



GREEN & KING INDEX 63.05 RATIO 8ETA THALASSEMIA TRAIT by CALCULATED 63.05 RATIO 2=74.1		Dr. Vinay Chopra MD (Pathology & Microbi Chairman & Consultant P			(Pathology)	
COLLECTED BY ERG. NO./LAB NO. : 012504050010 REFERRED BY :: REGISTRATION DATE ::05/Apr/2025 08:15 AM BARCODE NO. ::01528375 COLLECTION DATE ::05/Apr/2025 08:27 AM CLIENT CODE ::KOS DIAGNOSTIC LAB REPORTING DATE ::05/Apr/2025 08:27 AM CLIENT ADDRESS ::6349/1, NICHOLSON ROAD, AMBALA CANTT ::05/Apr/2025 08:27 AM SWASTHYA WELLINESS PANEL: 1.0 COMPLETE BLOOD COUNT (CBC) RED BLOOD CELLS (RBCS) COUNT AND INDICES IAGE MOCLOBIN (IB) 11.4 ^L gm/dL 12.0 - 17.0 by CALCOMMETRIC 5.54 ^H Millions/cmm 3.50 - 5.00 by CALCUARTED BY AUTOINATED HEMATOLOGY ANALYZER 66 ^L fL 80.0 - 100.0 by CALCUARTED BY AUTOINATED HEMATOLOGY ANALYZER 66 ^L fL 80.0 - 100.0 by CALCUARTED BY AUTOINATED HEMATOLOGY ANALYZER 60 ^L fL 80.0 - 100.0 by CALCUARTED BY AUTOINATED HEMATOLOGY ANALYZER 11.0 9/CALCUARTED BY AUTOINATED HEMATOLOGY ANALYZER 13.1 by CALCUARTED BY AUTOINATED HEMATOLOGY ANALYZER 13.0 IRON DEFICIENCY ANALYZER 13.0 BY CALCUARTED BY AUTOINATED	NAME : Mr.	PALA RAM				
REFERED BY I: IERGISTRATION DATE I:05/Apr/2025 08:15 AM BARCODE NO. I:05/28375 IERGISTRATION DATE I:05/Apr/2025 08:27 AM CLIENT CODE I:05/28375 IERPORTING DATE I:05/Apr/2025 08:27 AM CLIENT ADDRESS I:03/4pr/2025 08:27 AM IERPORTING DATE I:05/Apr/2025 08:27 AM CLIENT ADDRESS I:03/4pr/2025 08:27 AM IERPORTING DATE I:05/Apr/2025 08:27 AM Total Amme Value Unit Biological Reference interval SWASTIFY EVELLINESS PAUEL: 1.0 II.4 ¹ gm/dL 12.0 - 17.0 III.4 ¹ gm/dL 12.0 - 17.0 66 ¹	AGE/ GENDER : 69 Y	YRS/MALE		PATIENT ID	: 181866	5
BARCODE NO. :: 01528375 COLLECTION DATE :: 05/Apr/2025 08:27AM CLIENT CODE :: KOS DIAGNOSTIC LAB REPORTING DATE :: 05/Apr/2025 08:25AM CLIENT ADDRESS :: 0349/1. NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit Biological Reference interval SWASTHY & WELLNESS PANEL: 1.0 COMPLETE BLOOD COUNT (CBC) RED BLOOD CELLS (RBCS) COUNT AND INDICES HAEMOGLOBIN (HB) 11.4 ^L gm/dL 12.0 - 17.0 by CALCOLARD COUNT (CBC) RED BLOOD CELLS (RBCS) COUNT AND INDICES HAEMOGLOBIN (HB) 11.4 ^L gm/dL 12.0 - 17.0 by CALCOLARD FOUSING, ELECTRICAL IMPEDENCE BACKED CELL VOLUME (PCV) 36.5 ^L % 40.0 - 54.0 by CALCOLARD