



	<b>Dr. Vinay Chopr</b> MD (Pathology & Micr Chairman & Consultar	robiology)		(Pathology)
NAME	: Mr. JASBIR SINGH			
AGE/ GENDER	: 62 YRS/MALE		PATIENT ID	: 1232696
COLLECTED BY	:		REG. NO./LAB NO.	: 042407070002
<b>REFERRED BY</b>	:		<b>REGISTRATION DATE</b>	: 07/Jul/2024 09:02 AM
BARCODE NO.	: A0524892		COLLECTION DATE	: 07/Jul/2024 11:39AM
CLIENT CODE. CLIENT ADDRESS	: KOS DIAGNOSTIC SHAHBAD : 6349/1, NICHOLSON ROAD, AMB	ALA CANT	<b>REPORTING DATE</b> T	: 07/Jul/2024 12:01PM
Test Name		Value	Unit	Biological Reference interval
	SWAS	STHYA V	VELLNESS PANEL: G	
	COM	IPLETE B	LOOD COUNT (CBC)	
RED BLOOD CELLS (F	RBCS) COUNT AND INDICES			
HAEMOGLOBIN (HB)		12.9	gm/dL	12.0 - 17.0
RED BLOOD CELL (RE	BC) COUNT FOCUSING, ELECTRICAL IMPEDENCE	5.08 <sup>H</sup>	Millions	/cmm 3.50 - 5.00
PACKED CELL VOLUN		40.4	%	40.0 - 54.0
MEAN CORPUSCULA		79.4 <sup>L</sup>	fL	80.0 - 100.0
MEAN CORPUSCULA	R HAEMOGLOBIN (MCH) AUTOMATED HEMATOLOGY ANALYZER	24.8 <sup>L</sup>	pg	27.0 - 34.0
MEAN CORPUSCULA	R HEMOGLOBIN CONC. (MCHC) AUTOMATED HEMATOLOGY ANALYZER	31.2 <sup>L</sup>	g/dL	32.0 - 36.0
RED CELL DISTRIBUT	TION WIDTH (RDW-CV) AUTOMATED HEMATOLOGY ANALYZER	16.7 <sup>H</sup>	%	11.00 - 16.00
RED CELL DISTRIBUT	TON WIDTH (RDW-SD)	49.6	fL	35.0 - 56.0
MENTZERS INDEX		15.63	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDE	X	25.49	RATIO	BETA THALASSEMIA TRAIT: < = 65.0 IRON DEFICIENCY ANEMIA: > 65.0
WHITE BLOOD CELLS	<u>S (WBCS)</u>			
TOTAL LEUCOCYTE C	OUNT (TLC) y by sf cube & microscopy	4330	/cmm	4000 - 11000
NUCLEATED RED BLC		NIL		0.00 - 20.00
NUCLEATED RED BLO	DOD CELLS (nRBCS) % NUTOMATED HEMATOLOGY ANALYZER &	NIL	%	< 10 %



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
 www.koshealthcare.com



TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





Dr. Vinay Chopra Dr. Yugam Chopra MD (Pathology & Microbiology) MD (Pathology) Chairman & Consultant Pathologist **CEO & Consultant Pathologist** NAME : Mr. JASBIR SINGH **AGE/ GENDER** : 62 YRS/MALE **PATIENT ID** :1232696 **COLLECTED BY** :042407070002 REG. NO./LAB NO. **REFERRED BY REGISTRATION DATE** :07/Jul/2024 09:02 AM **BARCODE NO. COLLECTION DATE** :07/Jul/2024 11:39AM : A0524892 CLIENT CODE. : KOS DIAGNOSTIC SHAHBAD **REPORTING DATE** :07/Jul/2024 12:01PM **CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit **Biological Reference interval NEUTROPHILS** 57 % 50 - 70 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY LYMPHOCYTES 32 % 20 - 40 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY EOSINOPHILS 3 % 1 - 6by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY MONOCYTES % 8 2 - 12 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY 0 % **BASOPHILS** 0 - 1 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY **ABSOLUTE LEUKOCYTES (WBC) COUNT** ABSOLUTE NEUTROPHIL COUNT 2468 /cmm 2000 - 7500 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE LYMPHOCYTE COUNT 1386 800 - 4900 /cmm by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE EOSINOPHIL COUNT 130 40 - 440 /cmm by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY 346 80 - 880 ABSOLUTE MONOCYTE COUNT /cmm by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE BASOPHIL COUNT 0 /cmm 0 - 110 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS. 150000 - 450000 PLATELET COUNT (PLT) /cmm 145000<sup>L</sup> by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PLATELETCRIT (PCT) 0.16 % 0.10 - 0.36 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 14<sup>H</sup> MEAN PLATELET VOLUME (MPV) fL 6.50 - 12.0 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PLATELET LARGE CELL COUNT (P-LCC) 30000 - 90000 66000 /cmm by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PLATELET LARGE CELL RATIO (P-LCR) % 11.0 - 45.0 57.1<sup>H</sup> by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE % 15.0 - 17.0 PLATELET DISTRIBUTION WIDTH (PDW) 16.4 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE KINDLY CORRELATE CLINICALLY ADVICE

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD





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







	<b>Dr. Vinay Chopra</b> MD (Pathology & Microbiology) Chairman & Consultant Patholo		(Pathology)
NAME	: Mr. JASBIR SINGH		
AGE/ GENDER	: 62 YRS/MALE	PATIENT ID	: 1232696
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CLIENT CODE.	: KOS DIAGNOSTIC SHAHBAD	REPORTING DATE	: 07/Jul/2024 12:01PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CAN	TT	
Test Name	Value	Unit	Biological Reference interval

