



	Dr. Vinay Chopra MD (Pathology & Microb Chairman & Consultant P		Dr. Yugam MD (CEO & Consultant	(Pathology)	
NAME :	Mr. PARAS SETHI				
AGE/ GENDER :	46 YRS/MALE	1	PATIENT ID	: 1805265	
COLLECTED BY :		1	REG. NO./LAB NO.	: 0125032	250033
REFERRED BY :	DR. HARDEEP SINGH]	REGISTRATION DATE	:25/Mar/2	2025 10:16 AM
BARCODE NO. :	01527731	(COLLECTION DATE	:25/Mar/2	2025 10:18AM
	KOS DIAGNOSTIC LAB		REPORTING DATE	: 25/Mar/2	2025 11:34AM
CLIENT ADDRESS :	6349/1, NICHOLSON ROAD, AMBALA	A CANTT			
Test Name	V	alue	Unit	В	iological Reference interval
			I NECC DANIEL - 1	1	
			LINESS PANEL: 1	.1	
DED BLOOD CELLS	(RBCS) COUNT AND INDICES	IE BLU	OOD COUNT (CBC)		
AEMOGLOBIN (HB)	(KBCS) COUNT AND INDICES	16.2	gm/dL		12.0 - 17.0
by CALORIMETRIC		10.2	gii/dL		12.0 - 17.0
RED BLOOD CELL (R	BC) COUNT USING, ELECTRICAL IMPEDENCE	5	Millions/	cmm .	3.50 - 5.00
ACKED CELL VOLU	ME (PCV)	48.3	%	4	40.0 - 54.0
by CALCULATED BY AUTO	OMATED HEMATOLOGY ANALYZER R VOLUME (MCV)	96.6	fL		80.0 - 100.0
by CALCULATED BY AUT	OMATED HEMATOLOGY ANALYZER		IL		
	R HAEMOGLOBIN (MCH) OMATED HEMATOLOGY ANALYZER	32.3	pg		27.0 - 34.0
MEAN CORPUSCULA	R HEMOGLOBIN CONC. (MCHC)	33.5	g/dL	:	32.0 - 36.0
	OMATED HEMATOLOGY ANALYZER TION WIDTH (RDW-CV)	15	%		11.00 - 16.00
by CALCULATED BY AUT	OMATED HEMATOLOGY ANALYZER				
	TION WIDTH (RDW-SD) OMATED HEMATOLOGY ANALYZER	54.4	fL	-	35.0 - 56.0
MENTZERS INDEX		19.32	RATIO		BETA THALASSEMIA TRAIT:
by CALCULATED					13.0 IRON DEFICIENCY ANEMIA:
					>13.0
GREEN & KING INDE	EX	28.89	RATIO		BETA THALASSEMIA TRAIT:
by CALCULATED					<= 65.0 IRON DEFICIENCY ANEMIA: :
					65.0
VHITE BLOOD CEL	LS (WBCS)				
TOTAL LEUCOCYTE		7950	/cmm	2	4000 - 11000
•	OOD CELLS (nRBCS)	NIL		(0.00 - 20.00
by AUTOMATED 6 PART H	HEMATOLOGY ANALYZER				
NUCLEATED RED BL	OOD CELLS (nRBCS) %	NIL	%		< 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 : Mr. PARAS SETHI AGE : Mr. PARAS SETHI COLLECTED BY :: REG. NO./LAB NO. : U12503250033 :: U12503250033 REFERRED BY :: DR. HARDEEP SINCH REG. NO./LAB NO. BARCODE NO. :: 01527731 COLLECTION DATE :: 25/Mar/2025 10:18AM :: 25/Mar/2025 10:18AM CLIENT ADDRESS :: 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit Biological Reference interval by CAUCULATED by AUTOMATED HEMATOLOGY ANALVZER DIFFERENTIAL LEUCOCYTE COUNT OLCO NEUTROPHILS Net TOW OTTOMETRY by SF CUBE & MRCROSCOPY 34 VM FOW OTTOMETRY by SF CUBE & MRCROSCOPY 0 VM FOW OTTOMETRY by SF CUBE & MRCROSCOPY 0 MONOCYTES : D AMCOSCOPY MONOCYTES : C MRCSCOPY MASOLUTE LUKOCYTES COUNT : MC ASO		Dr. Vinay Chop MD (Pathology & M Chairman & Consul	licrobiology)	Dr. Yugam MD CEO & Consultant	(Pathology)
COLLECTED BY: DR HARDEEP SINGHREG.NO./LAB NO.: 912503250033REFERRED BY:: DR, HARDEEP SINGHREGISTRATION DATE:: 25/Mar/2025 10:16 AMBARCODE NO.::: 01527731COLLECTION DATE:: 25/Mar/2025 10:18 AMCLIENT CODE::: 0500 DIACNOSTIC LABREPORTING DATE:: 25/Mar/2025 11:34 AMCLIENT ADDRESS::: 0349/1, NICHOLSON ROAD, AMBALA CANTT::: 01250322003Image: Diagram College A MICROSCOPYValueUnitBiological Reference intervalby CALCULATED BY AUTOMATED HEMATOLOGY ANALYZERDIFFERENTIAL LEUCOCYTE COUNT ODLC)NEUTROPHILSNUTROPHILS:: 0400 OTOMETRY BY SF CUBE & MICROSCOPY34%20 - 40by R.OW CYTOMETRY BY SF CUBE & MICROSCOPY:: 0400 OTOMETRY BY SF CUBE & MICROSCOPY0%0 - 1by R.OW CYTOMETRY BY SF CUBE & MICROSCOPY:: 0400 OTOMETRY BY SF CUBE & MICROSCOPY0%0 - 1by R.OW CYTOMETRY BY SF CUBE & MICROSCOPY0%0 - 1BASOHILSBY SF CUBE & MICROSCOPY0%0 - 1by R.OW CYTOMETRY BY SF CUBE & MICROSCOPY0%0 - 1by ROW CYTOMETRY BY SF CUBE & MICROSCOPY0%0 - 1by ROW CYTOMETRY BY SF CUBE & MICROSCOPY0%0 - 1by ROU UTTEN PUTST WY SF CUBE & MICROSCOPY0%0 - 1by ROU UTTOMETRY BY SF CUBE & MICROSCOPY0%0 - 1by ROU UTTOMETRY BY SF CUBE & MICROSCOPY0%0 - 1by ROU UTTOMETRY BY SF CUBE & MICROSCOPY <th>NAME</th> <th>: Mr. PARAS SETHI</th> <th></th> <th></th> <th></th>	NAME	: Mr. PARAS SETHI			
REFERED BY:: DR. HARDEEP SINGHREGISTRATION DATE:: 25/Mar/2025 10:16 AMBARCODE NO.:: 01527731COLLECTION DATE:: 25/Mar/2025 10:18AMCLIENT CODE:: KOS DIAGNOSTIC LABREPORTING DATE:: 25/Mar/2025 11:34AMCLIENT ADDRESS:: 5349/1, NICHOLSON ROAD, AMBALA CANTTTotalBiological Reference intervalby CALCULATED BY AUTOMATED HEMATOLOGY ANALYZERDIFFERENTIAL LEUCOCYTE COUNT OLCINEUTROPHILSDIFFERENTIAL LEUCOCYTE COUNT OLCINEUTROPHILS34%20 - 40by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY56%2 - 12COSINOPHILS4%1 - 66by ROW CYTOMETRY BY SF CUBE & MICROSCOPY0%0 - 1by ROW CYTOMETRY BY SF CUBE & MICROSCOPY6%2 - 12by ROW CYTOMETRY BY SF CUBE & MICROSCOPY0%0 - 1by ROW CYTOMETRY BY SF CUBE & MICROSCOPY0%0 - 1by ROW CYTOMETRY BY SF CUBE & MICROSCOPY0%0 - 1by ROW CYTOMETRY BY SF CUBE & MICROSCOPY1452/cmm2000 - 7500by ROW CYTOMETRY BY SF CUBE & MICROSCOPY1318/cmm40 - 440by ROW CYTOMETRY BY SF CUBE & MICROSCOPY0/cmm800 - 4900by ROW CYTOMETRY BY SF CUBE & MICROSCOPY1318/cmm40 - 440by ROW CYTOMETRY BY SF CUBE & MICROSCOPY0/cmm80 - 880by ROW CYTOMETRY BY SF CUBE & MICROSCOPY1318/cmm40 - 440by ROW CYTOMETRY BY SF CUBE & MICROSCOPY1318/cmm10 - 0.36	AGE/ GENDER	: 46 YRS/MALE	PATI	ENT ID	: 1805265
