



NAME :: Mrs. MONIKA RANI AGE/ GENDER :: 41 YRS/FEMALE PATIENT ID :: 1805183 COLLECTED BY :: REG. NO./LAB NO. :: 01250320005 REFEREED BY :: REG. NO./LAB NO. :: 01250320005 REFEREED BY :: REG. NO./LAB NO. :: 0125032005 REFEREED BY :: REG. TRANTON DATE :: 25/Mar/2025 08:00 AM BARCODE NO. :: 01527703 COLLECTION DATE :: 25/Mar/2025 08:00 AM COLLECT CODE :: KOS DIAGNOSTIC LAB REPORTING DATE :: 25/Mar/2025 08:00 AM CLIENT ADDRESS :: 0349/1, NICHOLSON ROAD. AMBALA CANTT Test Name Value Unit Biological Reference interval HAEMATOLOGY COMPLETE BLOOD COUNT (CBC) RED BLOOD CELLS (RBCS) COUNT AND INDICES HAEMOCLOBIN (HB) 10.9 ^L gm/dL 12.0 - 16.0 by CALORAMERIC RED BLOOD CELLS (RBCS) COUNT AND INDICES HAEMOCLOBIN (HB) 10.9 ^L gm/dL 12.0 - 16.0 by CALORAMERIC RED BLOOD CELLS (RBCS) COUNT AND INDICES HAEMOCLOBIN (HB) 10.9 ^L gm/dL 12.0 - 16.0 by CALORAMERIC RED BLOOD CELLS (RBCS) COUNT AND INDICES HAEMOCLOBIN (HB) 10.9 ^L gm/dL 12.0 - 16.0 by CALORAMERIC RED BLOOD CELLS (RBCS) COUNT AND INDICES HAEMOCLOBIN (HB) 10.9 ^L gm/dL 12.0 - 16.0 by CALORAMERIC RED BLOOD CELLS (RBCS) COUNT 5 MILIONS COUNT (CBC) RED BLOOD CELLS (RBCS) COUNT 7 0.6 ^L fL 80.0 - 100.0 by CALOLAMERIC PACKED CELL VOLUME (PCV) 30.9 ^L g/dL 32.0 - 36.0 by CALOLAMER PAUTOMATED PAUTOCON MAUXZER MEAN CORPUSCULAR HAEMOCLOBIN NCCH) 20.7 ^H % 11.00 - 16.00 by CALOLAMER PAUTOMATED PAUTOCON ANALYZER MEAN CORPUSCULAR HEMOCLOBIN NCCH: 30.9 ^L g/dL 32.0 - 36.0 by CALOLAMER PAUTOMATED PAUTOCON ANALYZER MEAN CORPUSCULAR HEMOCLOBIN NCCH: 30.9 ^L g/dL 32.0 - 36.0 by CALOLAMER PAUTOMATED	Dr. Vinay Chopra MD (Pathology & Micro Chairman & Consultant	obiology)		(Pathology)		
CULLECTED BY::::REFERED BY::: <td::::::::::::::::::::::::::::::::::< th=""><th>NAME : Mrs. MONIKA RANI</th><th></th><th></th><th></th><th></th></td::::::::::::::::::::::::::::::::::<>	NAME : Mrs. MONIKA RANI					
REFERED BYI:REGISTRATION DATEI: 25/Mar/2025 08:00 AMBARCODE NO.:: 01527703COLLECTION DATE:: 25/Mar/2025 08:05 AMCLIENT CODE:: KOS DIAGNOSTIC LABREPORTING DATE:: 25/Mar/2025 09:29 AMCLIENT ADDRES:: 6349/1, NICHOLSON ROAD, AMBALA CANTTREPORTING DATE:: 25/Mar/2025 09:29 AMTest NameValueUnitBiological Reference intervalCOMPLETE BLOOD COUNT (CBC)RED BLOOD CELLS (RECS) COUNT AND INDICESHAEMOGLOBIN (HB)10.9Lgm/dL12.0 - 16.0by OAL COMMERTIC5Millions/cmm3.50 - 5.00by OAL COLLING FOCUSING, ELECTRICAL IMPEDENCE70.6 ^L fL80.0 - 100.0PACKED CELL VOLUME (MCV)35.3 ^L %37.0 - 50.0by CALCULATED BY AUTOMATED HEMATOLOGY AMAL YZER70.6 ^L fL80.0 - 100.0by CALCULATED BY AUTOMATED HEMATOLOGY AMAL YZER70.6 ^L fL32.0 - 36.0by CALCULATED BY AUTOMATED HEMATOLOGY AMAL YZER11.7 ^L Pg27.0 - 34.0by CALCULATED BY AUTOMATED HEMATOLOGY AMAL YZER10.3 ^L gr/dL32.0 - 36.0by CALCULATED BY AUTOMATED HEMATOLOGY AMAL YZER10.3 ^L gr/dL32.0 - 36.0by CALCULATED BY AUTOMATED HEMATOLOGY AMAL YZER10.3 ^L Sd.1Sd.1BED CELL DISTRIBUTION WIDTH (RDW-SD)54.5fL35.0 - 56.0by CALCULATED BY AUTOMATED HEMATOLOGY AMAL YZER14.12RATIOBETA THALASSEMIA TRATIC 13.0BED CELL DISTRIBUTION WIDTH (RDW-SD)54.5fL35.0 - 56.0	AGE/ GENDER : 41 YRS/FEMALE		PATIENT ID	: 1805183		
BARCODE NO. ::01527703 COLLECTION DATE ::25/Mar/2025 08:05AM CLIENT CODE ::KOS DIAGAOSTIC LAB REPORTING DATE ::25/Mar/2025 09:29AM CLIENT ADDRESS ::6349/1, NICHOLSON ROAD, AMBALA CANT :: Biological Reference interval Test Name Value Unit Biological Reference interval COMPLETE BLOOD COUNT (CBC) RED BLOOD CELLS (REGS) COUNT AND INDICES HAEMOGLOBIN (HB) 10.9 ^L gm/dL 12.0 - 16.0 by CALCORMETRIC BLOOD CELLS (RECS) COUNT 5 Millions/cmm 3.50 - 5.00 by CALCOLARE DEWATOLOGY ANALYZER 70.6 ^L fL 80.0 - 100.0 90 by CALCULARE DEMANTOLOGY ANALYZER MEAN CORPUSCULAR HAEMOGLOBIN (MCH) 17.7 ^L Pg 27.0 - 34.0 by CALCULARE DE AVAITOMATED HEMATOLOGY ANALYZER 10.7 ^H % 11.00 - 16.00 by CALCULARE DE AVAITOMATED HEMATOLOGY ANALYZER 10.7 ^H Pg 27.0 - 34.0 1.00 by CALCULARE DE AVAITOMATED HEMATOLOGY ANALYZER 10.7 ^H % 1.100 - 16.00 1.00 by CALCULARE DE AVAITOMATED HEMATOLOGY ANALYZER 10.7 ^H	COLLECTED BY :		REG. NO./LAB NO.	: 012503250005		
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CLIENT ADDREST : 6349/1, NICHOLSON ROAD, AMBALA CANTS Text Name Value Unit Biological Reference interval IFAEMATOLOGY COMPLETE BLOOD COUNT (CBC) COMPLETE BLOOD COUNT (CBC) DE MOOD CELL S (RBCS) COUNT AND INDICES MED GLOOD CELL S (RBCS) COUNT AND INDICES gm/dL 12.0 - 16.0 By ORDORMETRIO 5 Millions/cmm 3.50 - 5.00 By ORDORMETRIO 5 Millions/cmm 3.50 - 5.00 By ORDORMETRIO 5.31 % 37.0 - 5.00 By ORDORUSULA AND ORDEN COLSUMANCE (CPC) 0.64 fl. 80.0 - 100.0 By ORDORUSULAR MEMOROLOBY ANALYZER 12.7 L PB 27.0 - 34.0 By ORDORUSULAR HEMOGLOBIN CONC. (MCHC) 0.8 J g/dL 32.0 - 36.0 By ORLOLATED BY AUTOMATED HEMATOLOGY ANALYZER 10.7 H % 11.00 - 16.00 By ORLOLATED BY AUTOMATED HEMATOLOGY ANALYZER 10.8 J g/dL 32.0 - 36.0 BY ORLOLATED BY AUTOMATED HEMATOLOGY ANALYZER 10.7 H % 11.00 - 16.00 By ORLOLATED BY AUTOMATED HEMATOLOGY ANALYZER 10.9 H 3.0 - 3.0 3.10 B	BARCODE NO. : 01527703		COLLECTION DATE	: 25/Mar/2025 08:05AM		
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by CALCULATED <= 65.0	GREEN & KING INDEX	29.09	RATIO		RAIT:	
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by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY NUCLEATED RED BLOOD CELLS (nRBCS) NIL 0.00 - 20.00 by AUTOMATED 6 PART HEMATOLOGY ANALYZER		5870	/cmm	4000 - 11000		
by AUTOMATED 6 PART HEMATOLOGY ANALYZER	by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY		/ cmm			
$\text{NUCLEATED NED BLOOD CELLS (IINDCS) \%} \qquad \text{INIL} \qquad \% \qquad < 10\%$	by AUTOMATED 6 PART HEMATOLOGY ANALYZER		0/			
	NUCLEATED RED DLUUD CELLS (IIRBCS) %	INIL	%0	< 10 %		





DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY) DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY)

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT





NAME :: Mrs. MONIKA BANI AGE : H YRS/FEMALE PATIENT ID :: 1805183 COLLECTED BY :: REG. NO./LAB NO. :: 012503250005 REFERRED BY :: REGISTENTION DATE :: 25/Mar/2025 08:00 AM BARCODE NO. :: 01527703 COLLECTION DATE :: 25/Mar/2025 08:05 AM CLIENT CODE :: KOS DIAGNOSTIC LAB REPORTING DATE :: 25/Mar/2025 09:29AM CLIENT ADDRESS :: 6340/1, NICHOLSON ROAD, AMBALA CANTT ::: 25/Mar/2025 09:29AM TOTADRESS ::: 6340/1, NICHOLSON ROAD, AMBALA CANTT ::: 50000000000000000000000000000000000		Dr. Vinay Cho MD (Pathology & N Chairman & Consu	1icrobiology)	Dr. Yugam MD CEO & Consultant	(Pathology)
COLLECTED BY: ID 12503250005REFERRED BY: 25/Mar/2025 08:05 AMREGISTRATION DATE: 25/Mar/2025 08:05 AMCOLLECTION DATE: 25/Mar/2025 09:29 AMCOLLECTION DATE: 25/Mar/2025 09:29 AMCOLLECTION DATE: 25/Mar/2025 09:29 AMDIFFERENTIAL LEUCOCYTE COUNT OLC:NEUTROPHILSby FOUDER MICROSCOPYDIFFERENTIAL LEUCOCYTE COUNT OLC:NUTROPHILS: 52 %50 %: 20 °: 70by FOUDER MICROSCOPYDIFFERENTIAL LEUCOCYTE COUNT OLC:NUTROPHILS: 50 @BE & MICROSCOPYDIFFERENTIAL LEUCOCYTE COUNTASO (COLSPONETRY BY SF CUBE & MICROSCOPYDIFFERENTIAL DETUNCTIONER WY SF CUBE & MICROSCOPYBASOPHILSBASOPHILSDIFFERENTIAL COUNTASOLUTE NEUTROPHIL COUNT </th <th>NAME</th> <th>: Mrs. MONIKA RANI</th> <th></th> <th></th> <th></th>	NAME	: Mrs. MONIKA RANI			
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BARCODE NO.:: 01527703COLLECTION DATE:: 25/Mar/2025 08:05AMCLIENT CODE:: KOS DIACNOSTIC LABREPORTING DATE:: 25/Mar/2025 09:29AMCLIENT ADDRESS:: 6349/1, NICHOLSON ROAD, AMBALA CANTT:: 25/Mar/2025 09:29AMTest NameValueUnitBiological Reference intervalby GUICULATED BY AUTOMATED HEMATOLOGY AMALYZERDIFFERENTIAL LEUCOCYTE COUNT (DLC)NEUTROPHILSby GUICULATED BY AUTOMATED HEMATOLOGY AMALYZERDIFFERENTIAL LEUCOCYTE COUNT (DLC)NEUTROPHILSby GUBE & MICROSCOPY52%50 - 70by HOW CYTOMETRY BY SF CUBE & MICROSCOPYSTOME TO WORTOMETRY BY SF CUBE & MICROSCOPYDIFFERENTIAL LEUCOCYTESON COTOMETRY BY SF CUBE & MICROSCOPYABSOLUTE NEUTROPHIL COUNT3052/ CmmBASOPHILS0%0MEDITE LEUKOCYTES (WBC) COUNTBASOLUTE NEUTROPHIL COUNT3052/ Cmm4000 - 7500by R.OW CYTOMETRY BY SF CUBE & MICROSCOPYABSOLUTE NEUTROPHIL COUNT352/ Cmm400 CYTOMETRY BY SF CUBE & MICROSCOPYABSOLUTE MONOCYTE COUNT352<					
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NONOCYTES7%2 - 12by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY0%0 - 1BASOPHILS0%0 - 1by FLOW CYTOMETRY BY SF CUBE & MICROSCOPYABSOLUTE LEUKOCYTES (WBC) COUNT3052/cmm2000 - 7500ABSOLUTE NEUTROPHIL COUNT3052/cmm800 - 4900///////////////////////////////	•		6	%	1 - 6
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY BASOPHILS 0 0 - 1 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE LEUKOCYTES (VBC) COUNT ABSOLUTE NEUTROPHIL COUNT 3052 /cmm 2000 - 7500 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE EVITOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE EOSINOPHIL COUNT 352 /cmm 400 - 440 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE EOSINOPHIL COUNT 352 /cmm 40 - 440 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE EOSINOPHIL COUNT 352 /cmm 40 - 440 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY PLATELET SAND OTHER PLATELET PREDICTIVE MARKERS. PLATELET COUNT (PLT) 380000 /cmm 150000 - 450000 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PLATELET COUNT (PLT) 0 0,4H % 0.10 - 0.36 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE MEAN PLATELET VOLUME (MPV) 10 fL 6.50 - 12.0 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PLATELET LARGE CELL COUNT (PLC) 120000H /cmm 30000 - 90000 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PLATELET LARGE CELL COUNT (PLCR) 31.5 % 11.0 - 45.0 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PLATELET LARGE CELL RATIO (P-LCR) 31.5 % 11.0 - 45.0 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PLATELET LARGE CELL RATIO (P-LCR) 16 % 15.0 - 17.0	by FLOW CYTOMETR	Y BY SF CUBE & MICROSCOPY			
BASOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY0%0 - 1ABSOLUTE LEUKOCYTES (WBC) COUNT3052/cmm2000 - 7500ABSOLUTE NEUTROPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY3052/cmm800 - 4900ABSOLUTE LYMPHOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY352/cmm800 - 4900ABSOLUTE LYMPHOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY352/cmm40 - 440ABSOLUTE MONOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY411/cmm80 - 880PLATELET COUNT (PLT) by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY380000/cmm150000 - 450000PLATELET S AND OTHER PLATELET PREDICTIVE MARKERS.PLATELET COUNT (PLT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE0.4H%0.10 - 0.36PLATELET CRTI (PCT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE10fL6.50 - 12.0PLATELET LARGE CELL COUNT (PLC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE120000H/cmm30000 - 90000PLATELET LARGE CELL COUNT (PLC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE10fL6.50 - 12.0PLATELET LARGE CELL COUNT (PLC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE10000H/cmm30000 - 90000PLATELET LARGE CELL COUNT (PLCN) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE10.0 - 45.0//cmm30000 - 90000PLATELET LARGE CELL RATIO (PLCR) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE%11.0 - 45.0PLATELET DISTRIBUTION WIDTH (PDW) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE%15.			7	%	2 - 12
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE LEUKOCYTES (WBC) COUNT ABSOLUTE NEUTROPHIL COUNT 3052 /cmm 2000 - 7500 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE LYMPHOCYTE COUNT 2054 /cmm 800 - 4900 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE EOSINOPHIL COUNT 352 /cmm 40 - 440 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE MONOCYTE COUNT 411 /cmm 80 - 880 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY HATELETS AND OTHER PLATELET PREDICTIVE MARKERS. PLATELET COUNT (PLT) 80000 /cmm 150000 - 450000 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 0,4H % 0.10 - 0.36 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 0,4H % 0.10 - 0.36 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 0,4H % 0.10 - 0.36 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 0,4H % 1.0 - 45.0 PLATELET LARGE CELL COUNT (P-LCC) 120000H /cmm 30000 - 90000 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 0,4H /cmm 30000 - 90000 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 0,4H /cmm 30000 - 90000 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 0,4H /cmm 30000 - 90000 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 0,4M /cmm 30000 - 90000 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 0,50 - 12.0 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 0,50 - 12.0 - 17.0 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 0,50 - 15.0 - 17.0		Y BY SF CUBE & MICROSCOPY	0	0/	0 1