RECHECKED



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

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







	Dr. Vinay Cho MD (Pathology & I Chairman & Const	Microbiology)	Dr. Yugam MD CEO & Consultant	(Pathology)
NAME	: Mr. JASBIR SINGH			
AGE/ GENDER	: 62 YRS/MALE	PAT	FIENT ID	: 1232696
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BARCODE NO.	: A0524892	COL	LECTION DATE	: 07/Jul/2024 11:39AM
CLIENT CODE.	: KOS DIAGNOSTIC SHAHBAD		PORTING DATE	: 07/Jul/2024 02:34PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A			
Test Name		Value	Unit	Biological Reference interval
	GLY	COSYLATED HAEM	OGLOBIN (HBA1C)	
GLYCOSYLATED HAEM		8.6 <sup>H</sup>	%	4.0 - 6.4
ESTIMATED AVERAGE I		200.12 <sup>H</sup>	mg/dL	60.00 - 140.00
• •				
• •	AS PER AMERICAN DIABE	TES ASSOCIATION (ADA	):	
NTERPRETATION:	AS PER AMERICAN DIABE			n %
NTERPRETATION:			): D HEMOGLOGIB (HBAIC) in <5.7	n %
NTERPRETATION: RE Non diab	FERENCE GROUP		D HEMOGLOGIB (HBAIC) ii	n %
NTERPRETATION: RE Non diab At F	FERENCE GROUP etic Adults >= 18 years		<b>D HEMOGLOGIB (HBAIC) i</b> <5.7	n %
INTERPRETATION: RE Non diab At F	FERENCE GROUP etic Adults >= 18 years tisk (Prediabetes)	GLYCOSYLATE	D HEMOGLOGIB (HBAIC) in <5.7 5.7 - 6.4 >= 6.5 Age > 19 Years	n %
INTERPRETATION: RE Non diab At F Dia	FERENCE GROUP etic Adults >= 18 years tisk (Prediabetes) gnosing Diabetes	GLYCOSYLATE Goals of Therapy	D HEMOGLOGIB (HBAIC) in <5.7 5.7 - 6.4 >= 6.5 Age > 19 Years < 7.0	
INTERPRETATION: RE Non diab At F Dia	FERENCE GROUP etic Adults >= 18 years tisk (Prediabetes)	GLYCOSYLATE	D HEMOGLOGIB (HBAIC) in <5.7 5.7 - 6.4 >= 6.5 Age > 19 Years < 7.0	
INTERPRETATION: RE Non diab At F Dia	FERENCE GROUP etic Adults >= 18 years tisk (Prediabetes) gnosing Diabetes	GLYCOSYLATE Goals of Therapy Actions Suggested	D HEMOGLOGIB (HBAIC) ii <5.7 5.7 - 6.4 >= 6.5 Age > 19 Years : < 7.0 : >8.0 Age < 19 Years	

### COMMENTS:

1.Glycosylated hemoglobin (HbA1c) test is three monthly monitoring done to assess compliace with therapeutic regimen in diabetic patients.

2.Since Hb1c reflects long term fluctuations in blood glucose concentration, a diabetic patient who has recently under good control may still have high concentration of HbAlc. Converse is true for a diabetic previously under good control but now poorly controlled.

3. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targetting a goal of < 7.0% may not be appropriate. 4. High

HbA1c (>9.0 -9.5 %) is strongly associated with risk of development and rapid progression of microvascular and nerve complications 5. Any condition that shorten RBC life span like acute blood loss, hemolytic anemia falsely lower HbA1c results.

6.HbA1c results from patients with HbSS,HbSC and HbD must be interpreted with caution, given the pathological processes including anemia, increased red cell turnover, and transfusion requirement that adversely impact HbA1c as a marker of long-term gycemic control.

7. Specimens from patients with polycythemia or post-splenctomy may exhibit increse in HbA1c values due to a somewhat longer life span of the red cells.





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

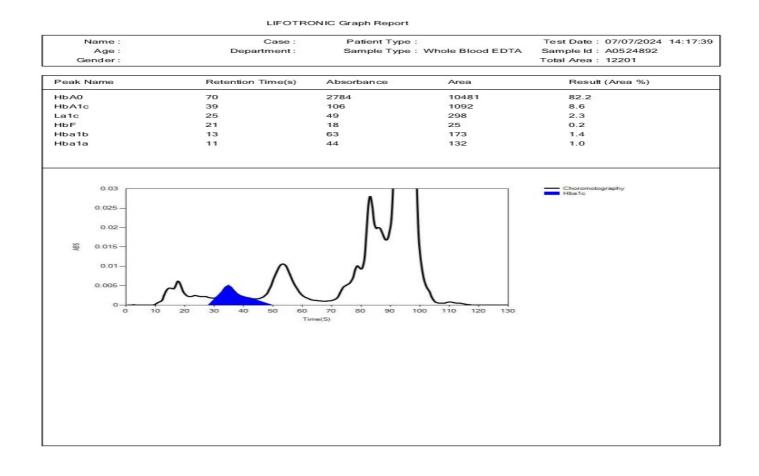
DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY)







	<b>Dr. Vinay Chopra</b> MD (Pathology & Microbi Chairman & Consultant P	ology) ME	m Chopra D (Pathology) nt Pathologist
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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA	ACANTT	
Test Name	Va	alue Unit	<b>Biological Reference interval</b>