REFERED BY:: DR. HARDEEP SINGHREGISTRATION DATE:: 25/Mar/2025 10:16 AMBARCODE NO.:: 01527731COLLECTION DATE:: 25/Mar/2025 10:18 AMCLIENT CODE:: KOS DIAGNOSTIC LABREPORTING DATE:: 25/Mar/2025 11:34 AMCLIENT ADDRESS:: 5349/1, NICHOLSON ROAD, AMBALA CANTTTotalBiological Reference intervalby CALCULATED BY AUTOMATED HEMATOLOGY ANALYZERDIFFERENTIAL LEUCOCYTE COUNT OLC)NEUTROPHILSNEUTROPHILS56%50 - 70by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY34%20 - 40by ROW CYTOMETRY BY SF CUBE & MICROSCOPY6%2 - 12COSINOPHILS9 - 076%2 - 12by ROW CYTOMETRY BY SF CUBE & MICROSCOPY0%0 - 1by ROW CYTOMETRY BY SF CUBE & MICROSCOPY0%0 - 1by ROW CYTOMETRY BY SF CUBE & MICROSCOPY0%0 - 1by ROW CYTOMETRY BY SF CUBE & MICROSCOPY0%0 - 1by ROW CYTOMETRY BY SF CUBE & MICROSCOPY0%0 - 1by ROW CYTOMETRY BY SF CUBE & MICROSCOPY0%0 - 1by ROW CYTOMETRY BY SF CUBE & MICROSCOPY1318/cmm800 - 4900by ROW CYTOMETRY BY SF CUBE & MICROSCOPY1318/cmm40 - 440by ROW CYTOMETRY BY SF CUBE & MICROSCOPY1318/cmm40 - 440by ROW CYTOMETRY BY SF CUBE & MICROSCOPY1318/cmm40 - 440by ROW CYTOMETRY BY SF CUBE & MICROSCOPY141fL6.50 - 12.0PLATELET COUNT (PLT)137000L	COLLECTED BY	:	REG.	NO./LAB NO.	: 012503250033
BARCODE NO.:: 01527731COLLECTION DATE:: 25/Mar/2025 10:18AMCLIENT CODE:: KOS DIACNOSTIC LABREPORTING DATE:: 25/Mar/2025 11:34AMCLIENT ADDRESS:: 8349/1, NICHOLSON ROAD, AMBALA CANTT:: 25/Mar/2025 11:34AMINTERNATION OF COLSTIC LABDY GUECULATED BY AUTOMATED HEMATOLOGY ANALYZERDIFFERENTIAL LEUCOCYTE COUNT OLCONEUTROPHILSDY GUECULATED BY AUTOMATED HEMATOLOGY ANALYZERDIFFERENTIAL LEUCOCYTE COUNT OLCONEUTROPHILSDY OUCONTOMETRY BY SF CUBE & MICROSCOPYA9696OUTOMETRY BY SF CUBE & MICROSCOPYABASOPHILS0MICROSCOPYBASOPHILS0ABSOLUTE NEUTROPHIL COUNT4452/ Cmm2000 - 7500by FLOW CYTOMETRY BY SF CUBE & MICROSCOPYABSOLUTE LEUKOCYTES (WBC) COUNTABSOLUTE NEUTROPHIL COUNT4452/ Cmm8000 - 7500by RUM CYTOMETRY BY SF CUBE & MICROSCOPYABSOLUTE EQUENCEPLATELET COUNT177/ Cmm8000 - 7500by RUM CYTOMETRY BY SF CUBE & MICROSCOPYABSOLUTE EQUEST MACROSCOPY <td></td> <td>DR HARDFEP SINGH</td> <td></td> <td></td> <td></td>		DR HARDFEP SINGH			
CLIENT CODE :: KOS DIAGNOSTIC LAB REPORTING DATE :: 25/Mar/2025 11:34AM CLIENT ADDRESS :: 6349/1, NICHOLSON ROAD, AMBALA CANTT Est Name Unit Biological Reference interval by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER DIFFERENTIAL LEUCOCYTE COUNT (DLC) NEUTROPHILS 56 % 50 - 70 NPLOW CYTOMETRY BY SF CUBE & MICROSCOPY 34 % 20 - 40 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY 4 % 1 - 6 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY 6 % 2 - 12 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY 0 % 0 - 1 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY 0 % 0 - 1 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY 0 % 0 - 1 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY 0 % 0 - 1 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY 0 % 0 - 1 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY 0 % 0 - 1 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY 0 % 0 - 1 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY 0 % 0 - 1 by FLOW CYTO					
CLEENT ADDRESS: 6349/1, NICHOLSON ROAD, AMBALA CANTSImmediation of the standard					
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EOSINOPHILS4%1 - 6by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY6%2 - 12by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY0%0 - 1BASOPHILS0%0 - 1by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY0%0 - 1ABSOLUTE LEUKOCYTES (WBC) COUNT4452/cmm2000 - 7500by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY2703/cmm800 - 4900by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY318/cmm40 - 440by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY318/cmm0 - 110by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY0/cmm800 - 880ABSOLUTE EOSINOPHIL COUNT477/cmm80 - 880by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY0/cmm0 - 110by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY0/cmm0 - 110by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY0/cmm0 - 110by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY0/cmm0 - 110by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY0/cmm0 - 110by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY0/cmm0 - 110by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY137000L/cmm0 - 100by HORO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE137000L/cmm150000 - 450000by HYDR DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE14HfL6.50 - 12.0by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE14HfL6.50 - 12.0by HYDRO DYNAMIC		Y BY SF CUBE & MICROSCOPY	34	%	20 - 40
MONOCYTES6%2 - 12by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY0%0 - 1by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY0%0 - 1ABSOLUTE LEUKOCYTES (WBC) COUNTABSOLUTE NEUTROPHIL COUNT4452/cmm2000 - 7500by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY2703/cmm800 - 4900ABSOLUTE LYMPHOCYTE COUNT2703/cmm40 - 440by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY318/cmm40 - 440ABSOLUTE EOSINOPHIL COUNT318/cmm40 - 440by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY477/cmm80 - 880ABSOLUTE BOSOLUTE MONOCYTE COUNT0/cmm0 - 110by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY0/cmm0 - 110ABSOLUTE BASOPHIL COUNT0/cmm0 - 100by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY0/cmm0 - 100ABSOLUTE BASOPHIL COUNT0/cmm0 - 100by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY0/cmm0 - 100ABSOLUTE BASOPHIL COUNT0/cmm0 - 100by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY0/cmm0 - 100by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY0/cmm0 - 100by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY0/cmm0 - 100by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY0/cmm0 - 100by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY0/cmm0 - 100by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY<	EOSINOPHILS		4	%	1 - 6