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ABSOLUTE NEUTROPHIL COUNT3052/cmm2000 - 7500by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY2054/cmm800 - 4900by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY352/cmm40 - 440by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY352/cmm80 - 880ABSOLUTE MONOCYTE COUNT411/cmm80 - 880by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY411/cmm80 - 880PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.PLATELET COUNT (PLT)380000/cmm150000 - 450000by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE0.4H%0.10 - 0.36PLATELET VOLUME (MPV)10fL6.50 - 12.0by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE120000H/cmm30000 - 90000PLATELET LARGE CELL COUNT (P-LCC)120000H/cmm30000 - 90000by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE31.5%11.0 - 45.0PLATELET LARGE CELL RATIO (P-LCR)31.5%15.0 - 17.0by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE%15.0 - 17.0by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE%15.0 - 17.0by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE%15.0 - 17.0					
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by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY352/cmm40 - 440ABSOLUTE EOSINOPHIL COUNT352/cmm40 - 440by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY411/cmm80 - 880ABSOLUTE MONOCYTE COUNT411/cmm80 - 880by FLOW CYTOMETRY BY SF CUBE & MICROSCOPYPLATELETS AND OTHER PLATELET PREDICTIVE MARKERS			5052	/ chilli	2000 - 7500
ABSOLUTE EOSINOPHIL COUNT352/cmm40 - 440by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY411/cmm80 - 880ABSOLUTE MONOCYTE COUNT411/cmm80 - 880by FLOW CYTOMETRY BY SF CUBE & MICROSCOPYImage: Comparison of the comparison o	ABSOLUTE LYMP	HOCYTE COUNT	2054	/cmm	800 - 4900
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPYABSOLUTE MONOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY411/cmm80 - 880PLATELETS AND OTHER PLATELET PREDICTIVE WARKERS.PLATELET COUNT (PLT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE380000/cmm150000 - 450000PLATELET CRIT (PCT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE0.4H%0.10 - 0.36PLATELET VOLUME (MPV) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE10fL6.50 - 12.0PLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE120000H/cmm30000 - 90000PLATELET LARGE CELL COUNT (P-LCR) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE31.5%11.0 - 45.0PLATELET LARGE CELL RATIO (P-LCR) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE16%15.0 - 17.0	•				
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by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS. PLATELET COUNT (PLT) 380000 /cmm 150000 - 450000 by HVDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 0.4H % 0.10 - 0.36 PLATELET VOLUME (MPV) 10 fL 6.50 - 12.0 by HVDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 120000H /cmm 30000 - 90000 PLATELET VOLUME (MPV) 10 fL 6.50 - 12.0 by HVDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 120000H /cmm 30000 - 90000 PLATELET LARGE CELL COUNT (P-LCC) 120000H /cmm 30000 - 90000 by HVDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 31.5 % 11.0 - 45.0 PLATELET LARGE CELL RATIO (P-LCR) 31.5 % 15.0 - 17.0 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 16 % 15.0 - 17.0	•		411	/cmm	80 - 880
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by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCEPLATELETCRIT (PCT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE0.4H%0.10 - 0.36MEAN PLATELET VOLUME (MPV) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE10fL6.50 - 12.0PLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE120000H/cmm30000 - 90000PLATELET LARGE CELL RATIO (P-LCR) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE31.5%11.0 - 45.0PLATELET DISTRIBUTION WIDTH (PDW) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE16%15.0 - 17.0	PLATELETS AND	OTHER PLATELET PREDICTI	VE MARKERS.		
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by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 0.4 MEAN PLATELET VOLUME (MPV) 10 fL 6.50 - 12.0 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 10 fL 30000 - 90000 PLATELET LARGE CELL COUNT (P-LCC) 120000H /cmm 30000 - 90000 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 31.5 % 11.0 - 45.0 PLATELET LARGE CELL RATIO (P-LCR) 31.5 % 15.0 - 17.0 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 16 % 15.0 - 17.0	by HYDRO DYNAMIC I	FOCUSING, ELECTRICAL IMPEDENCE			
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by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCEPLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE120000H/cmm30000 - 90000PLATELET LARGE CELL RATIO (P-LCR) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE31.5%11.0 - 45.0PLATELET DISTRIBUTION WIDTH (PDW) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE16%15.0 - 17.0			10	я	6 50 12 0
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by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 11.0 - 45.0 PLATELET LARGE CELL RATIO (P-LCR) 31.5 % 11.0 - 45.0 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 6 % 15.0 - 17.0 PLATELET DISTRIBUTION WIDTH (PDW) 16 % 15.0 - 17.0 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 15.0 - 17.0 15.0 - 17.0			120000H	/cmm	30000 - 90000
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PLATELET DISTRIBUTION WIDTH (PDW) 16 % 15.0 - 17.0 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			120000		
PLATELET DISTRIBUTION WIDTH (PDW) 16 % 15.0 - 17.0 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE % 15.0 - 17.0		<pre></pre>	31.5	%	11.0 - 45.0
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			16	0/	15.0 17.0
			10	%	15.0 - 17.0
NOTE. TEST CONDUCTED ON EDTA WHOLE BLOOD		JCTED ON EDTA WHOLE BLOOD			

DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS , MD (PATHOLOGY)

KOS Central Lab:6349/1, Nicholson Road, Ambala Cantt -133 001, HaryanaKOS Molecular Lab:IInd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt -133 001, Haryana0171-2643898, +91 99910 43898care@koshealthcare.comwww.koshealthcare.comwww.koshealthcare.com







	Dr. Vinay Chopra MD (Pathology & Microbiology Chairman & Consultant Pathole		(Pathology)
NAME	: Mrs. MONIKA RANI		
AGE/ GENDER	: 41 YRS/FEMALE	PATIENT ID	: 1805183
COLLECTED BY	:	REG. NO./LAB NO.	: 012503250005
REFERRED BY	:	REGISTRATION DATE	: 25/Mar/2025 08:00 AM
BARCODE NO.	: 01527703	COLLECTION DATE	: 25/Mar/2025 08:05AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPORTING DATE	: 25/Mar/2025 09:29AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CAN	ITT	
Test Name	Value	Unit	Biological Reference interval





DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY)

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



AGE/ GENDER: 41 YRS/FEMALEPATIENT ID: 1805183COLLECTED BY:.REG. NO./LAB NO.: 012503250005REFERRED BY:.REGISTRATION DATE: 25/Mar/2025 08:00 AMBARCODE NO.: 01527703COLLECTION DATE: 25/Mar/2025 08:05AMCLIENT CODE.: KOS DIAGNOSTIC LABREPORTING DATE: 25/Mar/2025 01:14PMCLIENT ADDRESS: 6349/1, NICHOLSON ROAD, AMBALA CANTT			Chopra gy & Microbiology) Consultant Pathologist	Dr. Yugan MD CEO & Consultant	(Pathology)
COLLECTED BY : REG. NO./LAB NO. : 012503250005 REFERRED BY : REGISTRATION DATE : 25/Mar/2025 08:00 AM BARCODE NO. : 01527703 COLLECTION DATE : 25/Mar/2025 08:05AM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 25/Mar/2025 01:14PM CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT : : Test Name Value Unit Biological Reference interval CLINICAL CHEMISTRY/BIOCHEMISTRY GLUCOSE FASTING (F): GLUCOSE OXIDASE - PEROXIDASE (GOD-POD) 109,4 ^H mg/dL NORMAL: < 100.0 by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD) 109,4 ^H mg/dL NORMAL: < 100.0 IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES: . A fasting plasma glucose level below 100 mg/dl is considered normal. 2. A fasting plasma glucose level below 100 mg/dl is considered normal. 2. . . 2. A fasting plasma glucose level below 100 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 fasting plasma glucose level below 100 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandi	NAME	: Mrs. MONIKA RANI			
REFERRED BY :: REGISTRATION DATE :: 25/Mar/2025 08:00 AM BARCODE NO. :: 01527703 COLLECTION DATE :: 25/Mar/2025 08:05AM CLIENT CODE :: KOS DIAGNOSTIC LAB REPORTING DATE :: 25/Mar/2025 01:14PM CLIENT ADDRESS :: 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit Biological Reference interval CLINICAL CHEMISTRY/BIOCHEMISTRY BIOCOSE FASTING (F): PLASMA 109,4 ^H mg/dL NORMAL: < 100.0 PREDIABETIC: 100.0 - 125.0 DIABETIC: > 0R = 126.0 INTERPRETATION IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES: 1. A fasting plasma glucose level below 100 mg/dl is considered normal. 2. A fasting plasma glucose level below 100 mg/dl is considered normal. 2. A fasting plasma glucose level below 100 mg/dl is considered normal. 2. A fasting plasma glucose level below 100 mg/dl is considered normal. 2. A fasting plasma glucose level below 100 mg/dl is considered normal. 2. A fasting plasma glucose level below 100 mg/dl is considered normal. 2. A fasting plasma glucose level below 100 mg/dl is considered normal. 3. A fasting plasma glucose level below 100 mg/dl is considered normal. 3. A fasting plasma glucose level below 100 mg/dl is considered normal. 3. A fasting plasma glucose level below 100 mg/dl is considered normal. 3. A fasting plasma glucose level below 100 mg/dl is considered normal.	AGE/ GENDER	: 41 YRS/FEMALE	P	ATIENT ID	: 1805183
BARCODE NO. : 01527703 COLLECTION DATE : 25/Mar/2025 08:05AM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 25/Mar/2025 01:14PM CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit Biological Reference interval CLINICAL CHEMISTRY/BIOCHEMISTRY GLUCOSE FASTING (F): PLASMA 109,4 ^H mg/dL NORMAL: < 100.0 PREDIABETIC: 100.0 - 125.0 DIABETIC: > 0R = 126.0 <i>INTERPRETATION</i> IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES: 1. A fasting plasma glucose level below 100 mg/dl is considered normal. 2. A fasting plasma glucose level below 100 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 fasting plasma glucose level of above 125 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.	COLLECTED BY	:	R	EG. NO./LAB NO.	: 012503250005
CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 25/Mar/2025 01:14PM CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Biological Reference interval Test Name Value Unit Biological Reference interval CLIENT ADDRESS CLIENT ADDRESS CLIENT ADDRESS Test Name Value Unit Biological Reference interval CLIENTCAL CHEMISTRY/BIOCHEMISTRY GLUCOSE FASTING (F): Biological Reference interval OUTONE Biological Reference interval CLIENTCAL CHEMISTRY/BIOCHEMISTRY GLUCOSE FASTING (F): PLASMA 109,4 ^H mg/dL NORMAL: < 100.0	REFERRED BY	:	R	EGISTRATION DATE	: 25/Mar/2025 08:00 AM
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit Biological Reference interval CLINICAL CHEMISTRY/BIOCHEMISTRY Clinical Reference interval CLUNICAL CHEMISTRY/BIOCHEMISTRY Biological Reference interval CLUCOSE FASTING (F): Main Control Contervelocon control Control Control Contentervelon cont	BARCODE NO.	:01527703	C	OLLECTION DATE	: 25/Mar/2025 08:05AM
Test Name Value Unit Biological Reference interval CLINICAL CHEMISTRY/BIOCHEMISTRY GLUCOSE FASTING (F): GLUCOSE FASTING (F): GLUCOSE FASTING (F): MORMAL: < 100.0	CLIENT CODE.	: KOS DIAGNOSTIC LAB	R	EPORTING DATE	: 25/Mar/2025 01:14PM
CLINICAL CHEMISTRY/BIOCHEMISTRY GLUCOSE FASTING (F) GLUCOSE FASTING (F): GLUCOSE FASTING (F): MORMAL: < 100.0	CLIENT ADDRESS	: 6349/1, NICHOLSON ROA	AD, AMBALA CANTT		
GLUCOSE FASTING (F): GLUCOSE FASTING (F): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD) 109.4 ^H mg/dL NORMAL: < 100.0	Test Name		Value	Unit	Biological Reference interval
IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES: 1. A fasting plasma glucose level below 100 mg/dl is considered normal. 2. A fasting plasma glucose level between 100 - 125 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 fasting plasma glucose level of above 125 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all	-	E - PEROXIDASE (GOD-POD)	10711		
	IN ACCORDANCE WIT 1. A fasting plasma g 2. A fasting plasma g test (after consumpti 3. A fasting plasma g	lucose level below 100 mg/dl lucose level between 100 - 12 on of 75 gms of glucose) is re lucose level of above 125 mg	is considered normal. 25 mg/dl is considered commended for all suc /dl is highly suggestive	h patients. of diabetic state. A repe	at post-prandial is strongly recommended for a

