

Dr. Vinay Chopra
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 Chairman & Consultant Pathologist

Dr. Yugam Chopra
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| | | | |
|-----------------------|--|--------------------------|------------------------|
| NAME | : Mrs. SHWETA | PATIENT ID | : 1769558 |
| AGE/ GENDER | : 40 YRS/FEMALE | REG. NO./LAB NO. | : 012502250032 |
| COLLECTED BY | : | REGISTRATION DATE | : 25/Feb/2025 11:55 AM |
| REFERRED BY | : | COLLECTION DATE | : 25/Feb/2025 11:57AM |
| BARCODE NO. | : 01526126 | REPORTING DATE | : 25/Feb/2025 12:25PM |
| CLIENT CODE. | : KOS DIAGNOSTIC LAB | | |
| 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) <i>by CALORIMETRIC</i> | 10.8 ^L | gm/dL | 12.0 - 16.0 |
| RED BLOOD CELL (RBC) COUNT <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 3.73 | Millions/cmm | 3.50 - 5.00 |
| PACKED CELL VOLUME (PCV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 33.3 ^L | % | 37.0 - 50.0 |
| MEAN CORPUSCULAR VOLUME (MCV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 89.5 | fL | 80.0 - 100.0 |
| MEAN CORPUSCULAR HAEMOGLOBIN (MCH) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 29 | pg | 27.0 - 34.0 |
| MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 32.4 | g/dL | 32.0 - 36.0 |
| RED CELL DISTRIBUTION WIDTH (RDW-CV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 20.1 ^H | % | 11.00 - 16.00 |
| RED CELL DISTRIBUTION WIDTH (RDW-SD) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 66.8 ^H | fL | 35.0 - 56.0 |
| MENTZERS INDEX <i>by CALCULATED</i> | 23.99 | RATIO | BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0 |
| GREEN & KING INDEX <i>by CALCULATED</i> | 48.31 | RATIO | BETA THALASSEMIA TRAIT:<= 65.0 IRON DEFICIENCY ANEMIA: > 65.0 |

WHITE BLOOD CELLS (WBCS)

| | | | |
|--|------|------|--------------|
| TOTAL LEUCOCYTE COUNT (TLC) <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 9120 | /cmm | 4000 - 11000 |
| NUCLEATED RED BLOOD CELLS (nRBCS) <i>by AUTOMATED 6 PART HEMATOLOGY ANALYZER</i> | NIL | | 0.00 - 20.00 |
| NUCLEATED RED BLOOD CELLS (nRBCS) % <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | NIL | % | < 10 % |



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| <u>DIFFERENTIAL LEUCOCYTE COUNT (DLC)</u> | | | |
| NEUTROPHILS <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 71 ^H | % | 50 - 70 |
| LYMPHOCYTES <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 21 | % | 20 - 40 |
| EOSINOPHILS <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 1 | % | 1 - 6 |
| MONOCYTES <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 7 | % | 2 - 12 |
| BASOPHILS <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 0 | % | 0 - 1 |
| <u>ABSOLUTE LEUKOCYTES (WBC) COUNT</u> | | | |
| ABSOLUTE NEUTROPHIL COUNT <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 6475 | /cmm | 2000 - 7500 |
| ABSOLUTE LYMPHOCYTE COUNT <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 1915 | /cmm | 800 - 4900 |
| ABSOLUTE EOSINOPHIL COUNT <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 91 ^L | /cmm | 40 - 440 |
| ABSOLUTE MONOCYTE COUNT <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 638 | /cmm | 80 - 880 |
| ABSOLUTE BASOPHIL COUNT <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 0 | /cmm | 0 - 110 |
| <u>PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.</u> | | | |
| PLATELET COUNT (PLT) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 214000 | /cmm | 150000 - 450000 |
| PLATELETCRIT (PCT) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 0.2 | % | 0.10 - 0.36 |
| MEAN PLATELET VOLUME (MPV) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 9 | fL | 6.50 - 12.0 |
| PLATELET LARGE CELL COUNT (P-LCC) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 46000 | /cmm | 30000 - 90000 |
| PLATELET LARGE CELL RATIO (P-LCR) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 21.7 | % | 11.0 - 45.0 |
| PLATELET DISTRIBUTION WIDTH (PDW) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 15.9 | % | 15.0 - 17.0 |

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD



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CLINICAL CHEMISTRY/BIOCHEMISTRY
GLUCOSE RANDOM (R)

| | | | |
|---|-------|-------|--|
| GLUCOSE RANDOM (R): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD) | 92.84 | mg/dL | NORMAL: < 140.00 PREDIABETIC: 140.0 - 200.0 DIABETIC: > OR = 200.0 |
|---|-------|-------|--|

INTERPRETATION

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A random plasma glucose level below 140 mg/dl is considered normal.
2. A random glucose level between 140 - 200 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 random glucose level of above 200 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.