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ABSOLUTE NEUTROPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY4452/cmm2000 - 7500ABSOLUTE LYMPHOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY2703/cmm800 - 4900ABSOLUTE EOSINOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY318/cmm40 - 440BSOLUTE MONOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY477/cmm80 - 880ABSOLUTE MONOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY0/cmm0 - 110BSOLUTE BASOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY0/cmm0 - 110BSOLUTE BASOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY0/cmm0 - 110BSOLUTE BASOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY0/cmm0 - 100PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS. </td <td>by FLOW CYTOMETR</td> <td></td> <td>0</td> <td>%</td> <td>0 - 1</td>	by FLOW CYTOMETR		0	%	0 - 1
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by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY318/cmm40 - 440ABSOLUTE EOSINOPHIL COUNT318/cmm40 - 440by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY477/cmm80 - 880ABSOLUTE MONOCYTE COUNT477/cmm0 - 110by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY0/cmm0 - 110ABSOLUTE BASOPHIL COUNT0/cmm0 - 110by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY0/cmm0 - 110PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.137000L/cmm150000 - 450000PLATELET COUNT (PLT)0.19%0.10 - 0.36by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE14HfL6.50 - 12.0PLATELET VOLUME (MPV)14HfL6.50 - 12.0by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE76000/cmm30000 - 90000by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE76000/cmm30000 - 90000PLATELET LARGE CELL COUNT (P-LCC)76000/cmm30000 - 90000by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE55.4H%11.0 - 45.0			4432	/clillin	2000 - 7500
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ABSOLUTE MONOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY477/cmm80 - 880ABSOLUTE BASOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY0/cmm0 - 110PLATELET SAND OTHER PLATELET PREDICTIVE MARKERS.PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.PLATELET COUNT (PLT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE137000L/cmm150000 - 450000PLATELET CRIT (PCT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE0.19%0.10 - 0.36PLATELET VOLUME (MPV) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE14HfL6.50 - 12.0PLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE76000/cmm30000 - 90000PLATELET LARGE CELL COUNT (P-LCR) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE55.4H%11.0 - 45.0			318	/cmm	40 - 440
ABSOLUTE BASOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY0/cmm0 - 110PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.PLATELET COUNT (PLT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE137000L/cmm150000 - 450000PLATELETCRIT (PCT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE0.19%0.10 - 0.36MEAN PLATELET VOLUME (MPV) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE14HfL6.50 - 12.0PLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE76000/cmm30000 - 90000PLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE55.4H%11.0 - 45.0	ABSOLUTE MONO	CYTE COUNT	477	/cmm	80 - 880
PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.PLATELET COUNT (PLT)137000L/cmm150000 - 450000by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE0.19%0.10 - 0.36PLATELET CRIT (PCT)0.19%0.10 - 0.36by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE14HfL6.50 - 12.0PLATELET LARGE CELL COUNT (P-LCC)76000/cmm30000 - 90000by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE55.4H%11.0 - 45.0	ABSOLUTE BASOF	PHIL COUNT	0	/cmm	0 - 110
PLATELET COUNT (PLT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE137000L/cmm150000 - 450000PLATELETCRIT (PCT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE0.19%0.10 - 0.36MEAN PLATELET VOLUME (MPV) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE14HfL6.50 - 12.0PLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE76000/cmm30000 - 90000PLATELET LARGE CELL RATIO (P-LCR) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE55.4H%11.0 - 45.0			VE MARKERS		
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MEAN PLATELET VOLUME (MPV) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE14HfL6.50 - 12.0PLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE76000/cmm30000 - 90000PLATELET LARGE CELL RATIO (P-LCR) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE55.4H%11.0 - 45.0	PLATELETCRIT (F	PCT)	0.19	%	0.10 - 0.36
PLATELET LARGE CELL COUNT (P-LCC) 76000 /cmm 30000 - 90000 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 55.4 ^H % 11.0 - 45.0 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 55.4 ^H % 11.0 - 45.0	MEAN PLATELET	VOLUME (MPV)	14 ^H	fL	6.50 - 12.0
PLATELET LARGE CELL RATIO (P-LCR) 55.4 ^H % 11.0 - 45.0 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 55.4 ^H % 11.0 - 45.0	PLATELET LARGE	E CELL COUNT (P-LCC)	76000	/cmm	30000 - 90000
	PLATELET LARGE	E CELL RATIO (P-LCR)	55.4 ^H	%	11.0 - 45.0
				%	15.0 - 17.0