FOUSING, ELECTRICAL IMPEDENCE BY CORD DYNAMIC FOUSING, ELECTRICAL IMPEDENCE BY CORD DYNAMIC FOUSING, ELECTRICAL IMPEDENCE BY CALCULARD FOUSING, ELECTRICAL IMPEDENCE BY CALCULAR VOLUME (MCV) 30.5 ^L PG 27.0 - 34.0 by CALCULARD FOR AND INTERT (TION WITH (RDV VAIN) 22R MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) 31.1 ^L g/dL 32.0 - 36.0 by CALCULARD FOR AND ATTER BED CELL DISTRIBUTION WITH (RDV-VS) 16.5 ^H % 11.00 - 16.00 BY CALCULARED BY AUTIOMATED HEMATOLOGY ANALYZER MENTZERS INDEX 11.91 RATIO BETA THALASSEMIA TRAIT 13.0 RENO DEFICIENCY ANEMIA by CALCULARED BY CALCULARED FOR HEMATOLOGY ANALYZER BY CALCULARED BY CALCULARED BY CALCULARED FOR HEMATOLOGY ANALYZER BY CALCULARED BY CALCULARED BY CALCULARED BY CALCULARED BY CALCULARED BY CALCULARED BY	COLLECTED BY :			REG. NO./LAB NO.	:01250	4050010
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by CALCULATED <= 74.1 IRON DEFICIENCY ANEMIA >= 74.1 WHITE BLOOD CELLS (WBCS) TOTAL LEUCOCYTE COUNT (TLC) 9930 /cmm 4000 - 11000 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY NUCLEATED RED BLOOD CELLS (nRBCS) NIL 0.00 - 20.00	GREEN & KING INDEX		63 05	RATIO		
WHITE BLOOD CELLS (WBCS) >= 74.1 TOTAL LEUCOCYTE COUNT (TLC) 9930 /cmm 4000 - 11000 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY 9930 /cmm 4000 - 20.00 NUCLEATED RED BLOOD CELLS (nRBCS) NIL 0.00 - 20.00 by AUTOMATED 6 PART HEMATOLOGY ANALYZER 0.00 - 20.00			05.05	iu iiio		
WHITE BLOOD CELLS (WBCS) POTAL LEUCOCYTE COUNT (TLC) 9930 /cmm 4000 - 11000 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY NIL 0.00 - 20.00 NUCLEATED RED BLOOD CELLS (nRBCS) NIL 0.00 - 20.00 by AUTOMATED 6 PART HEMATOLOGY ANALYZER 0.00 - 20.00						IRON DEFICIENCY ANEMIA: >-74.1
TOTAL LEUCOCYTE COUNT (TLC)9930/cmm4000 - 11000by FLOW CYTOMETRY BY SF CUBE & MICROSCOPYNIL0.00 - 20.00NUCLEATED RED BLOOD CELLS (nRBCS)NIL0.00 - 20.00by AUTOMATED 6 PART HEMATOLOGY ANALYZERNIL0.00 - 20.00	WHITE BLOOD CELLS	(WBCS)				/- /4.1
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY NUCLEATED RED BLOOD CELLS (nRBCS) NIL 0.00 - 20.00 by AUTOMATED 6 PART HEMATOLOGY ANALYZER			9930	/cmm		4000 - 11000
by AUTOMATED 6 PART HEMATOLOGY ANALYZER	by FLOW CYTOMETRY BY SF	CUBE & MICROSCOPY	NUT			0.00 20.00
			NIL			0.00 - 20.00
			NIL	%		< 10 %