KOS Diagnostic Lab (A Unit of KOS Healthcare)





DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS , MD (PATHOLOGY)







	Dr. Vinay Chopra MD (Pathology & Micro Chairman & Consultan	obiology)	Dr. Yugan MD ist CEO & Consultant	(Pathology)
NAME	: Mrs. MONIKA RANI			
AGE/ GENDER	: 41 YRS/FEMALE		PATIENT ID	: 1805183
COLLECTED BY	:		REG. NO./LAB NO.	: 012503250005
REFERRED BY			REGISTRATION DATE	: 25/Mar/2025 08:00 AM
BARCODE NO.	: 01527703		COLLECTION DATE	: 25/Mar/2025 08:05AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 25/Mar/2025 01:14PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBA			. 25/ Mai/ 2023 01.141 M
CLIENT ADDRESS	. 0545/ 1, MCHOLSON ROAD, AMD	ALA CANT	1	
Test Name		Value	Unit	Biological Reference interval
BILIRUBIN TOTAL		UNCTIC 0.49	ON TEST (COMPLETE mg/dL	E) INFANT: 0.20 - 8.00
	PECTROPHOTOMETRY	0.49	ing/uL	ADULT: 0.00 - 1.20
	Г (CONJUGATED): SERUM	0.11	mg/dL	0.00 - 0.40
BILIRUBIN INDIRE by CALCULATED, SPE	CT (UNCONJUGATED): SERUM CTROPHOTOMETRY	0.38	mg/dL	0.10 - 1.00
SGOT/AST: SERUM		16.4	U/L	7.00 - 45.00
SGPT/ALT: SERUM by IFCC, WITHOUT PY		17.9	U/L	0.00 - 49.00
AST/ALT RATIO: SI	ERUM	0.92	RATIO	0.00 - 46.00
ALKALINE PHOSPH		88.93	U/L	40.0 - 130.0
GAMMA GLUTAM by SZASZ, SPECTROP	YL TRANSFERASE (GGT): SERUM PHTOMETRY	21.98	U/L	0.00 - 55.0
TOTAL PROTEINS: by BIURET, SPECTRON	SERUM	6.69	gm/dL	6.20 - 8.00
ALBUMIN: SERUM by BROMOCRESOL GI		3.65	gm/dL	3.50 - 5.50
GLOBULIN: SERUN by CALCULATED, SPE	1	3.04	gm/dL	2.30 - 3.50
A : G RATIO: SERU	Μ	1.2	RATIO	1.00 - 2.00

by CALCULATED, SPECTROPHOTOMETRY

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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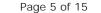
DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS , MD (PATHOLOGY)

Haryana

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INTERPRETATION





	Dr. Vinay Chop MD (Pathology & Mi Chairman & Consult	crobiology)	am Chopra MD (Pathology) tant Pathologist
NAME	: Mrs. MONIKA RANI		
AGE/ GENDER	: 41 YRS/FEMALE	PATIENT ID	: 1805183
COLLECTED BY	:	REG. NO./LAB NO.	: 012503250005
REFERRED BY	:	REGISTRATION DAT	E : 25/Mar/2025 08:00 AM
BARCODE NO.	:01527703	COLLECTION DATE	: 25/Mar/2025 08:05AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPORTING DATE	: 25/Mar/2025 01:14PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AM	BALA CANTT	
Test Name		Value Unit	Biological Reference interval
HEPATOCELLULAR C	ARCINOMA & CHRONIC HEPATITIS	> 1.3 (Slightly	Increased)