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	Dr. Vinay Ch MD (Pathology & Chairman & Con		n Chopra 9 (Pathology) t Pathologist
NAME	: Mr. JASBIR SINGH		
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CLIENT CODE.	: KOS DIAGNOSTIC SHAHBAD	<b>REPORTING DATE</b>	: 07/Jul/2024 12:15PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	AMBALA CANTT	
Test Name		Value Unit	Biological Reference interval
	ERYTH	ROCYTE SEDIMENTATION RATE (ES	SR)
	MENTATION RATE (ESR) RGREN AUTOMATED METHOD	26 <sup>H</sup> mm/1st	hr 0 - 20
1. ESR is a non-specili immune disease, but 2. An ESR can be affe as C-reactive protein 3. This test may also systemic lupus eryth CONDITION WITH LO	does not tell the health practitio ected by other conditions besides be used to monitor disease activ ematosus <b>W ESR</b>	ner exactly where the inflammation is in th inflammation. For this reason, the ESR is ty ty and response to therapy in both of the a	ypically used in conjunction with other test such above diseases as well as some others, such as
A low ESR can be see (polycythaemia), sign as sickle cells in sick	en with conditions that inhibit the nificantly high white blood cell cc le cell anaemia) also lower the E	normal sedimentation of red blood cells, s unt (leucocytosis) , and some protein abno SR.	such as a high red blood cell count ormalities. Some changes in red cell shape (suc

# NOTE:

ESR and C - reactive protein (C-RP) are both markers of inflammation.
 Generally, ESR does not change as rapidly as does CRP, either at the start of inflammation or as it resolves.
 CRP is not affected by as many other factors as is ESR, making it a better marker of inflammation.
 If the ESR is elevated, it is typically a result of two types of proteins, globulins or fibrinogen.
 Women tend to have a higher ESR, and menstruation and pregnancy can cause temporary elevations.
 Drugs such as doutron, mathyldona, and contracentives, penicillamine procainamide, theophylline, and vit

6. Drugs such as dextran, methyldopa, oral contraceptives, penicillamine procainamide, theophylline, and vitamin A can increase ESR, while aspirin, cortisone, and quinine may decrease it





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Page 6 of 1





	Dr. Vinay Ch MD (Pathology & Chairman & Con		Dr. Yugam MD CEO & Consultant	(Pathology)
NAME	: Mr. JASBIR SINGH			
AGE/ GENDER	: 62 YRS/MALE	PAT	ENT ID	: 1232696
COLLECTED BY	:	REG.	NO./LAB NO.	: 042407070002
REFERRED BY	:	REG	STRATION DATE	: 07/Jul/2024 09:02 AM
BARCODE NO.	: A0524890	COLL	ECTION DATE	: 07/Jul/2024 11:38AM
CLIENT CODE.	: KOS DIAGNOSTIC SHAHBAD	REP	DRTING DATE	: 07/Jul/2024 12:45PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD,	AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
	CLIN	ICAL CHEMISTRY	/BIOCHEMISTR	Y
		GLUCOSE FAS	TING (F)	
GLUCOSE FASTING ( by glucose oxidas	F): PLASMA se - peroxidase (god-pod)	139.94 <sup>H</sup>	mg/dL	NORMAL: < 100.0 PREDIABETIC: 100.0 - 125.0 DIABETIC: > 0R = 126.0
1. A fasting plasma g 2. A fasting plasma g test (after consumpti	H AMERICAN DIABETES ASSOCIAT lucose level below 100 mg/dl is o lucose level between 100 - 125 r on of 75 gms of glucose) is recon	considered normal. ng/dl is considered as o nmended for all such p	lucose intolerant or atients.	prediabetic. A fasting and post-prandial blo at post-prandial is strongly recommended fo

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.





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

MBBS, MD (PATHOLOGY)

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 0171-2643898, +91 99910 43898
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 www.koshealthcare.com



Page 7 of 17





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BARCODE NO.	: A0524893		<b>COLLECTION DATE</b>	:08/Jul/202402:32PM
CLIENT CODE.	: KOS DIAGNOSTIC SHAHBAD	)	<b>REPORTING DATE</b>	: 08/Jul/2024 03:47PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD,	AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
		GLUCOSE POS	ST PRANDIAL (PP)	
	NDIAL (PP): PLASMA SE - PEROXIDASE (GOD-POD)	285.78 <sup>H</sup>	mg/dL	NORMAL: < 140.00 PREDIABETIC: 140.0 - 200.0 DIABETIC: > 0R = 200.0

KOS Diagnostic Lab (A Unit of KOS Healthcare)

# IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

A post-prandial plasma glucose level below 140 mg/dl is considered normal.
 A post-prandial glucose level between 140 - 200 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 post-prandial plasma glucose level of above 200 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients. A fasting plasma glucose level of above 200 mg/dl is necess of 125 mg/dl on both occasions is confirmatory for diabetic state.