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

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

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Dr. Vina



Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathologist			Dr. Yugam MD CEO & Consultant	(Pathology)			
NAME	: Mr. PALA RAM						
AGE/ GENDER	: 69 YRS/MALE	PA	TIENT ID	: 1818665			
COLLECTED BY	:	RE	G. NO./LAB NO.	: 012504050010			
REFERRED BY	:	RE	GISTRATION DATE	: 05/Apr/2025 08:15 AM			
BARCODE NO.	: 01528375	CO	LLECTION DATE	: 05/Apr/2025 08:27AM			
CLIENT CODE.	: KOS DIAGNOSTIC LAB	RE	PORTING DATE	: 05/Apr/2025 08:50AM			
CLIENT ADDRESS							
Test Name		Value	Unit	Biological Reference interval			
-	AUTOMATED HEMATOLOGY ANALYZER						
	<u>EUCOCYTE COUNT (DLC)</u>			50.50			
NEUTROPHILS by FLOW CYTOMETR	Y BY SF CUBE & MICROSCOPY	74 ^H	%	50 - 70			
LYMPHOCYTES		17 ^L	%	20 - 40			
by FLOW CYTOMETR EOSINOPHILS	Y BY SF CUBE & MICROSCOPY	2	%	1 - 6			
	Y BY SF CUBE & MICROSCOPY	2	70	1-0			
MONOCYTES by FLOW CYTOMETR	Y BY SF CUBE & MICROSCOPY	7	%	2 - 12			
BASOPHILS		0	%	0 - 1			
-	Y BY SF CUBE & MICROSCOPY						
	COCYTES (WBC) COUNT	72.49	,	2000 7500			
ABSOLUTE NEUT	ROPHIL COUNT BY SF CUBE & MICROSCOPY	7348	/cmm	2000 - 7500			
ABSOLUTE LYMP	HOCYTE COUNT	1688	/cmm	800 - 4900			
by FLOW CYTOMETR ABSOLUTE EOSIN	Y BY SF CUBE & MICROSCOPY	199	/cmm	40 - 440			
	Y BY SF CUBE & MICROSCOPY	199	/emm	40 - 440			
ABSOLUTE MONO		695	/cmm	80 - 880			
ABSOLUTE BASO	Y BY SF CUBE & MICROSCOPY PHIL COUNT	0	/cmm	0 - 110			
by FLOW CYTOMETR	Y BY SF CUBE & MICROSCOPY		,	0 110			
PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.							
PLATELET COUN	T (PLT) FOCUSING, ELECTRICAL IMPEDENCE	154000	/cmm	150000 - 450000			
PLATELETCRIT (I	,	0.21	%	0.10 - 0.36			
by HYDRO DYNAMIC	FOCUSING, ELECTRICAL IMPEDENCE						
MEAN PLATELET	VOLUME (MPV) FOCUSING, ELECTRICAL IMPEDENCE	14 ^H	fL	6.50 - 12.0			
PLATELET LARGE	E CELL COUNT (P-LCC)	84000	/cmm	30000 - 90000			
	FOCUSING, ELECTRICAL IMPEDENCE		0/	11.0 45.0			
	E CELL RATIO (P-LCR) FOCUSING, ELECTRICAL IMPEDENCE	54.4 ^H	%	11.0 - 45.0			
	IBUTION WIDTH (PDW)	16.2	%	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 & Microbiolog Chairman & Consultant Patho		(Pathology)
NAME	: Mr. PALA RAM		
AGE/ GENDER	: 69 YRS/MALE	PATIENT ID	: 1818665
COLLECTED BY	:	REG. NO./LAB NO.	: 012504050010
REFERRED BY	:	REGISTRATION DATE	: 05/Apr/2025 08:15 AM
BARCODE NO.	: 01528375	COLLECTION DATE	: 05/Apr/2025 08:27AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPORTING DATE	: 05/Apr/2025 08:50AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CA	NTT	
Test Name	Value	o Unit	Biological Deference interval

Test Name Value Unit **Biological Reference interval** by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD