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

DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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	Dr. Vinay Chop MD (Pathology & M Chairman & Consul	licrobiology)		(Pathology)
NAME	: Mrs. MONIKA RANI			
AGE/ GENDER	: 41 YRS/FEMALE		PATIENT ID	: 1805183
COLLECTED BY	:		REG. NO./LAB NO.	: 012503250005
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CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 25/Mar/2025 01:14PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AM	IBALA CANT		
Test Name		Value	Unit	Biological Reference interva
	KIDNE	Y FUNCTI	ON TEST (COMPLET)	E)
UREA: SERUM		21.34	mg/dL	10.00 - 50.00
•	ATE DEHYDROGENASE (GLDH)			
CREATININE: SER		0.83	mg/dL	0.40 - 1.20
by ENZYMATIC, SPEC	ROGEN (BUN): SERUM	9.97	mg/dL	7.0 - 25.0
by CALCULATED, SPE		3.31	Ing/uL	7.0 - 25.0
BLOOD UREA NIT	ROGEN (BUN)/CREATININE	12.01	RATIO	10.0 - 20.0
RATIO: SERUM				
by CALCULATED, SPE UREA/CREATININ		25.71	RATIO	
by CALCULATED, SPE		25.71	KAIIO	
URIC ACID: SERUM		4.34	mg/dL	2.50 - 6.80
by URICASE - OXIDAS				
CALCIUM: SERUM by ARSENAZO III, SPE		9.55	mg/dL	8.50 - 10.60
PHOSPHOROUS: SI		3.02	mg/dL	2.30 - 4.70
by PHOSPHOMOLYBE	DATE, SPECTROPHOTOMETRY			
ELECTROLYTES				
SODIUM: SERUM		140.8	mmol/L	135.0 - 150.0
by ISE (ION SELECTIV				2.50 5.00
POTASSIUM: SERU		3.75	mmol/L	3.50 - 5.00
CHLORIDE: SERUN	,	105.6	mmol/L	90.0 - 110.0
by ISE (ION SELECTIV	(E ELECTRODE)			
ESTIMATED GLO	MERULAR FILTERATION RAT	<u>`E</u>		
ESTIMATED GLON (eGFR): SERUM	MERULAR FILTERATION RATE	90.8		
by CALCULATED				
INTERPRETATION:				

To differentiate between pre- and post renal azotemia.

INCREASED RATIO (>20:1) WITH NORMAL CREATININE:

1. Prerenal azotemia (BUN rises without increase in creatinine) e.g. heart failure, salt depletion, dehydration, blood loss) due to decreased glomerular filtration rate.



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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





		Dr. Vinay Chopra MD (Pathology & Micro Chairman & Consultan	obiology)		Yugam Chopra MD (Pathology) Isultant Pathologist		
NAME	: Mrs. MO	NIKA RANI					
AGE/ GENDER	: 41 YRS/F	EMALE		PATIENT ID	: 180518	3	
COLLECTED BY	•			REG. NO./LAB NO.	: 01250	3250005	
REFERRED BY				REGISTRATION D		·/2025 08:00 AI	M
		0					
BARCODE NO.	:0152770			COLLECTION DAT		·/2025 08:05AN	
CLIENT CODE.	: KOS DIA	GNOSTIC LAB		REPORTING DATI	E : 25/Mar	2025 01:14PM	1
CLIENT ADDRESS	:6349/1,	NICHOLSON ROAD, AMBA	ALA CANTT				
Test Name			Value	Un	it	Biological Re	eference interval
6. Inherited hyperam 7. SIADH (syndrome o 3. Pregnancy. DECREASED RATIO (<	IO:1) WITH D osis. Ind starvatior e. creased urea (urea rather monemias (i of inappropia IO:1) WITH IN	ECREASED BUN :	blood). due to tubu	lar secretion of urea	L.		
2. Rhabdomyolysis (r				ю <i>ј</i> .			
3. Muscular patients		o renal failure.					
NAPPROPIATE RATIO 1 Diabetic ketoacido		etate causes false increase	e in creatini	ne with certain met	hodologies resulti	ng in normal ra	tio when dehydrat
should produce an in	creased BUN	I/creatinine ratio).			nouologics,i csulti	ng minormarta	ao when denyard
2. Cephalosporin thei	apy (interfe	res with creatinine measu	rement).				
ESTIMATED GLOMERU CKD STAGE		DESCRIPTION	GFR (n	nL/min/1.73m2)	ASSOCIATED FI	NDINGS	
G1		Normal kidney function		>90	No protein		

	CKD STAGE	DESCRIPTION	GFR (mL/min/1.73m2)	ASSOCIATED FINDINGS
	G1	Normal kidney function	>90	No proteinuria
	G2	Kidney damage with	>90	Presence of Protein,
		normal or high GFR		Albumin or cast in urine
	G3a	Mild decrease in GFR	60 -89	
	G3b	Moderate decrease in GFR	30-59	
	G4	Severe decrease in GFR	15-29	
Ì	G5	Kidney failure	<15	



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DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS , MD (PATHOLOGY)









	Dr. Vinay Chopra MD (Pathology & Microbio Chairman & Consultant Pa	ology) ME	m Chopra D (Pathology) ht Pathologist
NAME	: Mrs. MONIKA RANI		
AGE/ GENDER	: 41 YRS/FEMALE	PATIENT ID	: 1805183
COLLECTED BY	:	REG. NO./LAB NO.	: 012503250005
REFERRED BY	:	REGISTRATION DATE	: 25/Mar/2025 08:00 AM
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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA	CANTT	
Test Name	Va	alue Unit	Biological Reference interval

COMMENTS:

Estimated Glomerular filtration rate (eGFR) is the sum of filtration rates in all functioning nephrons and so an estimation of the GFR provides a measure of functioning nephrons of the kidney.
 eGFR calculated using the 2009 CKD-EPI creatinine equation and GFR category reported as per KDIGO guideline 2012
 In patients, with eGFR creatinine between 45-59 ml/min/1.73 m2 (G3) and without any marker of Kidney damage, It is recommended to measure of CFD with the commended to measure

3. In patients, with eGFR cleaning between 45-59 minimit 1.73 m2 (G3) and without any marker of Kidney damage, it is recommended to measure eGFR with Cystatin C for confirmation of CKD
4. eGFR category G1 OR G2 does not fulfill the criteria for CKD, in the absence of evidence of Kidney Damage
5. In a suspected case of Acute Kidney Injury (AKI), measurement of eGFR should be done after 48-96 hours of any Intervention or procedure
6. eGFR calculated by Serum Creatinine may be less accurate due to certain factors like Race, Muscle Mass, Diet, Certain Drugs. In such cases, eGFR should be calculated using Serum Cystatin C
7. A decrease in eGFR implies either progressive renal disease, or a reversible process causing decreased nephron function (eg, severe dehydration).

ADVICE:

KDIGO guideline, 2012 recommends Chronic Kidney Disease (CKD) should be classified based on cause, eGFR category and Albuminuria (ACR) category. GFR & ACR category combined together reflect risk of progression and helps Clinician to identify the individual who are progressing at more rapid rate than anticipated





