2. The anamnestic response shows only a transient rise, while in enteric fever rise is sustained.
- 3.H agglutinins tend to persist for many months after vaccination but O agglutinins tend to disappear sooner i.e within 6 months. Therefore rise in Oagglutinins indicate recent infection.

*** End Of Report ***



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