

Dr. Vinay Chopra  
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 Chairman & Consultant Pathologist

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

<b>NAME</b>	: Mr. RAJEEV	<b>PATIENT ID</b>	: 1771474
<b>AGE/ GENDER</b>	: 54 YRS/MALE	<b>REG. NO./LAB NO.</b>	: 012502260029
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 26/Feb/2025 04:45 PM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 26/Feb/2025 06:05PM
<b>BARCODE NO.</b>	: 01526173	<b>REPORTING DATE</b>	: 26/Feb/2025 05:28PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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### HAEMATOTOLOGY

#### COMPLETE BLOOD COUNT (CBC)

#### RED BLOOD CELLS (RBCS) COUNT AND INDICES

HAEMOGLOBIN (HB) <i>by CALORIMETRIC</i>	13.9	gm/dL	12.0 - 17.0
RED BLOOD CELL (RBC) COUNT <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	5.12 <sup>H</sup>	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	42	%	40.0 - 54.0
MEAN CORPUSCULAR VOLUME (MCV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	82	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	27.2	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	33.1	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	14.1	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	43.3	fL	35.0 - 56.0
MENTZERS INDEX <i>by CALCULATED</i>	16.02	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX <i>by CALCULATED</i>	22.62	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 &amp; MICROSCOPY</i>	19200 <sup>H</sup>	/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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<b><u>DIFFERENTIAL LEUCOCYTE COUNT (DLC)</u></b>			
NEUTROPHILS <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	86 <sup>H</sup>	%	50 - 70
LYMPHOCYTES <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	9 <sup>L</sup>	%	20 - 40
EOSINOPHILS <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	1	%	1 - 6
MONOCYTES <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	4	%	2 - 12
BASOPHILS <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	0	%	0 - 1
<b><u>ABSOLUTE LEUKOCYTES (WBC) COUNT</u></b>			
ABSOLUTE NEUTROPHIL COUNT <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	16512 <sup>H</sup>	/cmm	2000 - 7500
ABSOLUTE LYMPHOCYTE COUNT <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	1728	/cmm	800 - 4900
ABSOLUTE EOSINOPHIL COUNT <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	192	/cmm	40 - 440
ABSOLUTE MONOCYTE COUNT <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	768	/cmm	80 - 880
ABSOLUTE BASOPHIL COUNT <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	0	/cmm	0 - 110
ABSOLUTE IMMATURE GRANULOCYTE COUNT <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	0	/cmm	0.0 - 999.0
<b><u>PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.</u></b>			
PLATELET COUNT (PLT) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	194000	/cmm	150000 - 450000
PLATELETCRIT (PCT) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	0.24	%	0.10 - 0.36
MEAN PLATELET VOLUME (MPV) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	12	fL	6.50 - 12.0
PLATELET LARGE CELL COUNT (P-LCC) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	84000	/cmm	30000 - 90000
PLATELET LARGE CELL RATIO (P-LCR) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	43.2	%	11.0 - 45.0
PLATELET DISTRIBUTION WIDTH (PDW) <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	16.6	%	15.0 - 17.0



  
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NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD



  
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### PROTHROMBIN TIME STUDIES (PT/INR)

PT TEST (PATIENT) <i>by PHOTO OPTICAL CLOT DETECTION</i>	11.7	SECS	11.5 - 14.5
PT (CONTROL) <i>by PHOTO OPTICAL CLOT DETECTION</i>	12	SECS	
ISI <i>by PHOTO OPTICAL CLOT DETECTION</i>	1.1		
INTERNATIONAL NORMALISED RATIO (INR) <i>by PHOTO OPTICAL CLOT DETECTION</i>	0.97		0.80 - 1.20
PT INDEX <i>by PHOTO OPTICAL CLOT DETECTION</i>	102.56	%	

#### INTERPRETATION:-

1. INR is the parameter of choice in monitoring adequacy of oral anti-coagulant therapy. Appropriate therapeutic range varies with the disease and treatment intensity.
2. Prolonged INR suggests potential bleeding disorder /bleeding complications
3. Results should be clinically correlated.
4. Test conducted on Citrated Plasma

#### RECOMMENDED THERAPEUTIC RANGE FOR ORAL ANTI-COAGULANT THERAPY (INR)

INDICATION	INTERNATIONAL NORMALIZED RATIO (INR)
Treatment of venous thrombosis	2.0 - 3.0
Treatment of pulmonary embolism	
Prevention of systemic embolism in tissue heart valves	
Valvular heart disease	
Acute myocardial infarction	
Atrial fibrillation	
Bileaflet mechanical valve in aortic position	2.5 - 3.5
Recurrent embolism	
Mechanical heart valve	
Antiphospholipid antibodies <sup>+</sup>	

#### COMMENTS:



  
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The prothrombin time (PT) and its derived measures of prothrombin ratio (PR) and international normalized ratio (INR) are measures of the efficacy of the extrinsic pathway of coagulation. PT test reflects the adequacy of factors I (fibrinogen), II (prothrombin), V, VII, and X. It is used in conjunction with the activated partial thromboplastin time (aPTT) which measures the intrinsic pathway.