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

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



	MD (Pat	n ay Chopra hology & Microbiology) in & Consultant Patholog	M	m Chopra D (Pathology) nt Pathologist	
NAME	: Mr. PALA RAM				
AGE/ GENDER	: 69 YRS/MALE		PATIENT ID	: 1818665	
COLLECTED BY	:		REG. NO./LAB NO.	: 012504050010	
REFERRED BY	:		REGISTRATION DATE	: 05/Apr/2025 08:15 AM	
BARCODE NO.	:01528375		COLLECTION DATE	: 05/Apr/2025 08:27AM	
CLIENT CODE.	: KOS DIAGNOSTIC LA	ΔB	REPORTING DATE	: 05/Apr/2025 09:40AM	
CLIENT ADDRESS	: 6349/1, NICHOLSON	N ROAD, AMBALA CANT	T		
Test Name	_	Value	Unit	Biological Refe	erence interval
Test Maine		Value	Oint	Diological Ker	erence intervar
	ER	YTHROCYTE SEI	DIMENTATION RAT	E (ESR)	
by RED CELL AGGRECT INTERPRETATION:	EDIMENTATION RAT	E (ESR) 21 ^H	mm/1st	hr 0 - 20	concer and outo
immune disease, but 2. An ESR can be affect as C-reactive protein	does not tell the health ted by other conditions	practitioner exactly wh s besides inflammation.	ere the inflammation is in t For this reason, the ESR is	ation associated with infection he body or what is causing it. typically used in conjunction w above diseases as well as som	ith other test such
systemic lupus erythe CONDITION WITH LOV A low ESR can be seen	ematosus V ESR h with conditions that ir	hibit the normal sedim	entation of red blood cells,	such as a high red blood cell c	ount
as sickle cells in sickle NOTE: 1. ESR and C - reactive	e cell anaemia) also low e protein (C-RP) are both	ver the ESR. In markers of inflammati			
 3. CRP is not affected 4. If the ESR is elevate 5. Women tend to have 	by as many other factor ed, it is typically a result ve a higher ESR, and me	s as is ESR, making it a b of two types of protein nstruation and pregnan	better marker of inflammati ns, globulins or fibrinogen. cy can cause temporary ele	on.	ase ESR, while
aspirin, cortisone, an	d quinine may decrease	e it			





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

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





TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT



	MD (Patho	ay Chopra ology & Microbiology) & Consultant Pathologist	Dr. Yugan MD CEO & Consultant	(Pathology)	
NAME	: Mr. PALA RAM				
AGE/ GENDER	: 69 YRS/MALE	PATI	ENT ID	: 1818665	
COLLECTED BY	:	REG. I	NO./LAB NO.	: 012504050010	
REFERRED BY	:	REGI	STRATION DATE	: 05/Apr/2025 08:15 AM	
BARCODE NO.	:01528375	COLL	ECTION DATE	: 05/Apr/2025 08:27AM	
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPO	RTING DATE	: 05/Apr/2025 12:54PM	
CLIENT ADDRESS	: 6349/1, NICHOLSON I	ROAD, AMBALA CANTT			
		Value	Unit	Biological Reference interval	
Test Name				5	
Test Name	CLI	NICAL CHEMISTRY	/BIOCHEMIS		
Test Name	CLI	NICAL CHEMISTRY GLUCOSE FAS			

KOS Diagnostic Lab (A Unit of KOS Healthcare)

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 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)







		Chopra gy & Microbiology) Consultant Pathologis		(Pathology)
NAME AGE/ GENDER COLLECTED BY REFERRED BY BARCODE NO. CLIENT CODE. CLIENT ADDRESS	: Mr. PALA RAM : 69 YRS/MALE : : : 01528375 : KOS DIAGNOSTIC LAB : 6349/1, NICHOLSON RO	AD, AMBALA CANTI	PATIENT ID REG. NO./LAB NO. REGISTRATION DATE COLLECTION DATE REPORTING DATE	: 1818665 : 012504050010 : 05/Apr/2025 08:15 AM : 05/Apr/2025 08:27AM : 05/Apr/2025 01:16PM
Test Name		Value	Unit	Biological Reference interval
		LIPID PRO	OFILE : BASIC	
CHOLESTEROL TO by CHOLESTEROL OX		116.68	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)	71.01	mg/dL	OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199.0 HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0
HDL CHOLESTERC	DL (DIRECT): SERUM	37.4	mg/dL	LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 - 60.0 HIGH HDL: > OR = 60.0
LDL CHOLESTERO		65.08	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		79.28	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		14.2	mg/dL	0.00 - 45.00
TOTAL LIPIDS: SE	-	304.37 ^L	mg/dL	350.00 - 700.00
CHOLESTEROL/HI		3.12	RATIO	LOW RISK: 3.30 - 4.40 AVERAGE RISK: 4.50 - 7.0