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

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







	Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Patholog		(Pathology)
NAME	: Mr. PARAS SETHI		
AGE/ GENDER	: 46 YRS/MALE	PATIENT ID	: 1805265
COLLECTED BY	:	REG. NO./LAB NO.	: 012503250033
REFERRED BY	: DR. HARDEEP SINGH	REGISTRATION DATE	: 25/Mar/2025 10:16 AM
BARCODE NO.	: 01527731	COLLECTION DATE	: 25/Mar/2025 10:18AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPORTING DATE	: 25/Mar/2025 11:34AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANT	Т	
Test Name	Value	Unit	Biological Reference interval

by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

RECHECKED



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

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





TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



	Dr. Vinay Cł MD (Pathology & Chairman & Cor		Dr. Yugam MD CEO & Consultant	(Pathology)
NAME	: Mr. PARAS SETHI			
AGE/ GENDER	: 46 YRS/MALE	РАТ	TENT ID	: 1805265
COLLECTED BY	:	REG	. NO./LAB NO.	: 012503250033
REFERRED BY	: DR. HARDEEP SINGH	REG	ISTRATION DATE	: 25/Mar/2025 10:16 AM
BARCODE NO.	:01527731	COL	LECTION DATE	: 25/Mar/2025 10:18AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REP	ORTING DATE	: 25/Mar/2025 01:02PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD,	AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
	ERYTHR	OCYTE SEDIME	NTATION RATE	(ESR)
ERYTHROCYTE SI	EDIMENTATION RATE (ESR		mm/1st h	
by RED CELL AGGRE	GATION BY CAPILLARY PHOTOMET			
NTERPRETATION:	fic tost bocauso an olovatod rosu	It often indicates the r	prosonco of inflammati	ion associated with infection, cancer and auto-
mmune disease, but	does not tell the health practitie	oner exactly where the	inflammation is in the	e body or what is causing it.
2. An ESR can be affe as C-reactive protein	cted by other conditions beside	s inflammation. For this	s reason, the ESR is ty	pically used in conjunction with other test such
3. This test may also	be used to monitor disease activ	vity and response to th	erapy in both of the a	bove diseases as well as some others, such as
	ematosus			
systemic lupus erythe	W ESR			
CONDITION WITH LO Y A low ESR can be see	en with conditions that inhibit th	e normal sedimentatio	n of red blood cells, si	uch as a high red blood cell count
CONDITION WITH LO ' A low ESR can be see (polycythaemia), sigr as sickle cells in sickl	en with conditions that inhibit th	e normal sedimentatio ount (leucocytosis) , ar ESR.	n of red blood cells, si nd some protein abno	uch as a high red blood cell count rmalities. Some changes in red cell shape (such
CONDITION WITH LO' A low ESR can be see (polycythaemia), sigr as sickle cells in sickl NOTE:	en with conditions that inhibit th hificantly high white blood cell c le cell anaemia) also lower the l	ount (leucocytosis) , ar ESR.	n of red blood cells, si nd some protein abno	uch as a high red blood cell count rmalities. Some changes in red cell shape (such
CONDITION WITH LO' A low ESR can be see (polycythaemia), sign as sickle cells in sickl NOTE: 1. ESR and C - reactiv 2. Generally. ESR doe	en with conditions that inhibit th nificantly high white blood cell c le cell anaemia) also lower the l re protein (C-RP) are both marke	ount (leucocytosis) , ar ESR. rs of inflammation. CRP. either at the start	nd some protein abno	rmalities. Šome changes in red cell shape (such
CONDITION WITH LO' A low ESR can be see (polycythaemia), sigr as sickle cells in sickl NOTE: 1. ESR and C - reactiv 2. Generally, ESR doe 3. CRP is not affected	en with conditions that inhibit th nificantly high white blood cell c le cell anaemia) also lower the l re protein (C-RP) are both marke as not change as rapidly as does l by as many other factors as is E	ount (leucocytosis) , ar ESR. rs of inflammation. CRP, either at the start SR, making it a better n	nd some protein abno of inflammation or as narker of inflammatior	rmalities. Šome changes in red cell shape (such
CONDITION WITH LO' A low ESR can be see (polycythaemia), sign as sickle cells in sickl NOTE: 1. ESR and C - reactiv 2. Generally, ESR doe 3. CRP is not affected 4. If the ESR is elevat 5. Women tend to ha	en with conditions that inhibit the nificantly high white blood cell of le cell anaemia) also lower the le re protein (C-RP) are both marke as not change as rapidly as does l by as many other factors as is E ed, it is typically a result of two lowe a higher ESR, and menstruati	ount (leucocytosis), ar ESR. rs of inflammation. CRP, either at the start SR, making it a better n types of proteins, glob on and pregnancy can c	nd some protein abno c of inflammation or as narker of inflammatior ulins or fibrinogen. cause temporary eleva	rmalities. Šome changes in red cell shape (such s it resolves. 1. tions.
CONDITION WITH LO' A low ESR can be see (polycythaemia), sigr as sickle cells in sickl NOTE: 1. ESR and C - reactiv 2. Generally, ESR doe 3. CRP is not affected 4. If the ESR is elevat 5. Women tend to ha 6. Drugs such as dext	en with conditions that inhibit the nificantly high white blood cell of le cell anaemia) also lower the le re protein (C-RP) are both marke es not change as rapidly as does l by as many other factors as is E ed, it is typically a result of two leve a higher ESR, and menstruatit tran, methyldopa, oral contrace	ount (leucocytosis), ar ESR. rs of inflammation. CRP, either at the start SR, making it a better n types of proteins, glob on and pregnancy can c	nd some protein abno c of inflammation or as narker of inflammatior ulins or fibrinogen. cause temporary eleva	rmalities. Šome changes in red cell shape (such s it resolves. .
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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)