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



TEST PERFORMED AT KOS DIAGNOSTIC LAB. AMBALA CANTT





LIPID PROFILE : BASIC         CHOLESTEROL TOTAL: SERUM by CHOLESTEROL OXIDASE PAP       186.66       mg/dL       OPTIMAL: < 200 BORDERLINE HI HIGH CHOLESTE         TRIGLYCERIDES: SERUM by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)       114.06       mg/dL       OPTIMAL: < 150 BORDERLINE HI HIGH: 200.0 - 49 VERY HIGH: > OL         HDL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION       62.05       mg/dL       LOW HDL: < 30.0 HIGH HDL: < 30.0 HIGH HDL: > OR BORDERLINE HI HIGH: 100.0 BORDERLINE HI HIGH: 100.0 HIGH HDL: < 00 HIGH HDL: < 00 HIGH HDL: < 00 HIGH HDL: < 00 HIGH HDL: < 00 COTIMAL: < 100 ABOVE OPTIMA BORDERLINE HI HIGH: 160.0 - 18 VERY HIGH: > OC HIGH HDL: < 00 HIGH HDL: < 00 OPTIMAL: < 100 ABOVE OPTIMA BORDERLINE HI HIGH: 190.0 - 21 VERY HIGH: > OC         NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY       124.61       mg/dL       OPTIMAL: < 100 ABOVE OPTIMA BORDERLINE HI HIGH: 190.0 - 21 VERY HIGH: > OC         VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY       22.81       mg/dL       0.00 - 45.00         VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY       22.81       mg/dL       0.00 - 45.00         VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY       487.38       mg/dL       350.00 - 700.00         by CALCULATED, SPECTROPHOTOMETRY       3.01       RATIO       LOW RISK: 3.30 AVERAGE RISK:		Pathology)	Dr. Yugam MD CEO & Consultant	Microbiology)	<b>Dr. Vinay Ch</b> MD (Pathology & Chairman & Cons	
COLLECTED BY:REG. NO./LAB NO.:042407070002REFERRED BY:.REGISTRATION DATE::: <t< th=""><th></th><th></th><th></th><th></th><th>: Mr. JASBIR SINGH</th><th>NAME</th></t<>					: Mr. JASBIR SINGH	NAME
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CLEINT CODE       : KOS DIAGNOSTIC SHAHBAD       REPORTING DATE       : 07/Jul/2024 12:47PM         CLEINT ADDRESS       : 6349/1, NICHOLSON ROAD, AMBALA CANTT       Biological Refer         Test Name       Value       Unit       Biological Refer         CHOLESTEROL TOTAL: SERUM by CHOLESTEROL OXIDASE PAP       186.66       mg/dL       OPTIMAL: < 200 BORDERLINE HI HIGH CHOLESTE         TRIGLYCERIDES: SERUM by GLYCERIDES: SERUM by SELECTIVE INHIBITION       114.06       mg/dL       OPTIMAL: < 150 BORDERLINE HI HIGH: < 0.00 - 45 VERY HIGH: > 0         LDL CHOLESTEROL (DIRECT): SERUM by CALCULATED, SPECTROPHOTOMETRY       101.8       mg/dL       OPTIMAL: < 100 HIGH HDL: > 0R HIGH HIGH: > 00 HIGH HIGH: > 00		: 07/Jul/2024 09:02 AM	<b>GISTRATION DATE</b>	RE	:	<b>REFERRED BY</b>
CLENT ADRESS       : 6349/1, NICHOLSON ROAD, AMBALA CANTT         Test Name       Value       Unit       Biological Reference         LIPID PROFILE : BASIC       ELIPID PROFILE : BASIC       OPTIMAL: < 200		:07/Jul/2024 11:39AM	LECTION DATE	CO	: A0524891	BARCODE NO.
Test Name         Value         Unit         Biological Refer           LIPID PROFILE : BASIC         LIPID PROFILE : BASIC         CHOLESTEROL TOTAL: SERUM         186.66         mg/dL         OPTIMAL: < 200 BORDERLINE HI HIGH CHOLESTE           trigly Cerol Esterol oxidase pap         114.06         mg/dL         OPTIMAL: < 150 BORDERLINE HI HIGH CHOLESTE           by GLYGEROL PHOSPHATE OXIDASE (ENZYMATIC)         114.06         mg/dL         OPTIMAL: < 150 BORDERLINE HI HIGH: > 00           hDL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION         62.05         mg/dL         LOW HDL: < 30. BORDERLINE HI 60.0           LDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY         101.8         mg/dL         OPTIMAL: < 100 ABOVE OPTIMAL BORDERLINE HI HIGH: > 00 HIGH HDL: > 0R           NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY         124.61         mg/dL         OPTIMAL: < 130 ABOVE OPTIMAL BORDERLINE HI HIGH: > 00 21 VERY HIGH: > 00           VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY         22.81         mg/dL         0.00 - 45.00           VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY         487.38         mg/dL         350.00 - 700.00           by CALCULATED, SPECTROPHOTOMETRY OCHOLESTEROL/DI RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY         3.01         RATIO         LOW RSK: 3.30 AVERAGE RISK: .30		:07/Jul/2024 12:47PM	PORTING DATE			
LIPID PROFILE : BASIC         CHOLESTEROL TOTAL: SERUM       186.66       mg/dL       OPTIMAL: < 200				MBALA CANTT	: 6349/1, NICHOLSON ROAD, J	CLIENT ADDRESS
CHOLESTEROL TOTAL: SERUM by CHOLESTEROL OXIDASE PAP186.66mg/dLOPTIMAL: < 200 BORDERLINE HI HIGH CHOLESTETRIGLYCERIDES: SERUM by GL YCEROL PHOSPHATE OXIDASE (ENZYMATIC)114.06mg/dLOPTIMAL: < 150 BORDERLINE HI HIGH: 200.0 - 45 VERY HIGH: > 01HDL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION62.05mg/dLLOW HDL: < 30.0 BORDERLINE HI 60.0HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY101.8mg/dLOPTIMAL: < 100 ABOVE OPTIMALNON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY124.61mg/dLOPTIMAL: < 130 ABOVE OPTIMALVUDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY124.61mg/dL0.00 - 45.00VUDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY22.81mg/dL0.00 - 45.00VUDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY487.38mg/dL350.00 - 700.00VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY487.38mg/dL350.00 - 700.00VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY3.01RATIOLOW RISK: 3.30 AVERAGE RISK:	rence interval	Biological Reference	Unit	Value		Test Name
by CHOLESTEROL OXIDASE PAP TRIGLYCERIDES: SERUM by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC) 114.06 mg/dL MGH CHOLESTEROL HIGH: 200.0 - 45 VERY HIGH: > OU HOL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION LDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VERY HIGH: > OT NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY LDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VERY HIGH: > OT VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VERY HIGH: > OT VERY HIGH: > OT			E : BASIC	LIPID PROFI		
TRIGLYCERIDES: SERUM by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)114.06mg/dLOPTIMAL: < 150 BORDERLINE HI HIGH: 200.0 - 45 VERY HIGH: > OHDL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION62.05mg/dLLOW HDL: < 30.1 BORDERLINE HI HIGH: > OLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY101.8mg/dLOPTIMAL: < 100 BORDERLINE HI HIGH: > ORNON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY124.61mg/dLOPTIMAL: < 130 ABOVE OPTIMALNON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY124.61mg/dLOPTIMAL: < 130 ABOVE OPTIMALVLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY22.81mg/dL0.00 - 45.00VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY487.38mg/dL350.00 - 700.00 AUCULATED, SPECTROPHOTOMETRYVLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY487.38mg/dL350.00 - 700.00by CALCULATED, SPECTROPHOTOMETRY by CALCULATED, SPECTROPHOTOMETRY3.01RATIOLOW RISK: 3.30 AVERAGE RISK:		OPTIMAL: < 200.0	mg/dL	186.66		