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

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		Chopra & Microbiology) onsultant Pathologist	Dr. Yugam MD CEO & Consultant	(Pathology)
NAME	: Mr. PALA RAM			
AGE/ GENDER	: 69 YRS/MALE	P	ATIENT ID	: 1818665
COLLECTED BY	:	R	EG. NO./LAB NO.	: 012504050010
REFERRED BY	:	R	EGISTRATION DATE	: 05/Apr/2025 08:15 AM
BARCODE NO.	: 01528375	C	OLLECTION DATE	: 05/Apr/2025 08:27AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	R	EPORTING DATE	: 05/Apr/2025 01:16PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAI	D, AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
LDL/HDL RATIO: S		1.74	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	HDL RATIO: SERUM	1.9 ^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





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

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







Dr. Vinay Chopra MD (Pathology & Microbiology) <u>Chairman & Consultant</u> Pathologist

EXCELLENCE IN HEALTHCARE & DIAGNOSTICS	
Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist	

NAME : Mr. PALA RAM AGE/ GENDER : 69 YRS/MALE **PATIENT ID** :1818665 **COLLECTED BY** REG. NO./LAB NO. :012504050010 : **REFERRED BY REGISTRATION DATE** :05/Apr/2025 08:15 AM : **BARCODE NO.** :01528375 **COLLECTION DATE** :05/Apr/2025 08:27AM **CLIENT CODE.** : KOS DIAGNOSTIC LAB **REPORTING DATE** :05/Apr/2025 12:29PM **CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit **Biological Reference interval**

	value	om	biological Kelefence inter var
LIVER FU	JNCTION TES	ST (COMPLETE)	
BILIRUBIN TOTAL: SERUM by DIAZOTIZATION, SPECTROPHOTOMETRY	1.39 ^H	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (CONJUGATED): SERUM by DIAZO MODIFIED, SPECTROPHOTOMETRY	0.32	mg/dL	0.00 - 0.40
BILIRUBIN INDIRECT (UNCONJUGATED): SERUM by CALCULATED, SPECTROPHOTOMETRY	1.07 ^H	mg/dL	0.10 - 1.00
SGOT/AST: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE	38.1	U/L	7.00 - 45.00
SGPT/ALT: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE	36	U/L	0.00 - 49.00
AST/ALT RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY	1.06	RATIO	0.00 - 46.00
ALKALINE PHOSPHATASE: SERUM by PARA NITROPHENYL PHOSPHATASE BY AMINO METHYL PROPANOL	58.07	U/L	40.0 - 130.0
GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM by SZASZ, SPECTROPHTOMETRY	106.64 ^H	U/L	0.00 - 55.0
TOTAL PROTEINS: SERUM by BIURET, SPECTROPHOTOMETRY	6.41	gm/dL	6.20 - 8.00
ALBUMIN: SERUM by BROMOCRESOL GREEN	3.77	gm/dL	3.50 - 5.50
GLOBULIN: SERUM by CALCULATED, SPECTROPHOTOMETRY	2.64	gm/dL	2.30 - 3.50
A : G RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY	1.43	RATIO	1.00 - 2.00

<u>INTERPRETATION</u>

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





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

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







	Dr. Vinay Chop MD (Pathology & Mi Chairman & Consult	crobiology)	Dr. Yugam (MD (P O & Consultant Pa	Pathology)
NAME	: Mr. PALA RAM			
AGE/ GENDER	: 69 YRS/MALE	PATIENT	D	: 1818665
COLLECTED BY	:	REG. NO./	LAB NO.	: 012504050010
REFERRED BY	:	REGISTRA	TION DATE	: 05/Apr/2025 08:15 AM
BARCODE NO.	: 01528375	COLLECTI	ON DATE	: 05/Apr/2025 08:27AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPORTIN	IG DATE	: 05/Apr/2025 12:29PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AM	BALA CANTT		
Test Name		Value	Unit	Biological Reference interval
HEPATOCELLULAR C	ARCINOMA & CHRONIC HEPATITIS	>	1.3 (Slightly Incre	ased)

