

Dr. Vinay Chopra
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 Chairman & Consultant Pathologist

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

| | | | |
|-----------------------|--|--------------------------|------------------------|
| NAME | : Mr. RUPESH KUMAR | PATIENT ID | : 1812239 |
| AGE/ GENDER | : 49 YRS/MALE | REG. NO./LAB NO. | : 012503310043 |
| COLLECTED BY | : SURJESH | REGISTRATION DATE | : 31/Mar/2025 11:23 AM |
| REFERRED BY | : CENTRAL PHOENIX CLUB (AMBALA CANTT) | COLLECTION DATE | : 31/Mar/2025 11:30AM |
| BARCODE NO. | : 01528076 | REPORTING DATE | : 31/Mar/2025 11:55AM |
| CLIENT CODE. | : KOS DIAGNOSTIC LAB | | |
| CLIENT ADDRESS | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |

| Test Name | Value | Unit | Biological Reference interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC)

RED BLOOD CELLS (RBCS) COUNT AND INDICES

| | | | |
|---|-------------------|--------------|--|
| HAEMOGLOBIN (HB) <i>by CALORIMETRIC</i> | 12 | gm/dL | 12.0 - 17.0 |
| RED BLOOD CELL (RBC) COUNT <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 6.52 ^H | Millions/cmm | 3.50 - 5.00 |
| PACKED CELL VOLUME (PCV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 39.7 ^L | % | 40.0 - 54.0 |
| MEAN CORPUSCULAR VOLUME (MCV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 61 ^L | fL | 80.0 - 100.0 |
| MEAN CORPUSCULAR HAEMOGLOBIN (MCH) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 18.5 ^L | pg | 27.0 - 34.0 |
| MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 30.3 ^L | g/dL | 32.0 - 36.0 |
| RED CELL DISTRIBUTION WIDTH (RDW-CV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 17.5 ^H | % | 11.00 - 16.00 |
| RED CELL DISTRIBUTION WIDTH (RDW-SD) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 40 | fL | 35.0 - 56.0 |
| MENTZERS INDEX <i>by CALCULATED</i> | 9.36 | RATIO | BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0 |
| GREEN & KING INDEX <i>by CALCULATED</i> | 54.26 | RATIO | BETA THALASSEMIA TRAIT: <= 74.1 IRON DEFICIENCY ANEMIA: >= 74.1 |

WHITE BLOOD CELLS (WBCS)

| | | | |
|---|-------|------|--------------|
| TOTAL LEUCOCYTE COUNT (TLC) <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 10060 | /cmm | 4000 - 11000 |
| NUCLEATED RED BLOOD CELLS (nRBCS) <i>by AUTOMATED 6 PART HEMATOLOGY ANALYZER</i> | NIL | | 0.00 - 20.00 |
| NUCLEATED RED BLOOD CELLS (nRBCS) % | NIL | % | < 10 % |




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| by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER | | | |
| <u>DIFFERENTIAL LEUCOCYTE COUNT (DLC)</u> | | | |
| NEUTROPHILS | 53 | % | 50 - 70 |
| by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | | | |
| LYMPHOCYTES | 35 | % | 20 - 40 |
| by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | | | |
| EOSINOPHILS | 6 ^H | % | 1 - 6 |
| by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | | | |
| MONOCYTES | 6 | % | 2 - 12 |
| by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | | | |
| BASOPHILS | 0 | % | 0 - 1 |
| by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | | | |
| <u>ABSOLUTE LEUKOCYTES (WBC) COUNT</u> | | | |
| ABSOLUTE NEUTROPHIL COUNT | 5332 | /cmm | 2000 - 7500 |
| by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | | | |
| ABSOLUTE LYMPHOCYTE COUNT | 3521 | /cmm | 800 - 4900 |
| by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | | | |
| ABSOLUTE EOSINOPHIL COUNT | 604 ^H | /cmm | 40 - 440 |
| by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | | | |
| ABSOLUTE MONOCYTE COUNT | 604 | /cmm | 80 - 880 |
| by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | | | |
| ABSOLUTE BASOPHIL COUNT | 0 | /cmm | 0 - 110 |
| by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | | | |
| ABSOLUTE IMMATURE GRANULOCYTE COUNT | 0 | /cmm | 0.0 - 999.0 |
| by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | | | |
| <u>PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.</u> | | | |
| PLATELET COUNT (PLT) | 441000 | /cmm | 150000 - 450000 |
| by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | | | |
| PLATELETCRIT (PCT) | 0.49 ^H | % | 0.10 - 0.36 |
| by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | | | |
| MEAN PLATELET VOLUME (MPV) | 11 | fL | 6.50 - 12.0 |
| by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | | | |
| PLATELET LARGE CELL COUNT (P-LCC) | 161000 ^H | /cmm | 30000 - 90000 |
| by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | | | |
| PLATELET LARGE CELL RATIO (P-LCR) | 36.6 | % | 11.0 - 45.0 |