	MD (Path	ay Chopra ology & Microbiology) & Consultant Pathologis		(Pathology)
NAME	: Mr. PARAS SETHI			
AGE/ GENDER	: 46 YRS/MALE		PATIENT ID	: 1805265
COLLECTED BY	:		REG. NO./LAB NO.	: 012503250033
REFERRED BY	: DR. HARDEEP SINGH		REGISTRATION DATE	: 25/Mar/2025 10:16 AM
BARCODE NO.	:01527731		COLLECTION DATE	: 25/Mar/2025 10:18AM
CLIENT CODE.	: KOS DIAGNOSTIC LAE	3	REPORTING DATE	: 25/Mar/2025 01:18PM
CLIENT ADDRESS	: 6349/1, NICHOLSON	ROAD, AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
	CLI	NICAL CHEMIS	STRY/BIOCHEMIS	STRY
		GLUCOSI	E FASTING (F)	
	IG (F): PLASMA	98.42	mg/dL	NORMAL: < 100.0

KOS Diagnostic Lab (A Unit of KOS Healthcare)

A fasting plasma glucose level below 100 mg/dl is considered normal.
 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.
 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 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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DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY)

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT





		Chopra gy & Microbiology) Consultant Pathologist		(Pathology)
NAME AGE/ GENDER COLLECTED BY REFERRED BY BARCODE NO. CLIENT CODE. CLIENT ADDRESS	: Mr. PARAS SETHI : 46 YRS/MALE : : DR. HARDEEP SINGH : 01527731 : KOS DIAGNOSTIC LAB : 6349/1, NICHOLSON ROA		PATIENT ID REG. NO./LAB NO. REGISTRATION DATE COLLECTION DATE REPORTING DATE	: 1805265 : 012503250033 : 25/Mar/2025 10:16 AM : 25/Mar/2025 10:18AM : 25/Mar/2025 01:18PM
Test Name		Value	Unit	Biological Reference interval
		LIPID PRO	FILE : BASIC	
CHOLESTEROL TO by CHOLESTEROL OX		182.61	mg/dL	OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.0
TRIGLYCERIDES: 5 by GLYCEROL PHOSP	SERUM PHATE OXIDASE (ENZYMATIC)	108.01	mg/dL	OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199.0 HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0
HDL CHOLESTERC by SELECTIVE INHIBIT	DL (DIRECT): SERUM	42.17	mg/dL	LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 - 60.0 HIGH HDL: > OR = 60.0
LDL CHOLESTERO		118.84	mg/dL	OPTIMAL: < 100.0 ABOVE OPTIMAL: 100.0 - 129.0 BORDERLINE HIGH: 130.0 - 159.0 HIGH: 160.0 - 189.0 VERY HIGH: > OR = 190.0
NON HDL CHOLES by CALCULATED, SPE		140.44 ^H	mg/dL	OPTIMAL: < 130.0 ABOVE OPTIMAL: 130.0 - 159.0 BORDERLINE HIGH: 160.0 - 189.0 HIGH: 190.0 - 219.0 VERY HIGH: > OR = 220.0
VLDL CHOLESTER by CALCULATED, SPE	CTROPHOTOMETRY	21.6	mg/dL	0.00 - 45.00
TOTAL LIPIDS: SE by CALCULATED, SPE		473.23	mg/dL	350.00 - 700.00
CHOLESTEROL/HE	DL RATIO: SERUM	4.33	RATIO	LOW RISK: 3.30 - 4.40 AVERAGE RISK: 4.50 - 7.0

KOS Diagnostic Lab (A Unit of KOS Healthcare)

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





		Chopra y & Microbiology) onsultant Pathologist	Dr. Yugan MD CEO & Consultant	(Pathology)
NAME	: Mr. PARAS SETHI			
AGE/ GENDER	: 46 YRS/MALE	PAT	TENT ID	: 1805265
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CLIENT ADDRESS	: 6349/1, NICHOLSON ROA	D, AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
LDL/HDL RATIO: S by Calculated, Spe		2.82	RATIO	MODERATE RISK: 7.10 - 11.0 HIGH RISK: > 11.0 LOW RISK: 0.50 - 3.0 MODERATE RISK: 3.10 - 6.0 HIGH RISK: > 6.0
TRIGLYCERIDES/I by CALCULATED, SPE	HDL RATIO: SERUM	2.56 ^L	RATIO	3.00 - 5.00

INTERPRETATION:

1.Measurements in the same patient can show physiological& analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol. 2. As per NLA-2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

 Cow HDL levels are associated with increased risk for Atherosclerotic Cardiovascular disease (ASCVD) due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
 NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogeniclipoproteins such as LDL, VLDL, IDL, Lpa, Chylomicron remnants) along with LDL-cholesterol as co- primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL

5. Additional testing for Apolipoprotein B, hsCRP,Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement





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Test Name		Value	Unit	Biological Reference interval
			ON TEST (COMPLETE)	
BILIRUBIN TOTAL: by DIAZOTIZATION, SPI		0.75	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT by DIAZO MODIFIED, SI	C (CONJUGATED): SERUM	0.19	mg/dL	0.00 - 0.40
	CT (UNCONJUGATED): SERUM	0.56	mg/dL	0.10 - 1.00
SGOT/AST: SERUM by IFCC, WITHOUT PYF		22.5	U/L	7.00 - 45.00
SGPT/ALT: SERUM by IFCC, WITHOUT PYF		25.8	U/L	0.00 - 49.00
AST/ALT RATIO: SI	-	0.87	RATIO	0.00 - 46.00
ALKALINE PHOSPH by PARA NITROPHENY PROPANOL	IATASE: SERUM 'L PHOSPHATASE BY AMINO METHYL	45.37	U/L	40.0 - 130.0
GAMMA GLUTAMY by SZASZ, SPECTROP	YL TRANSFERASE (GGT): SERUN htometry	A 20.87	U/L	0.00 - 55.0
TOTAL PROTEINS: by BIURET, SPECTROF	SERUM	6.95	gm/dL	6.20 - 8.00
ALBUMIN: SERUM by BROMOCRESOL GF		3.81	gm/dL	3.50 - 5.50
GLOBULIN: SERUM	[3.14	gm/dL	2.30 - 3.50
A : G RATIO: SERUI by CALCULATED, SPEC	М	1.21	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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Test Name		Value Unit	Biological Reference interval
HEPATOCELLULAR C	ARCINOMA & CHRONIC HEPATITIS	> 1.3 (Slightly Ir	ncreased)

