

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

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

<b>NAME</b>	: Mrs. USHA CHOPRA	<b>PATIENT ID</b>	: 1822207
<b>AGE/ GENDER</b>	: 80 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012504080022
<b>COLLECTED BY</b>	: SURJESH	<b>REGISTRATION DATE</b>	: 08/Apr/2025 09:51 AM
<b>REFERRED BY</b>	: CENTRAL PHOENIX CLUB (AMBALA CANTT)	<b>COLLECTION DATE</b>	: 08/Apr/2025 10:25AM
<b>BARCODE NO.</b>	: 01528575	<b>REPORTING DATE</b>	: 08/Apr/2025 11:02AM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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## HAEMATOLOGY

### HAEMOGLOBIN (HB)

HAEMOGLOBIN (HB)	8.7 <sup>L</sup>	gm/dL	12.0 - 16.0
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by CALORIMETRIC

#### INTERPRETATION:-

Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the body's tissues and returns carbon dioxide from the tissues back to the lungs.

A low hemoglobin level is referred to as ANEMIA or low red blood count.

#### ANEMIA (DECREASED HAEMOGLOBIN):

- 1) Loss of blood (traumatic injury, surgery, bleeding, colon cancer or stomach ulcer)
- 2) Nutritional deficiency (iron, vitamin B12, folate)
- 3) Bone marrow problems (replacement of bone marrow by cancer)
- 4) Suppression by red blood cell synthesis by chemotherapy drugs
- 5) Kidney failure
- 6) Abnormal hemoglobin structure (sickle cell anemia or thalassemia).

#### POLYCYTHEMIA (INCREASED HAEMOGLOBIN):

- 1) People in higher altitudes (Physiological)
- 2) Smoking (Secondary Polycythemia)
- 3) Dehydration produces a falsely rise in hemoglobin due to increased haemoconcentration
- 4) Advanced lung disease (for example, emphysema)
- 5) Certain tumors
- 6) A disorder of the bone marrow known as polycythemia rubra vera,
- 7) Abuse of the drug erythropoietin (Epogen) by athletes for blood doping purposes (increasing the amount of oxygen available to the body by chemically raising the production of red blood cells).

**NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD**



  
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**TOTAL LEUCOCYTE COUNT (TLC)**

TOTAL LEUCOCYTE COUNT (TLC) by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD	<b>29870<sup>H</sup></b>	/cmm	4000 - 11000
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RECHECKED.KINDLY CORRELATE CLINICALLY.



  
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<b>BARCODE NO.</b>	: 01528575	<b>REPORTING DATE</b>	: 08/Apr/2025 12:59PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
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Test Name	Value	Unit	Biological Reference interval
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## CLINICAL CHEMISTRY/BIOCHEMISTRY

### GLUCOSE FASTING (F)

GLUCOSE FASTING (F): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)	89.38	mg/dL	NORMAL: < 100.0 PREDIABETIC: 100.0 - 125.0 DIABETIC: > OR = 126.0
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#### 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 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.

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





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