

(A Unit of KOS Healthcare)



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

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

NAME : Mrs. MADHU KUMARI

**AGE/ GENDER** : 25 YRS/FEMALE **PATIENT ID** : 1803586

COLLECTED BY : REG. NO./LAB NO. : 012503240037

 REFERRED BY
 : DR. HARDEEP SINGH
 REGISTRATION DATE
 : 24/Mar/2025 10:57 AM

 BARCODE NO.
 : 01527665
 COLLECTION DATE
 : 24/Mar/2025 11:15 AM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 24/Mar/2025 11:48 AM

**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	10.6 <sup>L</sup>	gm/dL	12.0 - 16.0
RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	3.96	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	33.5 <sup>L</sup>	%	37.0 - 50.0
MEAN CORPUSCULAR VOLUME (MCV) by calculated by automated hematology analyzer	84.7	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by calculated by automated hematology analyzer	26.7 <sup>L</sup>	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	31.5 <sup>L</sup>	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	13.6	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	43.2	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED	21.39	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX by CALCULATED	29.02	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	6970	/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 %



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by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER

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DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHILS by flow cytometry by SF cube & microscopy	62	%	50 - 70
LYMPHOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	29	%	20 - 40
EOSINOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	4	%	1 - 6
MONOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	5	%	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	4321	/cmm	2000 - 7500
ABSOLUTE LYMPHOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	2021	/cmm	800 - 4900
ABSOLUTE EOSINOPHIL COUNT by flow cytometry by SF cube & microscopy	279	/cmm	40 - 440
ABSOLUTE MONOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	348	/cmm	80 - 880
PLATELETS AND OTHER PLATELET PREDICTIVE	MARKERS.		
PLATELET COUNT (PLT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	191000	/cmm	150000 - 450000
PLATELETCRIT (PCT) by hydro dynamic focusing, electrical impedence	0.22	%	0.10 - 0.36
MEAN PLATELET VOLUME (MPV) by hydro dynamic focusing, electrical impedence	12	fL	6.50 - 12.0
PLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	77000	/cmm	30000 - 90000
PLATELET LARGE CELL RATIO (P-LCR) by hydro dynamic focusing, electrical impedence	40.2	%	11.0 - 45.0
PLATELET DISTRIBUTION WIDTH (PDW) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD	16.4	%	15.0 - 17.0



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#### PROTHROMBIN TIME STUDIES (PT/INR)

PT TEST (PATIENT) by PHOTO OPTICAL CLOT DETECTION	12.3	SECS	11.5 - 14.5
PT (CONTROL) by PHOTO OPTICAL CLOT DETECTION	12	SECS	
ISI by PHOTO OPTICAL CLOT DETECTION	1.1		
INTERNATIONAL NORMALISED RATIO by PHOTO OPTICAL CLOT DETECTION	O (INR) 1.03		0.80 - 1.20
PT INDEX by PHOTO OPTICAL CLOT DETECTION	97.56	%	

#### **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		INTERNATIO	NAL 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 <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.

CLIENT CODE.

3. Vit K. deficiency.

4. Disseminated intra vascular coagulation.

5. Factor 5, 7, 10 or Prothrombin dificiency

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### **CLINICAL CHEMISTRY/BIOCHEMISTRY** LIVER FUNCTION TEST (COMPLETE)

BILIRUBIN TOTAL: SERUM by diazotization, spectrophotometry	0.57	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (CONJUGATED): SERUM by DIAZO MODIFIED, SPECTROPHOTOMETRY	0.15	mg/dL	0.00 - 0.40
BILIRUBIN INDIRECT (UNCONJUGATED): SERUM by CALCULATED, SPECTROPHOTOMETRY	0.42	mg/dL	0.10 - 1.00
SGOT/AST: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE	88.1 <sup>H</sup>	U/L	7.00 - 45.00
SGPT/ALT: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE	99.6 <sup>H</sup>	U/L	0.00 - 49.00
AST/ALT RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY	0.88	RATIO	0.00 - 46.00
ALKALINE PHOSPHATASE: SERUM by para nitrophenyl phosphatase by amino methyl propanol	206.71 <sup>H</sup>	U/L	40.0 - 130.0
GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM by SZASZ, SPECTROPHTOMETRY	20.18	U/L	0.00 - 55.0
TOTAL PROTEINS: SERUM by BIURET, SPECTROPHOTOMETRY	6.95	gm/dL	6.20 - 8.00
ALBUMIN: SERUM by BROMOCRESOL GREEN	$3.33^{L}$	gm/dL	3.50 - 5.50
GLOBULIN: SERUM by CALCULATED, SPECTROPHOTOMETRY	3.62 <sup>H</sup>	gm/dL	2.30 - 3.50
A: GRATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY	0.92 <sup>L</sup>	RATIO	1.00 - 2.00

#### **INTERPRETATION**

NOTE:- To be correlated in individuals having SGOT and SGPT values higher than Normal Referance 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 CHOLESTATIS	> 1.5



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HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS\_ > 1.3 (Slightly Increased)

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- 1. Acute Hepatitis due to virus, drugs, toxins (with AST increased 3 to 10 times upper limit of normal)
- 2. Extra Hepatic cholestatis: 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

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



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