by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)BORDERLINE HI HIGH: 200.0 - 49 VERY HIGH: > OIHDL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION62.05mg/dLLOW HDL: < 30.0 BORDERLINE HI 60.0 HIGH HDL: > ORLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY101.8mg/dLOPTIMAL: < 100 ABOVE OPTIMAL BORDERLINE HI HIGH: 160.0 - 11 VERY HIGH: > OI DERLINE HI HIGH: 160.0 - 12 VERY HIGH: > OI DERLINE HI HIGH: 160.0 - 16 VERY HIGH: > OI DERLINE HI HIGH: 160.0 - 16 VERY HIGH: > OI DERLINE HI HIGH: 160.0 - 21 VERY HIGH: > OI DERLINE HI HIGH: 190.0 - 21 VERY HIGH: > OI DERLINE HI HIGH: 190.0 - 21 VERY HIGH: > OI OFTIMAL: < 100 DERLINE HI HIGH: 190.0 - 21 VERY HIGH: > OI DERLINE HI HIGH: 190.0 - 21 VERY HIGH: > OI OI DERLINE HI HIGH: 190.0 - 21 VERY HIGH: > OI OI DERLINE HIL HIGH: HIL HIGH: 190.0 - 21 VERY HIGH: > OI OI DERLINE HIL HIGH: 190.0 -		BORDERLINE HIGH: HIGH CHOLESTEROL			(IDASE PAP	by CHOLESTEROL OX
HIGH: 200.0 - 45 VERY HIGH: > OL by SELECTIVE INHIBITION LDL CHOLESTEROL: SERUM LDL CHOLESTEROL: SERUM LDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY		OPTIMAL: < 150.0	mg/dL	114.06		
HDL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION62.05mg/dLVERY HIGH: > 00 BORDERLINE HI 60.0 HIGH HDL: > 0R HIGH HDL: > 0R ABOVE OPTIMAL: < 100 ABOVE OPTIME VILDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY <t< td=""><td></td><td></td><td></td><td></td><td>HATE UXIDASE (ENZYMATIC)</td><td>by GLYCEROL PHOSPI</td></t<>					HATE UXIDASE (ENZYMATIC)	by GLYCEROL PHOSPI
by SELECTIVE INHIBITION by SELECTIVE INHIBITION BORDERLINE HI 60.0 HIGH HDL: > OR LDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL/HDL RATIO: SERUM choice choice ch		VERY HIGH: > OR = 5				
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LDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY TOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY TOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL/HDL RATIO: SERUM CHOLESTEROL/HDL RATIO:	IGH HDL: 30.0 -	BORDERLINE HIGH H			ION	by SELECTIVE INHIBITI
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NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY124.61mg/dLOPTIMAL: < 130 ABOVE OPTIMAL: < 130 ABOVE OPTIMAL: < 130 ABOVE OPTIMAL: < 130 OPTIMAL: < 130 CALCULATED, SPECTROPHOTOMETRYVLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY22.81mg/dL0.00 - 45.00 VERY HIGH: > OLVLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY22.81mg/dL350.00 - 700.00 by CALCULATED, SPECTROPHOTOMETRYCHOLESTEROL/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY3.01RATIOLOW RISK: 3.30 AVERAGE RISK: -		OPTIMAL: < 100.0	mg/dL	101.8	SERUM	LDL CHOLESTEROL: S
NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY124.61mg/dLOPTIMAL: < 130 ABOVE OPTIMAL BORDERLINE HI HIGH: 190.0 - 21 VERY HIGH: > OIVLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY22.81mg/dL0.00 - 45.00VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY487.38mg/dL350.00 - 700.00by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY3.01RATIOLOW RISK: 3.30 AVERAGE RISK: -		ABOVE OPTIMAL: 10	, i i i i i i i i i i i i i i i i i i i		CTROPHOTOMETRY	by CALCULATED, SPE
NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY124.61mg/dLOPTIMAL: < 130 ABOVE OPTIMAL BORDERLINE HIL HIGH: 190.0 - 21 VERY HIGH: > OIVLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY22.81mg/dL0.00 - 45.00VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY22.81mg/dL350.00 - 700.00CHOLESTEROL/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY3.01RATIOLOW RISK: 3.30 AVERAGE RISK: -		BORDERLINE HIGH:				
NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY124.61mg/dLOPTIMAL: < 130 ABOVE OPTIMAL BORDERLINE HIL HIGH: 190.0 - 21 VERY HIGH: > OIVLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY22.81mg/dL0.00 - 45.00TOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY487.38mg/dL350.00 - 700.00CHOLESTEROL/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY3.01RATIOLOW RISK: 3.30 AVERAGE RISK: -		VERY HIGH: > OR = 1				
by CALCULATED, SPECTROPHOTOMETRY ABOVE OPTIMA BORDERLINE HI HIGH: 190.0 - 21 VERY HIGH: > OI VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY TOTAL LIPIDS: SERUM ABOVE OPTIMA BORDERLINE HI HIGH: 190.0 - 21 VERY HIGH: > OI VERY HIG		OPTIMAL: < 130.0	mg/dL	124.61	ROL: SERUM	NON HDL CHOLESTE
VLDL CHOLESTEROL: SERUM       22.81       mg/dL       0.00 - 45.00         by CALCULATED, SPECTROPHOTOMETRY       487.38       mg/dL       350.00 - 700.00         TOTAL LIPIDS: SERUM       487.38       mg/dL       350.00 - 700.00         by CALCULATED, SPECTROPHOTOMETRY       3.01       RATIO       LOW RISK: 3.30         by CALCULATED, SPECTROPHOTOMETRY       3.01       RATIO       AVERAGE RISK: 4		ABOVE OPTIMAL: 13			CTROPHOTOMETRY	by CALCULATED, SPE
VLDL CHOLESTEROL: SERUM       22.81       mg/dL       0.00 - 45.00         by CALCULATED, SPECTROPHOTOMETRY       487.38       mg/dL       350.00 - 700.00         TOTAL LIPIDS: SERUM       487.38       mg/dL       350.00 - 700.00         by CALCULATED, SPECTROPHOTOMETRY       3.01       RATIO       LOW RISK: 3.30         by CALCULATED, SPECTROPHOTOMETRY       3.01       RATIO       AVERAGE RISK: -		BORDERLINE HIGH:				
VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY22.81mg/dL0.00 - 45.00TOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY487.38mg/dL350.00 - 700.00CHOLESTEROL/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY3.01RATIO AVERAGE RISK: -LOW RISK: 3.30 AVERAGE RISK: -						
TOTAL LIPIDS: SERUM487.38mg/dL350.00 - 700.00by CALCULATED, SPECTROPHOTOMETRY3.01RATIOLOW RISK: 3.30CHOLESTEROL/HDL RATIO: SERUM3.01RATIOAVERAGE RISK: 3.30by CALCULATED, SPECTROPHOTOMETRYAVERAGE RISK: 3.30AVERAGE RISK: 3.30	11 - 220.0		mg/dL	22.81		
by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL/HDL RATIO: SERUM 3.01 RATIO LOW RISK: 3.30 by CALCULATED, SPECTROPHOTOMETRY AVERAGE RISK: -	)	350.00 - 700.00	mg/dL	487.38		
by CALCULATED, SPECTROPHOTOMETRY AVERAGE RISK:	4.40		DATIO	2.01		-
			RATIO	3.01		
		MODERATE RISK: 7.2				-
HIGH RISK: > 11	1.0	HIGH RISK: > 11.0				
		LOW RISK: 0.50 - 3.0	RATIO	1.64		
		MODERATE RISK: 3.1 HIGH RISK: > 6.0			UIRUPHUIUMEIRY	by CALCULATED, SPE