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

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Test Name		Value	Unit	Biological Reference interva
	KIDNE	Y FUNCTI	ON TEST (COMPLET)	Е)
UREA: SERUM		23.85	mg/dL	10.00 - 50.00
by UREASE - GLUTAMA	TE DEHYDROGENASE (GLDH)			
CREATININE: SERU by ENZYMATIC, SPECTI		1.12	mg/dL	0.40 - 1.40
-	OGEN (BUN): SERUM	11.14	mg/dL	7.0 - 25.0
by CALCULATED, SPEC	TROPHOTOMETRY			
BLOOD UREA NITR RATIO: SERUM	OGEN (BUN)/CREATININE	9.95 ^L	RATIO	10.0 - 20.0
by CALCULATED, SPEC	TROPHOTOMETRY			
UREA/CREATININE		21.29	RATIO	
by CALCULATED, SPEC URIC ACID: SERUM		- 04H	mg/dL	3.60 - 7.70
by URICASE - OXIDASE		7.81 ^H	IIIg/uL	5.00 - 1.10
CALCIUM: SERUM		9.73	mg/dL	8.50 - 10.60
by ARSENAZO III, SPEC PHOSPHOROUS: SEI		3.35	mg/dL	2.30 - 4.70
by PHOSPHOMOLYBDA	TE, SPECTROPHOTOMETRY	2.50	ing, all	
ELECTROLYTES				
SODIUM: SERUM		141.8	mmol/L	135.0 - 150.0
by ISE (ION SELECTIVE POTASSIUM: SERUM		4.43	mmol/L	3.50 - 5.00
by ISE (ION SELECTIVE	ELECTRODE)			
CHLORIDE: SERUM by ISE (ION SELECTIVE		106.35	mmol/L	90.0 - 110.0
	ELECTRODE) IERULAR FILTERATION RAT	Έ		
	ERULAR FILTERATION RATE			
(eGFR): SERUM				
by CALCULATED				
INTERPRETATION: To differentiate betwee	en 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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	Dr. Vinay Cł MD (Pathology & Chairman & Cor	Microbiology)	u gam Chopra MD (Pathology) sultant Pathologist
NAME	: Mr. PARAS SETHI		
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BARCODE NO.	:01527731	COLLECTION DATE	
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Test Name		Value Unit	t Biological Reference interval
2. Prerenal azotemia DECREASED RATIO (< 1. Acute tubular necr 2. Low protein diet au 3. Severe liver diseas	superimposed on renal disease 10:1) WITH DECREASED BUN : osis. nd starvation.		
5. Repeated dialysis 6. Inherited hyperam 7. SIADH (syndrome of 8. Pregnancy. DECREASED RATIO (< 1. Phenacimide thera 2. Rhabdomyolysis (r 3. Muscular patients INAPPROPIATE RATIO 1. Diabetic ketoacido	furea rather than creatinine diff monemias (urea is virtually abs of inappropiate antidiuretic harn 10:1) WITH INCREASED CREATINI py (accelerates conversion of cr eleases muscle creatinine). who develop renal failure. : sis (acetoacetate causes false ir	ent in blood). hone) due to tubular secretion of urea. NE: eatine to creatinine).	
5. Repeated dialysis 6. Inherited hyperam 7. SIADH (syndrome of 8. Pregnancy. DECREASED RATIO (< 1. Phenacimide thera 2. Rhabdomyolysis (r 3. Muscular patients INAPPROPIATE RATIO 1. Diabetic ketoacido should produce an in 2. Cephalosporin the	furea rather than creatinine diff monemias (urea is virtually absorb inappropiate antidiuretic harm IO:1) WITH INCREASED CREATINI py (accelerates conversion of cr eleases muscle creatinine). who develop renal failure. sis (acetoacetate causes false in creased BUN/creatinine ratio). rapy (interferes with creatinine r	ent in blood). hone) due to tubular secretion of urea. VE: eatine to creatinine). hcrease in creatinine with certain meth	
5. Repeated dialysis 6. Inherited hyperam 7. SIADH (syndrome of 8. Pregnancy. DECREASED RATIO (< 1. Phenacimide thera 2. Rhabdomyolysis (r 3. Muscular patients INAPPROPIATE RATIO 1. Diabetic ketoacido should produce an in 2. Cephalosporin thei ESTIMATED GLOMERI	furea rather than creatinine diff monemias (urea is virtually absorb inappropiate antidiuretic harm IO:1) WITH INCREASED CREATINI py (accelerates conversion of cr eleases muscle creatinine). who develop renal failure. : sis (acetoacetate causes false ir creased BUN/creatinine ratio).	ent in blood). hone) due to tubular secretion of urea. VE: eatine to creatinine). horease in creatinine with certain meth neasurement).	odologies,resulting in normal ratio when dehydratio
5. Repeated dialysis 6. Inherited hyperam 7. SIADH (syndrome of 8. Pregnancy. DECREASED RATIO (< 1. Phenacimide thera 2. Rhabdomyolysis (r 8. Muscular patients NAPPROPIATE RATIO 1. Diabetic ketoacido should produce an in 2. Cephalosporin the	furea rather than creatinine diff monemias (urea is virtually abs of inappropiate antidiuretic harn 10:1) WITH INCREASED CREATINI py (accelerates conversion of cr eleases muscle creatinine). who develop renal failure. sis (acetoacetate causes false ir creased BUN/creatinine ratio). apy (interferes with creatinine r JLAR FILTERATION RATE:	ent in blood). hone) due to tubular secretion of urea. VE: eatine to creatinine). hcrease in creatinine with certain meth neasurement). GFR (mL/min/1.73m2) tion >90	

UKD JTAOL	DESCIVITION		ASSOCIATED TINDINOS
G1	Normal kidney function	>90	No proteinuria
G2	Kidney damage with normal or high GFR	>90	Presence of Protein , 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	
G5	Kidney failure	<15	