The common causes of prolonged prothrombin time are :

- 1.Oral Anticoagulant therapy.
- 2.Liver disease.
- 3.Vit K. deficiency.
- 4.Disseminated intra vascular coagulation.
- 5.Factor 5, 7 , 10 or Prothrombin deficiency



  
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## CLINICAL PATHOLOGY

### URINE ROUTINE & MICROSCOPIC EXAMINATION

#### PHYSICAL EXAMINATION

QUANTITY RECEIVED	10	ml	
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
COLOUR	AMBER YELLOW		PALE YELLOW
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
TRANSPARANCY	HAZY		CLEAR
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
SPECIFIC GRAVITY	<=1.005		1.002 - 1.030
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			

#### CHEMICAL EXAMINATION

REACTION	ACIDIC		
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
PROTEIN	1+		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
SUGAR	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
pH	5.5		5.0 - 7.5
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
BILIRUBIN	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
NITRITE	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
UROBILINOGEN	Normal	EU/dL	0.2 - 1.0
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
KETONE BODIES	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
BLOOD	2+		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
ASCORBIC ACID	NEGATIVE (-ve)		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			

#### MICROSCOPIC EXAMINATION

RED BLOOD CELLS (RBCs)	10-15	/HPF	0 - 3
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			



  
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PUS CELLS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	30-40	/HPF	0 - 5
EPITHELIAL CELLS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	2-3	/HPF	ABSENT
CRYSTALS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
CASTS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
BACTERIA <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
OTHERS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
TRICHOMONAS VAGINALIS (PROTOZOA) <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	ABSENT		ABSENT



  
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## MICROBIOLOGY

### CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: URINE

#### CULTURE AND SUSCEPTIBILITY: URINE

DATE OF SAMPLE 26-02-2025  
 SPECIMEN SOURCE URINE  
 INCUBATION PERIOD 48 HOURS  
*by AUTOMATED BROTH CULTURE*

**GRAM STAIN**  
*by MICROSCOPY*

**GRAM NEGATIVE (-ve)**

**CULTURE**  
*by AUTOMATED BROTH CULTURE*

**POSITIVE (+ve)**

ORGANISM  
*by AUTOMATED BROTH CULTURE*

ESCHERICHIA COLI (E.COLI)

#### AEROBIC SUSCEPTIBILITY: URINE

**AMOXICILLIN+CLAVULANIC ACID**  
*by AUTOMATED BROTH MICRORILUTION, CLSI*  
 Concentration: 8/4 µg/mL

**INTERMEDIATE**

**AMPICILLIN**  
*by AUTOMATED BROTH MICRORILUTION, CLSI*  
 Concentration: 8 µg/mL

**SENSITIVE**

**AMPICILLIN+SULBACTAM**  
*by AUTOMATED BROTH MICRORILUTION, CLSI*  
 Concentration: 8/4 µg/mL

**SENSITIVE**

**CHLORAMPHENICOL**  
*by AUTOMATED BROTH MICRORILUTION, CLSI*  
 Concentration: 8 µg/mL

**SENSITIVE**


**CIPROFLOXACIN**  
*by AUTOMATED BROTH MICRORILUTION, CLSI*  
 Concentration: 1 µg/mL


**SENSITIVE**

**DOXYCYCLINE**  
*by AUTOMATED BROTH MICRORILUTION, CLSI*

**RESISTANT**



  
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Concentration: 4 µg/mL			
<b>NALIDIXIC ACID</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	RESISTANT		
Concentration: 16 µg/mL			
<b>GENTAMICIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	SENSITIVE		
Concentration: 16 µg/mL			
<b>NITROFURATOIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	INTERMEDIATE		
Concentration: 16 µg/mL			
<b>NORFLOXACIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	SENSITIVE		
Concentration: 4 µg/mL			
<b>MINOCYCLINE</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	SENSITIVE		
Concentration: 4 µg/mL			
<b>TOBRAMYCIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	SENSITIVE		
Concentration: 4 µg/mL			
<b>AMIKACIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	SENSITIVE		
Concentration: 16 µg/mL			
<b>AZETREONAM</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	SENSITIVE		
Concentration: 4 µg/mL			
<b>CEFZOLIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	SENSITIVE		
Concentration: 16 µg/mL			
<b>CEFIXIME</b>	SENSITIVE		