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
 www.koshealthcare.com



Page 9 of 17





	Dr. Vinay Cho MD (Pathology & Chairman & Cons	Microbiology)	Dr. Yugam MD CEO & Consultant	(Pathology)
NAME	: Mr. JASBIR SINGH			
AGE/ GENDER	: 62 YRS/MALE	PAT	IENT ID	: 1232696
COLLECTED BY	:	REG.	NO./LAB NO.	: 042407070002
REFERRED BY	:	REG	<b>ISTRATION DATE</b>	: 07/Jul/2024 09:02 AM
BARCODE NO.	: A0524891	COLL	LECTION DATE	: 07/Jul/2024 11:39AM
CLIENT CODE.	: KOS DIAGNOSTIC SHAHBAD	REP	DRTING DATE	: 07/Jul/2024 12:47PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	MBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
TRIGLYCERIDES/HD		1.84 <sup>L</sup>	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.

 Low 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)







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

NAME	: Mr. JASBIR SINGH		
AGE/ GENDER	: 62 YRS/MALE	PATIENT ID	: 1232696
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Test Name	Value	Unit	Biological Reference interval
LIV	/ER FUNCTION TE	ST (COMPLETE)	
BILIRUBIN TOTAL: SERUM by DIAZOTIZATION, SPECTROPHOTOMETRY	0.44	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (CONJUGATED): SERUM by DIAZO MODIFIED, SPECTROPHOTOMETRY	0.18	mg/dL	0.00 - 0.40
BILIRUBIN INDIRECT (UNCONJUGATED): SERUM by CALCULATED, SPECTROPHOTOMETRY	0.26	mg/dL	0.10 - 1.00
SGOT/AST: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE	14.65	U/L	7.00 - 45.00
SGPT/ALT: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE	14.14	U/L	0.00 - 49.00
AST/ALT RATIO: SERUM by calculated, spectrophotometry	1.04	RATIO	0.00 - 46.00
ALKALINE PHOSPHATASE: SERUM by PARA NITROPHENYL PHOSPHATASE BY AMINO METHY PROPANOL	86.74 L	U/L	40.0 - 130.0
GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM by SZASZ, SPECTROPHTOMETRY	24.77	U/L	0.00 - 55.0
TOTAL PROTEINS: SERUM by BIURET, SPECTROPHOTOMETRY	6.53	gm/dL	6.20 - 8.00
ALBUMIN: SERUM by BROMOCRESOL GREEN	3.98	gm/dL	3.50 - 5.50
GLOBULIN: SERUM by CALCULATED, SPECTROPHOTOMETRY	2.55	gm/dL	2.30 - 3.50
A : G RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY	1.56	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