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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CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 05/Apr/2025 01:39PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AM	IBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
	KIDNEY	FUNCTIO	ON TEST (COMPLETE	E)
UREA: SERUM	ATE DEHYDROGENASE (GLDH)	55.34 ^H	mg/dL	10.00 - 50.00
CREATININE: SERU	JM .	1.47 ^H	mg/dL	0.40 - 1.40
BLOOD UREA NITR by CALCULATED, SPEC	OGEN (BUN): SERUM CTROPHOTOMETRY	25.86 ^H	mg/dL	7.0 - 25.0
BLOOD UREA NITR RATIO: SERUM by CALCULATED, SPEC	COGEN (BUN)/CREATININE	17.59	RATIO	10.0 - 20.0
UREA/CREATININE by CALCULATED, SPEC	RATIO: SERUM	37.65	RATIO	
URIC ACID: SERUM		9.33 ^H	mg/dL	3.60 - 7.70
CALCIUM: SERUM by ARSENAZO III, SPEC	TROPHOTOMETRY	9.22	mg/dL	8.50 - 10.60
PHOSPHOROUS: SE by PHOSPHOMOLYBDA ELECTROLYTES	RUM ATE, SPECTROPHOTOMETRY	3.18	mg/dL	2.30 - 4.70
SODIUM: SERUM by ISE (ION SELECTIVE	ELECTRODE)	141.3	mmol/L	135.0 - 150.0
POTASSIUM: SERU	M	4.99	mmol/L	3.50 - 5.00
CHLORIDE: SERUM by ISE (ION SELECTIVE		105.98	mmol/L	90.0 - 110.0
ESTIMATED GLOM	IERULAR FILTERATION RAT	E		
ESTIMATED GLOM (eGFR): SERUM by CALCULATED	ERULAR FILTERATION RATE	51.3		
NOTE 2		RESULT	RECHECKED TWICE	
	en pre- and post renal azotemia. D:1) WITH NORMAL CREATININE:	KINDLY	CORRELATE CLINICA	LLY



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

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50 9001 : 2008 CERT	S ANAS-BN ACCREDITI CERTIFIE IFIED LA	(A UNIT OF KUS H			ALTHCARE & I	DIAGNOSTICS	
		Dr. Vinay Chopra MD (Pathology & Micro Chairman & Consultant		Dr. Y CEO & Con	MD (P	Chopra Pathology) athologist	
NAME	: Mr. PA	ALA RAM					
AGE/ GENDER	: 69 YRS	S/MALE	J	PATIENT ID		: 1818665	
COLLECTED BY	:		1	REG. NO./LAB NO.		:012504050010	
REFERRED BY	:		1	REGISTRATION D	ATE	:05/Apr/202508:15	6 AM
BARCODE NO.	:01528	375	(COLLECTION DATI	E	:05/Apr/202508:27	'AM
CLIENT CODE.	: KOS D	IAGNOSTIC LAB	1	REPORTING DATE	Ξ	:05/Apr/202501:39	PM
CLIENT ADDRESS	: 6349/	1, NICHOLSON ROAD, AMBAI	LA CANTT				
Test Name			Value	Uni	it	Biological	Reference interval
burns, surgery, cachexia, high fever). 7. Urine reabsorption (e.g. ureter colostomy) 8. Reduced muscle mass (subnormal creatinine production) 9. Certain drugs (e.g. tetracycline, glucocorticoids) INCREASED RATIO (>20:1) WITH ELEVATED CREATININE LEVELS: 1. Postrenal azotemia superimposed on renal disease. DECREASED RATIO (<10:1) WITH DECREASED BUN : 1. Acute tubular necrosis. 2. Low protein diet and starvation. 3. Severe liver disease. 4. Other causes of decreased urea synthesis. 5. Repeated dialysis (urea rather than creatinine diffuses out of extracellular fluid). 6. Inherited hyperammonemias (urea is virtually absent in blood). 7. SIADH (syndrome of inappropiate antidiuretic harmone) due to tubular secretion of urea. 8. Pregnancy. DECREASED RATIO (<10:1) WITH INCREASED CREATININE: 1. Phenacimide therapy (accelerates conversion of creatine to creatinine). 2. Rhabdomyolysis (releases muscle creatinine). 3. Muscular patients who develop renal failure. IMAPPROPIATE RATIO 1. Diabetic ketoacidosis (acetoacetate causes false increase in creatinine with certain methodologies, resulting in normal ratio when dehydration should produce an increased BUN/creatinine ratio). 3. Cephalosporin therapy (interferes with creatinine measurement).							
ESTIMATED GLOMERI		ERATION RATE: DESCRIPTION	GFR (ml	_/min/1.73m2)	ASSO	CIATED FINDINGS	
G1		Normal kidney function		>90	Ν	lo proteinuria	
G2		Kidney damage with		>90		sence of Protein,	

