

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



	Dr. Vinay Chopra MD (Pathology & Micro Chairman & Consultan	obiology)		(Pathology)	
NAME : Mast	er. JAKSH				
AGE/ GENDER : 5 MO	NTH(S)/MALE		PATIENT ID	: 1799665	
COLLECTED BY :			REG. NO./LAB NO.	: 012503200048	
REFERRED BY :			REGISTRATION DATE	: 20/Mar/2025 05:35 PM	
BARCODE NO. : 0152'			COLLECTION DATE	: 20/Mar/2025 05:38PM	
	DIAGNOSTIC LAB /1, NICHOLSON ROAD, AMBA		REPORTING DATE	: 20/Mar/2025 06:13PM	l
Test Name		Value	Unit	Biological Re	ference interval
		нағма	ATOLOGY		
	COMP		OD COUNT (CBC)		
RED BLOOD CELLS (RBCS)			, oz oconi (czo)		
HAEMOGLOBIN (HB)		10.7 ^L	gm/dL	12.0 - 16.0	
RED BLOOD CELL (RBC) CC		4.71	Millions	/cmm 3.50 - 5.50	
PACKED CELL VOLUME (PC by CALCULATED BY AUTOMATE	V)	32.6 ^L	%	35.0 - 49.0	
MEAN CORPUSCULAR VOL by CALCULATED BY AUTOMATE	JME (MCV)	69.2 ^L	fL	80.0 - 100.0	
MEAN CORPUSCULAR HAE	MOGLOBIN (MCH)	22.6 ^L	pg	27.0 - 34.0	
MEAN CORPUSCULAR HEN	OGLOBIN CONC. (MCHC)	32.7	g/dL	32.0 - 36.0	
RED CELL DISTRIBUTION V	VIDTH (RDW-CV)	14	%	11.00 - 16.00)
RED CELL DISTRIBUTION V	WIDTH (RDW-SD)	36.6	fL	35.0 - 56.0	
MENTZERS INDEX by CALCULATED		14.69	RATIO	13.0	SSEMIA TRAIT: < ENCY ANEMIA:
GREEN & KING INDEX by CALCULATED		20.46	RATIO	65.0	SSEMIA TRAIT:<- ENCY ANEMIA: >
WHITE BLOOD CELLS (WI	<u>BCS)</u>				
FOTAL LEUCOCYTE COUNT by flow cytometry by sf c		13360	/cmm	6000 - 18000)
NUCLEATED RED BLOOD C		NIL		0.00 - 20.00	
	ELLS (nRBCS) %	NIL	%	< 10 %	





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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT	ſ	
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Dr. Vinay Chopra

Test Name	Value	Unit	Biological Reference interval
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	33 ^L	%	50 - 70
LYMPHOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	60 ^H	%	20 - 60
EOSINOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	1	%	1 - 6
MONOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	6	%	3 - 13
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	4409	/cmm	2000 - 7500
ABSOLUTE LYMPHOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	8016 ^H	/cmm	800 - 4900
ABSOLUTE EOSINOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	134	/cmm	40 - 440
ABSOLUTE MONOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	802	/cmm	80 - 880
PLATELETS AND OTHER PLATELET PREDICTIVE	MARKERS.		
PLATELET COUNT (PLT) by hydro dynamic focusing, electrical impedence	571000 ^H	/cmm	150000 - 450000
PLATELETCRIT (PCT) by hydro dynamic focusing, electrical impedence	0.51 ^H	%	0.10 - 0.36
MEAN PLATELET VOLUME (MPV) by hydro dynamic focusing, electrical impedence	9	fL	6.50 - 12.0
PLATELET LARGE CELL COUNT (P-LCC) by Hydro Dynamic Focusing, electrical impedence	114000 ^H	/cmm	30000 - 90000
PLATELET LARGE CELL RATIO (P-LCR) by hydro dynamic focusing, electrical impedence	20	%	11.0 - 45.0
PLATELET DISTRIBUTION WIDTH (PDW) by hydro dynamic focusing, electrical impedence NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD	16.1	%	15.0 - 17.0

RECHECKED



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	Dr. Vinay Cho MD (Pathology & Chairman & Cons	Microbiology)	Dr. Yugam MD CEO & Consultant	(Pathology)
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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	MBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
Test Name	PROTH	Value IROMBIN TIME S		
	")			
PT TEST (PATIENT) CLOT DETECTION	IROMBIN TIME S	TUDIES (PT/IN	R)
PT TEST (PATIENT by photo optical c PT (CONTROL) by photo optical c) CLOT DETECTION CLOT DETECTION	IROMBIN TIME S 11.8	TUDIES (PT/IN SECS	R)
PT TEST (PATIENT by photo optical c PT (CONTROL) by photo optical c ISI by photo optical c	CLOT DETECTION CLOT DETECTION CLOT DETECTION NORMALISED RATIO (INR)	IROMBIN TIME S 11.8 12	TUDIES (PT/IN SECS	R)

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

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





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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 dificiency

* End Of Report ***



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