  
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Test Name	Value	Unit	Biological Reference interval
<b>by AUTOMATED BROTH MICRოდILUTION, CLSI</b> <b>CEFOXITIN</b> <b>by AUTOMATED BROTH MICRოდILUTION, CLSI</b> Concentration: 8 µg/mL	SENSITIVE		
<b>CEFTAZIDIME</b> <b>by AUTOMATED BROTH MICRოდILUTION, CLSI</b> Concentration: 4 µg/mL	SENSITIVE		
<b>CEFTRIAXONE</b> <b>by AUTOMATED BROTH MICRოდILUTION, CLSI</b>	SENSITIVE		
<b>FOSFOMYCIN</b> <b>by AUTOMATED BROTH MICRოდILUTION, CLSI</b> Concentration: 64 µg/mL	SENSITIVE		
<b>LEVOFLOXACIN</b> <b>by AUTOMATED BROTH MICRოდILUTION, CLSI</b> Concentration: 2 µg/mL	INTERMEDIATE		
<b>NETILMICIN SULPHATE</b> <b>by AUTOMATED BROTH MICRოდILUTION, CLSI</b> Concentration: 8 µg/mL	SENSITIVE		
<b>PIPERACILLIN+TAZOBACTAM</b> <b>by AUTOMATED BROTH MICRოდILUTION, CLSI</b> Concentration: 16/4 µg/mL	SENSITIVE		
<b>TICARCILLIN+CLAVULANIC ACID</b> <b>by AUTOMATED BROTH MICRოდILUTION, CLSI</b> Concentration: 16/2 µg/mL	SENSITIVE		
<b>TRIMETHOPRIM+SULPHAMETHAZOLE</b> <b>by AUTOMATED BROTH MICRოდILUTION, CLSI</b> Concentration: 2/38 µg/mL	SENSITIVE		
<b>CEFPIME</b> <b>by AUTOMATED BROTH MICRოდILUTION, CLSI</b> Concentration: 2 µg/mL	SENSITIVE		



  
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<b>NAME</b>	: Mr. RAJEEV	<b>PATIENT ID</b>	: 1771474
<b>AGE/ GENDER</b>	: 54 YRS/MALE	<b>REG. NO./LAB NO.</b>	: 012502260029
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 26/Feb/2025 06:04 PM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 26/Feb/2025 06:05PM
<b>BARCODE NO.</b>	: 01526173	<b>REPORTING DATE</b>	: 28/Feb/2025 06:05PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
<b>DORIPENEM</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 1 µg/mL	INTERMEDIATE		
<b>IMIPINEM</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 1 µg/mL	SENSITIVE		
<b>MEROPENEM</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 1 µg/mL	SENSITIVE		
<b>COLISTIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 0.06 µg/mL	SENSITIVE		

**INTERPRETATION:**

1. In urine culture and sensitivity, presence of more than 100,000 organism per mL in midstream sample of urine is considered clinically significant. However in symptomatic patients, a smaller number of bacteria (100 to 10000/mL) may signify infection.
2. Colony count of 100 to 10000/ mL indicate infection, if isolate from specimen obtained by suprapubic aspiration or "in-and-out" catheterization or from patients with indwelling catheters.

**SUSCEPTIBILITY:**

1. A test interpreted as **SENSITIVE** implies that infection due to isolate may be appropriately treated with the dosage of an antimicrobial agent recommended for that type of infection and infecting species, unless otherwise indicated..
2. A test interpreted as **INTERMEDIATE** implies that the "infection due to the isolate may be appropriately treated in body sites where the drugs are physiologically concentrated or when a high dosage of drug can be used".
3. A test interpreted as **RESISTANT** implies that the "isolates are not inhibited by the usually achievable concentration of the agents with normal dosage, schedule and/or fall in the range where specific microbial resistance mechanism are likely (e.g. beta-lactamases), and clinical efficacy has not been reliable in treatment studies.

**CAUTION:**

Conditions which can cause a false Negative culture:

1. Patient is on antibiotics. Please repeat culture post therapy.
2. Anaerobic bacterial infection.
3. Fastidious aerobic bacteria which are not able to grow on routine culture media.
4. Besides all these factors, at least in 25-40 % of cases there is no direct correlation between in vivo clinical picture.
5. Renal tuberculosis to be confirmed by AFB studies.

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



  
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