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	





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NAME	: Mr. PALA RAM		
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REFERRED BY	:	REGISTRATION DATE	: 05/Apr/2025 08:15 AM
BARCODE NO.	: 01528375	COLLECTION DATE	: 05/Apr/2025 08:27AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPORTING DATE	: 05/Apr/2025 01:39PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AM	BALA CANTT	
Test Name		Value Unit	Biological Reference interval
G5	Kidney failure	<15	

COMMENTS

1. Estimated Glomerular filtration rate (eGFR) is the sum of filtration rates in all functioning nephrons and so an estimation of the GFR provides a

Estimated Glomerular filtration rate (GGFR) is the sum of filtration rates in all functioning hephrons 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 eGFR with Cystatin C for confirmation of CKD
 eGFR category G1 OR G2 does not fullfill the criteria for CKD, in the absence of evidence of Kidney Damage
 In a suspected case of Acute Kidney Injury (AKI), measurement of eGFR should be done after 48-96 hours of any Intervention or procedure
 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
 A decrease in eGFR implies either progressive renal disease, or a reversible process causing decreased nephron function (ag severe dehydration)

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







	Dr. Vinay Cho MD (Pathology & Chairman & Cons	Microbiology)	Dr. Yugam MD CEO & Consultant	(Pathology)
NAME	: Mr. PALA RAM			
AGE/ GENDER	: 69 YRS/MALE	PATIEN	T ID	: 1818665
COLLECTED BY	:	REG. NO)./LAB NO.	: 012504050010
REFERRED BY	:	REGIST	RATION DATE	: 05/Apr/2025 08:15 AM
BARCODE NO.	:01528375	COLLEC	TION DATE	: 05/Apr/2025 08:27AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPORT	FING DATE	: 05/Apr/2025 09:16AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
		CLINICAL PATH	OLOGY	
	URINE ROU	TINE & MICROSCO	OPIC EXAMIN	NATION
PHYSICAL EXAM	INATION			
QUANTITY RECIE	VED STANCE SPECTROPHOTOMETRY	10	ml	
COLOUR by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	PALE YELLOW		PALE YELLOW
TRANSPARANCY by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	CLEAR		CLEAR
SPECIFIC GRAVIT	Y CTANCE SPECTROPHOTOMETRY	1.01		1.002 - 1.030
CHEMICAL EXAN	<u> IINATION</u>			
REACTION		ACIDIC		
PROTEIN	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)
SUGAR	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)
pН	TANCE SPECTROPHOTOMETRY	<=5.0		5.0 - 7.5
BILIRUBIN	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)
NITRITE	TANCE SPECTROPHOTOMETRY.	Negative		NEGATIVE (-ve)
UROBILINOGEN by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	Normal	EU/dL	0.2 - 1.0
KETONE BODIES by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)
	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)
ASCORBIC ACID by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	NEGATIVE (-ve)		NEGATIVE (-ve)

MICROSCOPIC EXAMINATION



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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.







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

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

NAME	: Mr. PALA RAM				
AGE/ GENDER	: 69 YRS/MALE	PATIENT I	D	: 1818665	
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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 C	CENTRIFUGED URINARY SEDIMENT	3-4	/HPF	0 - 5	
EPITHELIAL CELL by MICROSCOPY ON C	S CENTRIFUGED URINARY SEDIMENT	1-3	/HPF	ABSENT	
CRYSTALS by MICROSCOPY ON C	CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)	
CASTS by MICROSCOPY ON C	CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)	

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)



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NEGATIVE (-ve)

NEGATIVE (-ve)

ABSENT