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		& Microbiology) onsultant Pathologist	Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist		
NAME	: Mrs. MONIKA RANI				
AGE/ GENDER	: 41 YRS/FEMALE]	PATIENT ID	: 1805183	
COLLECTED BY	:]	REG. NO./LAB NO.	: 012503250005	
REFERRED BY		1	REGISTRATION DATE	: 25/Mar/2025 08:00 AM	
BARCODE NO.	: 01527703		COLLECTION DATE	: 25/Mar/2025 08:05AM	
CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 25/Mar/2025 12:43PM	
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAI	D, AMBALA CANTT			
Test Name		Value	Unit	Biological Reference interva	
		OID STIMULAT	RINOLOGY FING HORMONE (1 μIU/mL	C SH) 0.35 - 5.50	
THYROID STIMUI by CMIA (CHEMILUMIN 3rd GENERATION, ULT	ATING HORMONE (TSH): S	OID STIMULAT ERUM 5.807 ^H	FING HORMONE (1		
THYROID STIMUI by CMIA (CHEMILUMIN 3rd GENERATION, ULT	ATING HORMONE (TSH): S	OID STIMULAT ERUM 5.807 ^H	ΓΙΝG HORMONE (1 μIU/mL	0.35 - 5.50	
THYROID STIMUI by CMIA (CHEMILUMIN Brd GENERATION, ULT	LATING HORMONE (TSH): S IESCENT MICROPARTICLE IMMUNC RASENSITIVE	OID STIMULAT ERUM 5.807 ^H	FING HORMONE (1	0.35 - 5.50 (μlU/mL)	
THYROID STIMUI by CMIA (CHEMILUMIN Brd GENERATION, ULT	ATING HORMONE (TSH): S iescent microparticle immunc rasensitive AGE	OID STIMULAT ERUM 5.807 ^H	ΓΙΝG HORMONE (1 μIU/mL REFFERENCE RANGE	0.35 - 5.50 (µlU/mL)	
THYROID STIMUI by CMIA (CHEMILUMIN 3rd GENERATION, ULT	ATING HORMONE (TSH): S IESCENT MICROPARTICLE IMMUNC RASENSITIVE AGE 0 – 5 DAYS	OID STIMULAT ERUM 5.807 ^H	ΓΙΝG HORMONE (Τ μIU/mL REFFERENCE RANGE 0.70 – 15.20	0.35 - 5.50 (µlU/mL)	
THYROID STIMUI by CMIA (CHEMILUMIN 3rd GENERATION, ULT	ATING HORMONE (TSH): S IESCENT MICROPARTICLE IMMUNC RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months	OID STIMULAT ERUM 5.807 ^H	ΓΙΝG HORMONE (Τ μΙU/mL REFFERENCE RANGE 0.70 – 15.20 0.70 – 11.00	0.35 - 5.50 (µIU/mL)	
THYROID STIMUI by CMIA (CHEMILUMIN 3rd GENERATION, ULT	ATING HORMONE (TSH): S IESCENT MICROPARTICLE IMMUNC RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months	OID STIMULAT ERUM 5.807 ^H	ΓΙΝG HORMONE (Τ μIU/mL REFFERENCE RANGE 0.70 – 15.20 0.70 – 11.00 0.70 – 8.40	0.35 - 5.50 (µIU/mL)	
THYROID STIMUI by CMIA (CHEMILUMIN Brd GENERATION, ULT	ATING HORMONE (TSH): S IESCENT MICROPARTICLE IMMUNC RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years	OID STIMULAT ERUM 5.807 ^H	ΓΙΝG HORMONE (Τ μIU/mL REFFERENCE RANGE 0.70 – 15.20 0.70 – 11.00 0.70 – 8.40 0.70 – 7.00	0.35 - 5.50	
THYROID STIMUI by CMIA (CHEMILUMIN 3rd GENERATION, ULT	ATING HORMONE (TSH): S IESCENT MICROPARTICLE IMMUNC RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years 6 – 10 Years 11 - 15	OID STIMULAT ERUM 5.807 ^H	ΓΙΝG HORMONE (T μIU/mL REFFERENCE RANGE 0.70 – 15.20 0.70 – 11.00 0.70 – 8.40 0.70 – 7.00 0.60 – 5.50	0.35 - 5.50	
THYROID STIMUI by CMIA (CHEMILUMIN 3rd GENERATION, ULT	ATING HORMONE (TSH): S IESCENT MICROPARTICLE IMMUNC RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years 6 – 10 Years	OID STIMULAT ERUM 5.807 ^H	ΓΙΝG HORMONE (T μIU/mL REFFERENCE RANGE 0.70 – 15.20 0.70 – 15.20 0.70 – 11.00 0.70 – 8.40 0.70 – 7.00 0.60 – 5.50 0.50 – 5.50	0.35 - 5.50	
THYROID STIMUI by CMIA (CHEMILUMIN 3rd GENERATION, ULT	ATING HORMONE (TSH): S IESCENT MICROPARTICLE IMMUNC RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years 6 – 10 Years 11 - 15	OID STIMULAT BERUM 5.807 ^H DASSAY)	ΓΙΝG HORMONE (T μIU/mL REFFERENCE RANGE 0.70 – 15.20 0.70 – 15.20 0.70 – 11.00 0.70 – 8.40 0.70 – 7.00 0.60 – 5.50 0.50 – 5.50	0.35 - 5.50	
THYROID STIMUI	ATING HORMONE (TSH): S IESCENT MICROPARTICLE IMMUNC RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years 6 – 10 Years 11 - 15 > 20 Years (Adults)	OID STIMULAT BERUM 5.807 ^H DASSAY)	ΓΙΝG HORMONE (T μIU/mL REFFERENCE RANGE 0.70 – 15.20 0.70 – 15.20 0.70 – 11.00 0.70 – 8.40 0.70 – 7.00 0.60 – 5.50 0.50 – 5.50 0.27 – 5.50	0.35 - 5.50	

USE:- TSH controls biosynthesis and release of thyroid harmones T4 & T3. It is a sensitive measure of thyroid function, especially useful in early or subclinical hypothyroidism, before the patient develops any clinical findings or goitre or any other thyroid function abnormality. **INCREASED LEVELS**:

1.Primary or untreated hypothyroidism, may vary from 3 times to more than 100 times normal depending on degree of hypofunction.

2. Hypothyroid patients receiving insufficient thyroid replacement therapy.

3. Hashimotos thyroiditis.

4.DRUGS: Amphetamines, lodine containing agents and dopamine antagonist.

5. Neonatal period, increase in 1st 2-3 days of life due to post-natal surge.

DECREASED LEVELS:

1.Toxic multi-nodular goitre & Thyroiditis.

2. Over replacement of thyroid harmone in treatment of hypothyroidism.

3. Autonomously functioning Thyroid adenoma

4. Secondary pituatary or hypothalmic hypothyroidism

5. Acute psychiatric illness

6.Severe dehydration.



DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY) DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS , MD (PATHOLOGY)

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	MD (Pathology & Micro	Dr. Vinay ChopraDr. Yugam ChopraMD (Pathology & Microbiology)MD (Pathology)Chairman & Consultant PathologistCEO & Consultant Pathologist				
NAME	: Mrs. MONIKA RANI					
AGE/ GENDER	: 41 YRS/FEMALE	PATIENT ID	: 1805183			
COLLECTED BY	:	REG. NO./LAB NO.	: 012503250005			
REFERRED BY	:	REGISTRATION DATE	: 25/Mar/2025 08:00 AM			
BARCODE NO.	: 01527703	COLLECTION DATE	: 25/Mar/2025 08:05AM			
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPORTING DATE	: 25/Mar/2025 12:43PM			
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBA	LA CANTT				

7.DRUGS: Glucocorticoids, Dopamine, Levodopa, T4 replacement therapy, Anti-thyroid drugs for thyrotoxicosis. 8.Pregnancy: 1st and 2nd Trimester

LIMITATIONS:

1.TSH may be normal in central hypothyroidism, recent rapid correction of hyperthyroidism or hypothyroidism, pregnancy, phenytoin therapy. 2.Autoimmune disorders may produce spurious results.



DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY) V DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS , MD (PATHOLOGY)

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	Dr. Vinay Cl MD (Pathology Chairman & Co		Dr. Yugam Chopra MD (Pathology) at CEO & Consultant Pathologist		
NAME	: Mrs. MONIKA RANI				
AGE/ GENDER	: 41 YRS/FEMALE	PATIENT ID		: 1805183	
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Test Name		Value	Unit	Biological Reference interval	
HEDATITIS C ANT			(HCV) ANTIBODY: T S/CO	OTAL NEGATIVE: < 1.00	
HEPATITIS C ANTIBODY (HCV) TOTAL: SERUM by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASS.			\$/00	POSITIVE: < 1.00	
	IBODY (HCV) TOTAL	NON - H	REACTIVE	10011112.7 1.00	
RESULT	IESCENT MICROPARTICLE IMMUNO	ASSAY)			
INTERPRETATION:-					
R	ESULT (INDEX)	REMARKS			
< 1.00			NON - REACTIVE/NOT - DETECTED TIVE/ASYMPTOMATIC/INFECTIVE STATE/CARRIER STATE.		
Honotitic C (HC)() is	> =1.00			ntation, injection drug abusers, accidental	
needle punctures in compared to HAV & HCV for HCV infectio	healthcare workers, dialysis pat	ients and rarely / occurs in 85 %	from mother to infant. 10 % of infected individuals. In hi	of new cases show sexual transmission. As gh risk population, the predictive value of Anti	
USES: 1. Indicator of past o	n is > 99% whereas in low risk p r present infection, but does not of low and bigh prevelance por	differentiate be	tween Acute/ Chronic/Resol	ved Infection.	

2. Routine screening of low and high prevelance population including blood donors. **NOTE:**

1. False positive results are seen in Auto-immune disease, Rheumatoid Factor, HYpergammaglobulinemia, Paraproteinemia, Passive antibody transfer, Anti-idiotypes and Anti-superoxide dismutase.

2. False negative results are seen in early Acute infection, Immunosuppression and Immuno-incompetence.

3. HCV-RNĂ PCR recommended in all reactive results to differentiate between past and present infection.





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	MD (Pathology	Dr. Vinay ChopraDr. Yugam ChopraMD (Pathology & Microbiology)MD (Pathology)Chairman & Consultant PathologistCEO & Consultant Pathologist				
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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAI), AMBALA CANTT				
Test Name		Value	Unit	Biological Reference interval		
ANTI HUM	AN IMMUNODEFICIEN	CY VIRUS (HIV) DU	JO ULTRA WIT	TH (P-24 ANTIGEN DETECTION)		
HIV 1/2 AND P24 ANTIGEN: SERUM by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOAS		0.16 ASSAY)	S/CO	NEGATIVE: < 1.00 POSITIVE: > 1.00		
HIV 1/2 AND P24 A by CMIA (CHEMILUMIN	ANTIGEN RESULT	NON - REACTIV ASSAY)	Έ			
INTERPRETATION:-						
RESU	.T (INDEX)		REMARKS			
RESU	T (INDEX) .00 1.00		REMARKS ON - REACTIVE VISIONALLY REACTIV			

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Non-Reactive result implies that antibodies to HIV 1/2 have not been detected in the sample. This menas that patient has either not been exposed to HIV 1/2 infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non Reactive result does not exclude the possibility of exposure or infection with HIV 1/2. **RECOMMENDATIONS:**

Results to be clinically correlated
 Rarely falsenegativity/positivity may occur.





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Test Name		Value	Unit	Biological Reference interval		
	HEPATITIS	B SURFACE ANTI	GEN (HBsAg)	ULTRA		
SERUM	HEPATITIS FACE ANTIGEN (HBsAg):	0.21	GEN (HBsAg) S/CO	ULTRA NEGATIVE: < 1.0 POSITIVE: > 1.0		
SERUM by CMIA (CHEMILUMIN HEPATITIS B SURI RESULT by CMIA (CHEMILUMIN	FACE ANTIGEN (HBsAg):	0.21 (SAY) NON REACTIVE		NEGATIVE: < 1.0		
SERUM by CMIA (CHEMILUMIN HEPATITIS B SURI RESULT by CMIA (CHEMILUMIN INTERPRETATION:	FACE ANTIGEN (HBsAg): iescent microparticle immunoas FACE ANTIGEN (HBsAg) iescent microparticle immunoas	0.21 (SAY) NON REACTIVE	S/CO	NEGATIVE: < 1.0		
SERUM by CMIA (CHEMILUMIN HEPATITIS B SURI RESULT by CMIA (CHEMILUMIN <u>INTERPRETATION:</u> RESUI	FACE ANTIGEN (HBsAg): iescent microparticle immunoas FACE ANTIGEN (HBsAg)	0.21 (SAY) NON REACTIVE		NEGATIVE: < 1.0		

Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infection of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2 % normal adolescent and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80 % neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symtoms. Persistence of HBsAg for more than 6 months indicates carrier state or Chronic Liver disease.





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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



SO 9001 : 2008 CERTIFIED LAB		Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathologist		The Excellence in Healthcare & Diagnostics Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist		
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CLIENT CODE.	: KOS DIAGNO	STIC LAB	REPORTI		: 25/Mar/2025 09:29AM	
LIENT ADDRESS		IOLSON ROAD, AMBAL				
Test Name		v	alue	Unit	Biological Reference interval	
			VDRL			
/DRL			NON REACTIVE		NON REACTIVE	
4.Treatment of prima 5.Rising titer (4X) ind 5.May benonreactive 7.Reactive and weak 5.HORTTERM FALSE Por 1.Acute viral illnesse 2.M. pneumoniae; Cl 3.Some immunizatio 4.Pregnancy (rare)	ary syphillis cause licates relapse,rei e in early primary ly reactive tests s OSITIVE TEST RESU es (e.g., hepatitis, hlamydia; Malaria ns	JLTS (<6 MONTHS DURA measles, infectious mo a infection.	onegative VDRL with failure and need for r yphillis (approx. 25% nedwith FTA-ABS (flu TION) MAY OCCURIN nonucleosis)	in 2 years. etreatment. ofcases). prescent trepon	emal antibody absorptiontest).	
L.Serious underlying 2.Intravenous drug u	i disease e.g., coll isers. tis, thyroiditis, All Ider thanage 70 y		, leprosy ,malignanc			
		*** En	d Of Report **	*		

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