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LIVER FUNCTION TEST (COMPLETE)

| | | | |
|--|---------------------------|-------|---|
| BILIRUBIN TOTAL: SERUM <i>by DIAZOTIZATION, SPECTROPHOTOMETRY</i> | 0.52 | mg/dL | INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20 |
| BILIRUBIN DIRECT (CONJUGATED): SERUM <i>by DIAZO MODIFIED, SPECTROPHOTOMETRY</i> | 0.09 | mg/dL | 0.00 - 0.40 |
| BILIRUBIN INDIRECT (UNCONJUGATED): SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i> | 0.43 | mg/dL | 0.10 - 1.00 |
| SGOT/AST: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i> | 36.3 | U/L | 7.00 - 45.00 |
| SGPT/ALT: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i> | 43.2 | U/L | 0.00 - 49.00 |
| AST/ALT RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i> | 0.84 | RATIO | 0.00 - 46.00 |
| ALKALINE PHOSPHATASE: SERUM <i>by PARA NITROPHENYL PHOSPHATASE BY AMINO METHYL PROPANOL</i> | 203.78^H | U/L | 40.0 - 130.0 |
| GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM <i>by SZASZ, SPECTROPHOTOMETRY</i> | 170.78^H | U/L | 0.00 - 55.0 |
| TOTAL PROTEINS: SERUM <i>by BIURET, SPECTROPHOTOMETRY</i> | 7.51 | gm/dL | 6.20 - 8.00 |
| ALBUMIN: SERUM <i>by BROMOCRESOL GREEN</i> | 4.25 | gm/dL | 3.50 - 5.50 |
| GLOBULIN: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i> | 3.26 | gm/dL | 2.30 - 3.50 |
| A : G RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i> | 1.3 | RATIO | 1.00 - 2.00 |

INTERPRETATION

NOTE:- To be correlated in individuals having SGOT and SGPT values higher than Normal Reference Range.

USE:- Differential diagnosis of diseases of hepatobiliary system and pancreas.

INCREASED:

| | |
|--|----------------------------|
| DRUG HEPATOTOXICITY | > 2 |
| ALCOHOLIC HEPATITIS | > 2 (Highly Suggestive) |
| CIRRHOSIS | 1.4 - 2.0 |
| INTRAHEPATIC CHOLESTASIS | > 1.5 |
| HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS | > 1.3 (Slightly Increased) |



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DECREASED:

1. Acute Hepatitis due to virus, drugs, toxins (with AST increased 3 to 10 times upper limit of normal)
2. Extra Hepatic cholestasis: 0.8 (normal or slightly decreased).

PROGNOSTIC SIGNIFICANCE:

| | |
|----------------------|-----------|
| NORMAL | < 0.65 |
| GOOD PROGNOSTIC SIGN | 0.3 - 0.6 |
| POOR PROGNOSTIC SIGN | 1.2 - 1.6 |




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| UREA | | | |
| UREA: SERUM by UREASE - GLUTAMATE DEHYDROGENASE (GLDH) | 25.86 | mg/dL | 10.00 - 50.00 |




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CREATININE

| | | | |
|---------------------------------|------|-------|-------------|
| CREATININE: SERUM | 0.75 | mg/dL | 0.40 - 1.20 |
| by ENZYMATIC, SPECTROPHOTOMETRY | | | |




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ELECTROLYTES PROFILE: SODIUM AND POTASSIUM

| | | | |
|---|-------|--------|---------------|
| SODIUM: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i> | 141.2 | mmol/L | 135.0 - 150.0 |
| POTASSIUM: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i> | 4.09 | mmol/L | 3.50 - 5.00 |

INTERPRETATION:-

SODIUM:-

Sodium is the major cation of extra-cellular fluid. Its primary function in the body is to chemically maintain osmotic pressure & acid base balance & to transmit nerve impulse.

HYPONATREMIA (LOW SODIUM LEVEL) CAUSES:-

1. Low sodium intake.
2. Sodium loss due to diarrhea & vomiting with adequate water and inadequate salt replacement.
3. Diuretics abuses.
4. Salt loosing nephropathy.
5. Metabolic acidosis.
6. Adrenocortical insufficiency .
7. Hepatic failure.

HYPERNATREMIA (INCREASED SODIUM LEVEL) CAUSES:-

1. Hyperapnea (Prolonged)
2. Diabetes insipidus
3. Diabetic acidosis
4. Cushing's syndrome
5. Dehydration

POTASSIUM:-

Potassium is the major cation in the intracellular fluid. 90% of potassium is concentrated within the cells. When cells are damaged, potassium is released in the blood.

HYPOKALEMIA (LOW POTASSIUM LEVELS):-

1. Diarrhoea, vomiting & malabsorption.
2. Severe Burns.
3. Increased Secretions of Aldosterone

HYPERKALEMIA (INCREASED POTASSIUM LEVELS):-

1. Oliguria
2. Renal failure or Shock
3. Respiratory acidosis
4. Hemolysis of blood

*** End Of Report ***



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