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

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

Page 11 of 1







	Dr. Vinay Chop MD (Pathology & M Chairman & Consul	licrobiology)	Dr. Yugam MD CEO & Consultant	(Pathology)
NAME	: Mr. JASBIR SINGH			
AGE/ GENDER	: 62 YRS/MALE	PATI	ENT ID	: 1232696
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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AM	IBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
HEPATOCELLULAR C	ARCINOMA & CHRONIC HEPATITIS		> 1.3 (Slightly Inc	reased)

HEPATOCELLULAR CARCINOMA & CHRONIC HEPATTIS	> 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 cholestatis: 0.8 (normal or slightly decreased).

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

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







NAME AGE/ GENDER COLLECTED BY REFERRED BY	: Mr. JASBIR SINGH		ChopraDr. Yugam Chopragy & Microbiology)MD (Pathology)Consultant PathologistCEO & Consultant Pathologist			
COLLECTED BY		IR SINGH				
	: 62 YRS/MALE		PATIENT ID	: 1232696		
REFERRED BY	:	REG. NO./LAB NO. REGISTRATION DATE COLLECTION DATE REPORTING DATE		: 042407070002		
	:			: 07/Jul/2024 09:02 AM : 07/Jul/2024 11:39AM		
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CLIENT CODE.	: KOS DIAGNOSTIC SHAHBAD			: 07/Jul/2024 12:47PM		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	AMBALA CANTT				
Test Name		Value	Unit	Biological Reference interva		
	KIE	ONEY FUNCTIO	N TEST (COMPLETE)			
UREA: SERUM		28.51	mg/dL	10.00 - 50.00		
•	TE DEHYDROGENASE (GLDH)	4.05				
CREATININE: SERUM by ENZYMATIC, SPECTROPHOTOMETERY		1.05	mg/dL	0.40 - 1.40		
BLOOD UREA NITROGEN (BUN): SERUM		13.32	mg/dL	7.0 - 25.0		
	с <i>ткорнотометку</i> GEN (BUN)/CREATININE	12.69	RATIO	10.0 - 20.0		
RATIO: SERUM		12.07	KATIO	10.0 - 20.0		
by CALCULATED, SPEC		7				
UREA/CREATININE RA		27.15	RATIO			
URIC ACID: SERUM	SINGI HOTOMETRI	6.55	mg/dL	3.60 - 7.70		
by URICASE - OXIDASE	PEROXIDASE	0.47				
CALCIUM: SERUM by arsenazo III, spec	TROPHOTOMETRY	9.47	mg/dL	8.50 - 10.60		
PHOSPHOROUS: SERI	JM	3.41	mg/dL	2.30 - 4.70		
	ATE, SPECTROPHOTOMETRY					
ELECTROLYTES		144.0		125.0.150.0		
SODIUM: SERUM by ISE (ION SELECTIVE	ELECTRODE)	144.8	mmol/L	135.0 - 150.0		
POTASSIUM: SERUM		4.67	mmol/L	3.50 - 5.00		
	ELECTRODE)	109.4	mmol/l	00.0 110.0		
CHLORIDE: SERUM by ISE (ION SELECTIVE	ELECTRODE)	108.6	mmol/L	90.0 - 110.0		
	ULAR FILTERATION RATE					
ESTIMATED GLOMER	ULAR FILTERATION RATE	80.3				
(eGFR): SERUM						

#### by CALCULATED **INTERPRETATION:**

To differentiate between 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.

