

(A Unit of KOS Healthcare)



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

NAME : Mrs. SEEMA SHARMA

AGE/ GENDER : 32 YRS/FEMALE PATIENT ID : 1824465

COLLECTED BY : REG. NO./LAB NO. : 012504090056

 REFERRED BY
 : 09/Apr/2025 04:12 PM

 BARCODE NO.
 : 01528688
 COLLECTION DATE
 : 09/Apr/2025 04:14 PM

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 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 09/Apr/2025 04:47 PM

**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) by CALORIMETRIC	10.9 <sup>L</sup>	gm/dL	12.0 - 16.0
RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	3.7	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	33.7 <sup>L</sup>	%	37.0 - 50.0
MEAN CORPUSCULAR VOLUME (MCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	91	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	29.4	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	32.3	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	14.2	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	48.3	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED	24.59	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX by CALCULATED	107.88	RATIO	BETA THALASSEMIA TRAIT: <= 65.0 IRON DEFICIENCY ANEMIA: > 65.0
WHITE BLOOD CELLS (WBCS)			
TOTAL LEUCOCYTE COUNT (TLC) by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	7350	/cmm	4000 - 11000
NUCLEATED RED BLOOD CELLS (nRBCS)	NIL		0.00 - 20.00



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**NIL** 



< 10 %

by AUTOMATED 6 PART HEMATOLOGY ANALYZER
NUCLEATED RED BLOOD CELLS (nRBCS) %



CLIENT CODE.

## **KOS Diagnostic Lab**

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Test Name	Value	Unit	Biological Reference interval
by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER			
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHILS	58	%	50 - 70
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY LYMPHOCYTES	30	%	20 - 40
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY		, 0	20 10
EOSINOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	4	%	1 - 6
MONOCYTES	8	%	2 - 12
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	0	0/	0 1
BASOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	0	%	0 - 1
ABSOLUTE LEUKOCYTES (WBC) COUNT			
ABSOLUTE NEUTROPHIL COUNT	4263	/cmm	2000 - 7500
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
ABSOLUTE LYMPHOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	2205	/cmm	800 - 4900
ABSOLUTE EOSINOPHIL COUNT	294	/cmm	40 - 440
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY		, •	
ABSOLUTE MONOCYTE COUNT	588	/cmm	80 - 880
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
ABSOLUTE BASOPHIL COUNT	0	/cmm	0 - 110
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	TE MADIZEDO		
PLATELETS AND OTHER PLATELET PREDICTIV			
PLATELET COUNT (PLT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	165000	/cmm	150000 - 450000
PLATELETCRIT (PCT)	0.24	%	0.10 - 0.36
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	0.24	70	0.10 - 0.50
MEAN PLATELET VOLUME (MPV)	14 <sup>H</sup>	fL	6.50 - 12.0
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	11		
PLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	94000 <sup>H</sup>	/cmm	30000 - 90000
PLATELET LARGE CELL RATIO (P-LCR) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	56.7 <sup>H</sup>	%	11.0 - 45.0
PLATELET DISTRIBUTION WIDTH (PDW)	16.2	%	15.0 - 17.0



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



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Test Name Value Unit Biological Reference interval

### **BLOOD GROUP (ABO) AND RH FACTOR TYPING**

ABO GROUP

by SLIDE AGGLUTINATION

RH FACTOR TYPE
by SLIDE AGGLUTINATION

Α

POSITIVE (+ve)



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 : 09/Apr/2025 05:33PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

# IMMUNOPATHOLOGY/SEROLOGY HEPATITIS C VIRUS (HCV) ANTIBODY: TOTAL

HEPATITIS C ANTIBODY (HCV) TOTAL: SERUM

0.08 S/CO

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

NEGATIVE: < 1.00 POSITIVE: > 1.00

HEPATITIS C ANTIBODY (HCV) TOTAL

**NON - REACTIVE** 

RESULT

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

#### **INTERPRETATION:-**

RESULT (INDEX)	REMARKS
< 1.00	NON - REACTIVE/NOT - DETECTED
> =1.00	REACTIVE/ASYMPTOMATIC/INFECTIVE STATE/CARRIER STATE.

Hepatitis C (HCV) is an RNA virus of Favivirus group transmitted via blood transfusions, transplantation, injection drug abusers, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10 % of new cases show sexual transmission. As compared to HAV & HBV, chronic infection with HCV occurs in 85 % of infected individuals. In high risk population, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25 %.

USES:

- 1. Indicator of past or present infection, but does not differentiate between Acute/ Chronic/Resolved 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-RNĀ PCR recommended in all reactive results to differentiate between past and present infection.



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Value Unit **Test Name Biological Reference interval** 

REPORTING DATE

### ANTI HUMAN IMMUNODEFICIENCY VIRUS (HIV) DUO ULTRA WITH (P-24 ANTIGEN DETECTION)

HIV 1/2 AND P24 ANTIGEN: SERUM

S/CO

NEGATIVE: < 1.00

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

POSITIVE: > 1.00

: 09/Apr/2025 05:33PM

HIV 1/2 AND P24 ANTIGEN RESULT

**NON - REACTIVE** 

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

**INTERPRETATION:-**

CLIENT CODE.

RESULT (INDEX)	REMARKS
< 1.00	NON - REACTIVE
> = 1.00	PROVISIONALLY REACTIVE

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 Non Reactive result does not exclude the possibility of exposure or infection with HIV 1/2. **RECOMMENDATIONS:** 

1. Results to be clinically correlated

2. Rarely falsenegativity/positivity may occur.



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Test Name Value Unit Biological Reference interval

**VDRL** 

VDRL NON REACTIVE NON REACTIVE

by IMMUNOCHROMATOGRAPHY

#### **INTERPRETATION:**

- 1. Does not become positive until 7 10 days after appearance of chancre.
- 2. High titer (>1:16) active disease.
- 3.Low titer (<1:8) biological falsepositive test in 90% cases or due to late or late latent syphillis.
- 4. Treatment of primary syphillis causes progressive decline tonegative VDRL within 2 years.
- 5. Rising titer (4X) indicates relapse, reinfection, or treatment failure and need for retreatment.
- 6. May benonreactive in early primary, late latent, and late syphillis (approx. 25% ofcases).
- 7. Reactive and weakly reactive tests should always be confirmed with FTA-ABS (fluorescent treponemal antibody absorption test).

### SHORTTERM FALSE POSITIVE TEST RESULTS (<6 MONTHS DURATION) MAY OCCURIN:

- 1. Acute viral illnesses (e.g., hepatitis, measles, infectious mononucleosis)
- 2.M. pneumoniae; Chlamydia; Malaria infection.
- 3. Some immunizations
- 4. Pregnancy (rare)

### LONGTERM FALSE POSITIVE TEST RESULTS (>6 MONTHS DURATION) MAY OCCUR IN:

- 1. Serious underlying disease e.g., collagen vascular diseases, leprosy, malignancy.
- 2.Intravenous drug users.
- 3. Rheumatoid arthritis, thyroiditis, AIDS, Sjogren's syndrome.
- 4.<10 % of patients older thanage 70 years.
- 5. Patients taking some anti-hypertensive drugs.

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



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