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Test Name	Val	ue 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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	MD (Patho	y Chopra logy & Microbiology) & Consultant Pathologist		g am Chopra MD (Pathology) tant Pathologist	
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Test Name		Value	Unit	Biological Reference interval	
		IRON PROF	TILE		
IRON: SERUM by FERROZINE, SPEC	TROPHOTOMETRY	116.14	μg/dL	59.0 - 158.0	
:SERUM	ON BINDING CAPACIT	Y (UIBC) 219.68	μg/dL	150.0 - 336.0	
by FERROZINE, SPEC TOTAL IRON BINE :SERUM by SPECTROPHOTOM	DING CAPACITY (TIBC)	335.82	μg/dL	230 - 430	
%TRANSFERRIN S	ATURATION: SERUM	34.58	%	15.0 - 50.0	
by CALCULATED, SPECTROPHOTOMETERY (FERENE) TRANSFERRIN: SERUM by SPECTROPHOTOMETERY (FERENE)		238.43	mg/dL	200.0 - 350.0	
<u>INTERPRETATION:-</u> VARIAB			DEFICIENCY ANEMIA		

VARIABLES	ANEMIA OF CHRONIC DISEASE	IRON DEFICIENCY ANEMIA	THALASSEMIA α/β TRAIT	
SERUM IRON:	Normal to Reduced	Reduced	Normal	
TOTAL IRON BINDING CAPACITY:	Decreased	Increased	Normal	
% TRANSFERRIN SATURATION:	Decreased	Decreased < 12-15 %	Normal	
SERUM FERRITIN:	Normal to Increased	Decreased	Normal or Increased	
IDON.				

IRON:

1.Serum iron studies is recommended for differential diagnosis of microcytic hypochromic anemia.i.e iron deficiency anemia, zinc deficiency anemia, anemia of chronic disease and thalassemia syndromes.

It is essential to isolate iron deficiency anemia from Beta thalassemia syndromes because during iron replacement which is therapeutic for iron deficiency anemia, is severely contra-indicated in Thalassemia.
 TOTAL IRON BINDING CAPACITY (TIBC):

 It is a direct measure of protein transferrin which transports iron from the gut to storage sites in the bone marrow.

% TRANSFERRIN SATURATION:

1.Occurs in idiopathic hemochromatosis and transfusional hemosiderosis where no unsaturated iron binding capacity is available for iron mobilization. Similar condition is seen in congenital deficiency of transferrin.



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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AN	MBALA CANTT		
Fest Name		Value	Unit	Biological Reference interva
	THYROII ATING HORMONE (TSH): SERV JESCENT MICROPARTICLE IMMUNOASS	D STIMULA UM 1.522	RINOLOGY TING HORMONE (1 μIU/mL	' SH) 0.35 - 5.50
by CMIA (CHEMILUMIN rd GENERATION, ULT	ATING HORMONE (TSH): SER	D STIMULA UM 1.522	TING HORMONE (1	
by CMIA (CHEMILUMIN rd GENERATION, ULT	ATING HORMONE (TSH): SER	D STIMULA UM 1.522	TING HORMONE (1	0.35 - 5.50
by CMIA (CHEMILUMIN rd GENERATION, ULT	LATING HORMONE (TSH): SERI IESCENT MICROPARTICLE IMMUNOASS RASENSITIVE	D STIMULA UM 1.522	TING HORMONE (Π μIU/mL	0.35 - 5.50 (μlU/mL)
by CMIA (CHEMILUMIN rd GENERATION, ULT	ATING HORMONE (TSH): SERI iescent microparticle immunoass rasensitive AGE	D STIMULA UM 1.522	TING HORMONE (Π μIU/mL REFFERENCE RANGE	0.35 - 5.50 (μIU/mL)
by CMIA (CHEMILUMIN rd GENERATION, ULT	ATING HORMONE (TSH): SERV VESCENT MICROPARTICLE IMMUNOASS RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months	D STIMULA UM 1.522	TING HORMONE (Π μIU/mL REFFERENCE RANGE 0.70 – 15.20 0.70 – 11.00 0.70 – 8.40	0.35 - 5.50 (μIU/mL)
by CMIA (CHEMILUMIN Brd GENERATION, ULT	ATING HORMONE (TSH): SER IESCENT MICROPARTICLE IMMUNOASS RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years	D STIMULA UM 1.522	TING HORMONE (Π μIU/mL	0.35 - 5.50 (µlU/mL)
by CMIA (CHEMILUMIN Brd GENERATION, ULT	ATING HORMONE (TSH): SER IESCENT MICROPARTICLE IMMUNOASS RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years 6 – 10 Years	D STIMULA UM 1.522	TING HORMONE (Π μIU/mL	0.35 - 5.50 (µlU/mL)
by CMIA (CHEMILUMIN Brd GENERATION, ULT	ATING HORMONE (TSH): SER IESCENT MICROPARTICLE IMMUNOASS RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years 6 – 10 Years 11 - 15	D STIMULA UM 1.522	TING HORMONE (Π μIU/mL	0.35 - 5.50 (µlU/mL)
by CMIA (CHEMILUMIN Brd GENERATION, ULT	ATING HORMONE (TSH): SER IESCENT MICROPARTICLE IMMUNOASS RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years 6 – 10 Years 11 - 15 > 20 Years (Adults)	D STIMULA UM 1.522 AY)	TING HORMONE (Π μIU/mL	0.35 - 5.50 (µlU/mL)
by CMIA (CHEMILUMIN rd GENERATION, ULT	ATING HORMONE (TSH): SER IESCENT MICROPARTICLE IMMUNOASS RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years 6 – 10 Years 11 - 15 > 20 Years (Adults)	D STIMULA UM 1.522	TING 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 0.50 – 5.50 0.27 – 5.50	0.35 - 5.50 (µlU/mL)
by CMIA (CHEMILUMIN Brd GENERATION, ULT	ATING HORMONE (TSH): SER IESCENT MICROPARTICLE IMMUNOASS RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years 6 – 10 Years 11 - 15 > 20 Years (Adults) 1st Trimester	D STIMULA UM 1.522 AY)	TING 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 0.10 - 3.00	0.35 - 5.50 (µlU/mL)
	ATING HORMONE (TSH): SER IESCENT MICROPARTICLE IMMUNOASS RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years 6 – 10 Years 11 - 15 > 20 Years (Adults)	D STIMULA UM 1.522 AY)	TING 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 0.50 – 5.50 0.27 – 5.50	0.35 - 5.50 (µlU/mL)