2. Catabolic states with increased tissue breakdown.



KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana

**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.





	MD (Pathology	Dr. Vinay ChopraDr. Yugam ChopraMD (Pathology & Microbiology)MD (Pathology)Chairman & Consultant PathologistCEO & Consultant Pathologist				
NAME	: Mr. JASBIR SINGH					
AGE/ GENDER	: 62 YRS/MALE	РАТ	IENT ID	: 1232696		
COLLECTED BY		RFG	. NO./LAB NO.	: 042407070002		
REFERRED BY			ISTRATION DATE		A.M.	
				: 07/Jul/2024 09:02		
BARCODE NO.	: A0524891		LECTION DATE	: 07/Jul/2024 11:39		
CLIENT CODE.	: KOS DIAGNOSTIC SHAHBAI		ORTING DATE	: 07/Jul/2024 12:47PM		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD	), AMBALA CANTT				
Test Name		Value	Unit	Biological	Reference interval	
	reased urea synthesis. Irea rather than creatinine diff nonemias (urea is virtually abs		ır fluid).			
<ol> <li>Inherited hyperamn</li> <li>SIADH (syndrome of</li> <li>Pregnancy.</li> <li>DECREASED RATIO (&lt;10</li> <li>Phenacimide therap</li> <li>Rhabdomyolysis (re</li> <li>Muscular patients w</li> <li>INAPPROPIATE RATIO:</li> <li>Diabetic ketoacidos</li> <li>should produce an inc.</li> </ol>	<b>b:1) WITH INCREASED CREATINI</b> by (accelerates conversion of cl leases muscle creatinine). who develop renal failure. is (acetoacetate causes false in reased BUN/creatinine ratio).	reatine to creatinine). ncrease in creatinine w		ogies,resulting in norma	Il ratio when dehydratio	
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6. Inherited hyperamn 7. SIADH (syndrome of 8. Pregnancy. DECREASED RATIO (<10 1. Phenacimide therap 2. Rhabdomyolysis (re 3. Muscular patients w INAPPROPIATE RATIO: 1. Diabetic ketoacidos should produce an incu 2. Cephalosporin thera ESTIMATED GLOMERUI CKD STAGE G1	D:1) WITH INCREASED CREATINE by (accelerates conversion of cl leases muscle creatinine). who develop renal failure. is (acetoacetate causes false in reased BUN/creatinine ratio). py (interferes with creatinine CAR FILTERATION RATE: DESCRIPTION Normal kidney fund	reatine to creatinine). ncrease in creatinine w measurement). GFR ( mL/m ction >9	th certain methodolo n/1.73m2 ) AS 0	SOCIATED FINDINGS	I ratio when dehydratio	
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G4

G5

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

Severe decrease in GFR

Kidney failure

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

15-29

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	<b>Dr. Vinay Chopra</b> MD (Pathology & Micr Chairman & Consultan	obiology) MI	m <b>Chopra</b> D (Pathology) ht Pathologist
NAME	: Mr. JASBIR SINGH		
AGE/ GENDER	: 62 YRS/MALE	PATIENT ID	: 1232696
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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMB/	ALA CANTT	
Test Name		Value 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



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

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







		Chopra / & Microbiology) onsultant Pathologist	Dr. Yugan MD CEO & Consultant	(Pathology)	
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CLIENT CODE.	: KOS DIAGNOSTIC SHAHBA	AD <b>RE</b>	PORTING DATE	: 07/Jul/2024 05:11PM	
CLIENT ADDRESS	: 6349/1, NICHOLSON ROA	D, AMBALA CANTT			
Test Name		Value	Unit	Biological Reference interval	
		CLINICAL PA	THOLOGY		
	LIDINE	POLITINE & MICRO	DSCOPIC EXAMINAT		
		KOOTINE & MICKC			
PHYSICAL EXAMINA					
QUANTITY RECIEVED		10	ml		
COLOUR	TANCE SPECTROPHOTOMETRY	AMBER YELLO		PALE YELLOW	
	TANCE SPECTROPHOTOMETRY	AIVIDER TELLC	J V V	FALL TELEOW	
TRANSPARANCY		HAZY		CLEAR	
	TANCE SPECTROPHOTOMETRY				
SPECIFIC GRAVITY		1.01		1.002 - 1.030	
CHEMICAL EXAMINA	TANCE SPECTROPHOTOMETRY				
REACTION	TANCE SPECTROPHOTOMETRY	ACIDIC			
PROTEIN	TANCE SPECIFICFIIOTOMETRY	1+		NEGATIVE (-ve)	
	TANCE SPECTROPHOTOMETRY				
SUGAR		1+		NEGATIVE (-ve)	
by DIP STICK/REFLEC	CTANCE SPECTROPHOTOMETRY	5.5		5.0 - 7.5	
L.	TANCE SPECTROPHOTOMETRY	5.5		5.0 - 7.5	
BILIRUBIN		Negative		NEGATIVE (-ve)	
-	TANCE SPECTROPHOTOMETRY				
NITRITE		Negative		NEGATIVE (-ve)	
UROBILINOGEN	TANCE SPECTROPHOTOMETRY.	Normal	EU/dL	0.2 - 1.0	
	TANCE SPECTROPHOTOMETRY	Normal	LO/UL	0.2 - 1.0	
KETONE BODIES		Negative		NEGATIVE (-ve)	
-	TANCE SPECTROPHOTOMETRY	-			
BLOOD		Negative		NEGATIVE (-ve)	
ASCORBIC ACID	TANCE SPECTROPHOTOMETRY	NEGATIVE (-v	e)	NEGATIVE (-ve)	
	TANCE SPECTROPHOTOMETRY		~,		
MICROSCOPIC EXAN	<u>IINATION</u>				



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







EXCELLENCE IN HEALTHCARE & DIAGNOSTICS

Dr. Yugam Chopra Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathologist MD (Pathology) **CEO & Consultant Pathologist** NAME : Mr. JASBIR SINGH AGE/ GENDER **PATIENT ID** : 62 YRS/MALE :1232696 **COLLECTED BY** REG. NO./LAB NO. :042407070002 : **REFERRED BY REGISTRATION DATE** :07/Jul/2024 09:02 AM : **COLLECTION DATE BARCODE NO.** : A0524894 :07/Jul/2024 11:40AM **REPORTING DATE CLIENT CODE.** : KOS DIAGNOSTIC SHAHBAD :07/Jul/2024 05:11PM **CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT ..... ... .....

Test Name	Value	Unit	Biological Reference interval
RED BLOOD CELLS (RBCs) by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)	/HPF	0 - 3
PUS CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	3-5	/HPF	0 - 5
EPITHELIAL CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	1-2	/HPF	ABSENT
CRYSTALS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
CASTS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
BACTERIA by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
OTHERS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
TRICHOMONAS VAGINALIS (PROTOZOA)	ABSENT		ABSENT

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





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