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| by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PLATELET DISTRIBUTION WIDTH (PDW) | 15.8 | % | 15.0 - 17.0 |
| by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD | | | |




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PROTHROMBIN TIME STUDIES (PT/INR)

| | | | |
|--|-------|------|-------------|
| PT TEST (PATIENT) <i>by PHOTO OPTICAL CLOT DETECTION</i> | 13.9 | SECS | 11.5 - 14.5 |
| PT (CONTROL) <i>by PHOTO OPTICAL CLOT DETECTION</i> | 12 | SECS | |
| ISI <i>by PHOTO OPTICAL CLOT DETECTION</i> | 1.1 | | |
| INTERNATIONAL NORMALISED RATIO (INR) <i>by PHOTO OPTICAL CLOT DETECTION</i> | 1.18 | | 0.80 - 1.20 |
| PT INDEX <i>by PHOTO OPTICAL CLOT DETECTION</i> | 86.33 | % | |

INTERPRETATION:-

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

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

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

COMMENTS:




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

The common causes of prolonged prothrombin time are :

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




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CLINICAL CHEMISTRY/BIOCHEMISTRY LIVER FUNCTION TEST (COMPLETE)

| | | | |
|--|-------------------|-------|---|
| BILIRUBIN TOTAL: SERUM <i>by DIAZOTIZATION, SPECTROPHOTOMETRY</i> | 1.9 ^H | mg/dL | INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20 |
| BILIRUBIN DIRECT (CONJUGATED): SERUM <i>by DIAZO MODIFIED, SPECTROPHOTOMETRY</i> | 1.14 ^H | mg/dL | 0.00 - 0.40 |
| BILIRUBIN INDIRECT (UNCONJUGATED): SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i> | 0.76 | mg/dL | 0.10 - 1.00 |
| SGOT/AST: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i> | 22 | U/L | 7.00 - 45.00 |
| SGPT/ALT: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i> | 21.8 | U/L | 0.00 - 49.00 |
| AST/ALT RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i> | 1.01 | RATIO | 0.00 - 46.00 |
| ALKALINE PHOSPHATASE: SERUM <i>by PARA NITROPHENYL PHOSPHATASE BY AMINO METHYL PROPANOL</i> | 84.81 | U/L | 40.0 - 130.0 |
| GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM <i>by SZASZ, SPECTROPHOTOMETRY</i> | 22.05 | U/L | 0.00 - 55.0 |
| TOTAL PROTEINS: SERUM <i>by BIURET, SPECTROPHOTOMETRY</i> | 7.23 | gm/dL | 6.20 - 8.00 |
| ALBUMIN: SERUM <i>by BROMOCRESOL GREEN</i> | 4.22 | gm/dL | 3.50 - 5.50 |
| GLOBULIN: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i> | 3.01 | gm/dL | 2.30 - 3.50 |
| A : G RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i> | 1.4 | RATIO | 1.00 - 2.00 |

INTERPRETATION

NOTE:- To be correlated in individuals having SGOT and SGPT values higher than Normal Reference 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 |




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| INTRAHEPATIC CHOLESTATIS | > 1.5 | | |
| HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS | > 1.3 (Slightly Increased) | | |

DECREASED:

1. Acute Hepatitis due to virus, drugs, toxins (with AST increased 3 to 10 times upper limit of normal)
2. Extra Hepatic cholestasis: 0.8 (normal or slightly decreased).


PROGNOSTIC SIGNIFICANCE:

| | |
|----------------------|-----------|
| NORMAL | < 0.65 |
| GOOD PROGNOSTIC SIGN | 0.3 - 0.6 |
| POOR PROGNOSTIC SIGN | 1.2 - 1.6 |

*** End Of Report ***




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