KOS Diagnostic Lab

(A Unit of KOS Healthcare)

USE: - ISH controls biosynthesis and release of thyroid harmones 14 & 13. 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)

KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana KOS Molecular Lab: IInd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt -133 001, Haryana 0171-2643898, +91 99910 43898 | care@koshealthcare.com | www.koshealthcare.com

Page 1





	Dr. Vinay Chopra MD (Pathology & Microbiology Chairman & Consultant Pathol		(Pathology)
NAME	: Mr. PARAS SETHI		
AGE/ GENDER	: 46 YRS/MALE	PATIENT ID	: 1805265
COLLECTED BY	:	REG. NO./LAB NO.	: 012503250033
REFERRED BY	: DR. HARDEEP SINGH	REGISTRATION DATE	: 25/Mar/2025 10:16 AM
BARCODE NO.	: 01527731	COLLECTION DATE	: 25/Mar/2025 10:18AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPORTING DATE	: 25/Mar/2025 12:58PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CAN	JTT	

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







	Dr. Vinay Ch MD (Pathology & Chairman & Con		Dr. Yugan MD CEO & Consultant	(Pathology)
NAME AGE/ GENDER COLLECTED BY REFERRED BY BARCODE NO. CLIENT CODE. CLIENT ADDRESS Test Name	: Mr. PARAS SETHI : 46 YRS/MALE : : DR. HARDEEP SINGH : 01527731 : KOS DIAGNOSTIC LAB : 6349/1, NICHOLSON ROAD, .	REG REG COL REP AMBALA CANTT Value	IENT ID . NO./LAB NO. ISTRATION DATE LECTION DATE ORTING DATE Unit	: 1805265 : 012503250033 : 25/Mar/2025 10:16 AM : 25/Mar/2025 10:18AM : 25/Mar/2025 12:58PM Biological Reference interval
VITAMIN B12/COB		VITAM VITAMIN B12/C 114 ^L		190.0 - 890.0
INTERPRETATION:-	IESCENT MICROPARTICLE IMMUNOAS	1.Pregnancy	DECREASED VITAMIN	N B12
2.Ingestion of Estro 3.Ingestion of Vitan 4.Hepatocellular in 5.Myeloproliferativ 6.Uremia 1.Vitamin B12 (cobal 2.In humans, it is obt 3.The body uses its v excreted. 4.Vitamin B12 deficie ileal resection, small 5.Vitamin B12 deficie	gen hin A jury e disorder amin) is necessary for hematopo cained only from animal proteins itamin B12 stores very economic ency may be due to lack of IF secr intestinal diseases). ency frequently causes macrocyt	2.DRUGS:Asp 3.Ethanol Ige 4. Contracept 5.Haemodial 6. Multiple M plesis and normal neur and requires intrinsic ally, reabsorbing vitan retion by gastric muco- ic anemia, glossitis, pe	ive Harmones ysis yeloma onal function. factor (IF) for absorp in B12 from the ileun sa (eg, gastrectomy, g ripheral neuropathy,	otion. n and returning it to the liver; very little is pastric atrophy) or intestinal malabsorption (eg, weakness, hyperreflexia, ataxia, loss of
the neurologic defect 6.Serum methylmalo 7.Follow-up testing f NOTE: A normal serur deficiency at the cell	s without macrocytic anemia. nic acid and homocysteine levels or antibodies to intrinsic factor (n concentration of vitamin B12 d	are also elevated in v IF) is recommended to oes not rule out tissue f clinical symptoms sug	itamin B12 deficiency identify this potentia deficiency of vitamin	occur in any combination; many patients have states. al cause of vitamin B12 malabsorption. B12. The most sensitive test for vitamin B12 surement of MMA and homocysteine should be





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







	Dr. Vinay Cho MD (Pathology & Chairman & Cons	Microbiology)	Dr. Yugan MD O & Consultant	(Pathology)
NAME	: Mr. PARAS SETHI			
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CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPORTIN	NG DATE	: 25/Mar/2025 10:39AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	MBALA CANTT		
Test Name		Value	Unit	Biological Reference interv
		CLINICAL PATHO	DLOGY	
	URINE ROU'	TINE & MICROSCO	PIC EXAMI	NATION
PHYSICAL EXAM	INATION			
QUANTITY RECIE by DIP STICK/REFLEC	VED STANCE SPECTROPHOTOMETRY	10	ml	
COLOUR	TANCE SPECTROPHOTOMETRY	AMBER YELLOW		PALE YELLOW
TRANSPARANCY	TANCE SPECTROPHOTOMETRY	CLEAR		CLEAR
SPECIFIC GRAVIT		1.01		1.002 - 1.030
CHEMICAL EXAM	MINATION			
REACTION		ACIDIC		
PROTEIN	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)
SUGAR	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)
pH		6		5.0 - 7.5
BILIRUBIN	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)
by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	J.		
NITRITE	TANCE SPECTROPHOTOMETRY.	Negative		NEGATIVE (-ve)
UROBILINOGEN	TANCE SPECTROPHOTOMETRY	Normal	EU/dL	0.2 - 1.0
KETONE BODIES	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)
BLOOD	TANCE SPECTROPHOTOMETRY	NEGATIVE (-ve)		NEGATIVE (-ve)
ASCORBIC ACID	TANCE SPECTROPHOTOMETRY	NEGATIVE (-ve)		NEGATIVE (-ve)
MICDOSCODIC F	V A MINI A THON			

MICROSCOPIC EXAMINATION



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

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







Dr. Vinay Chopra

MD (Pathology & Microbiology) Chairman & Consultant Pathologist



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

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Test Name		Value	Unit	Biological Reference interval
RED BLOOD CELL	S (RBCs) CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)	/HPF	0 - 3
PUS CELLS by MICROSCOPY ON (CENTRIFUGED URINARY SEDIMENT	2-4	/HPF	0 - 5
EPITHELIAL CELL	S CENTRIFUGED URINARY SEDIMENT	1-3	/HPF	ABSENT
CRYSTALS	CENTRIEUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)

by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT CASTS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT

BACTERIA by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT OTHERS

by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT TRICHOMONAS VAGINALIS (PROTOZOA)

by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT

*** End Of Report ***

ABSENT

NEGATIVE (-ve)

NEGATIVE (-ve)

NEGATIVE (-ve)





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

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NEGATIVE (-ve)

NEGATIVE (-ve)

NEGATIVE (-ve)

ABSENT