



SWASTHYA WELLNESS PANEL: 15.0 COMPLETE BLOOD COUNT (CBC) RED BLOOD CELLS (RBCS) COUNT AND INDICES HAEMOGLOBIN (HB) by CALORIMETRIC BLOOD CELLS (RBCS) COUNT AND INDICES HAEMOGLOBIN (HB) by CALORIMETRIC BLOOD CELL (RBC) COUNT by CALORIMETRIC PACKED CELL (RBC) COUNT by CALOUATED HEMATOLOGY ANALYZER MEAN CORPUSCULAR TODUME (MCV) 94.4 ft 80.0 - 100.0 by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER MEAN CORPUSCULAR HAEMOGLOBIN (MCH) 30.7 by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER 32.5 MEAN CORPUSCULAR HEMOGLOBIN (MCH) 32.5 by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER 32.0 MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) 32.5 by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER 13.6 MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) 32.0 by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER 13.6 MEANTOMATED HEMATOLOGY ANALYZER MEANTOMATED HEMATOLOGY ANALYZER <		Dr. Vinay Ch MD (Pathology & Chairman & Con	Microbiology)		(Pathology)
COLLECTED BY::REG. NO./LAB NO.:: 042411130002REFERRED BY::REGISTRATION DATE:: 13./Nov/2024 02:40PMBARCODE NO.:: A0465963COLLECTION DATE:: 13./Nov/2024 02:40PMCILENT CODE:: S05 DIACNOSTIC SHAHBADREPORTING DATE:: 13./Nov/2024 02:40PMCILENT ADRESS:: 8349/1, NICHOLSON ROAD, AMBALA CANT:: Nov/2024 02:47PMSWASTHYA WELLNESS PANEL: 15.0COMPLETE BLOOD COUNT (CBC)REDIOD CELLS (RECS) COUNT AND INDICESHAEMOGLOBIN (HB)by CALCUATED BY AUTOMATED INDICES:: 10./Nov/2024 02:47PMALCONMETRIC:: 501HMillions/cmmBACOLORIN (HB):: 501HMillions/cmmby CALCUATED BY AUTOMATED INDICES:: 501HMillions/cmmCRED BLOOD COLSING, ELECTRICAL IMPEDENCE:: 501HMillions/cmmby CALCUATED BY AUTOMATED INDICES:: 501HMillions/cmmMEAN CORPUSCULAR NOLUME (MCV):: 94.4II.:: 80.0 - 100.0by CALCUATED BY AUTOMATED INDICES:: 30.0:: 30.0MEAN CORPUSCULAR NOLUME (MCV):: 30.7pg:: 27.0 - 34.0by CALCUATED BY AUTOMATED INDICAL NUALZER:: 30.0:: 30.0MEAN CORPUSCULAR HEMOGLOBIN (MCH):: 30.7pg <td: 30.0<="" td="">MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC)<td:: 32.5<="" td="">g/dL<td: -="" 32.0="" 36.0<="" td="">by CALCUATED BY AUTOMATED INDICONG ANALYZER:: 30.0:: RON DEFICIENCY ANALYZERMEAN CORPUSCULAR HEMOGLOBIN (MCH)<td: 30.0<="" td="">:: 10.0:: 10.0MEAN CORPUSCULAR H</td:></td:></td::></td:>	NAME	: Mr. NASEEB SUGER MILL			
REFERRED BY :: REGISTRATION DATE :: 13/Nov/2024 10:14 AM BARCODE NO. :: 40465963 COLLECTION DATE :: 13/Nov/2024 02:40PM REPORTING DATE :: 13/Nov/2024 02:40PM REPORTING DATE :: 13/Nov/2024 02:40PM CLIENT ADDRESS :: 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit Biological Reference interval SWASTHYA WELLINESS PANEL: 15.0 COWFLETE BLOOD COUNT (CBC) RED BLOOD CELLS (RBCS) COUNT AND INDICES HAEMOGLOBIN (HB) 15.4 gm/dL 12.0 - 17.0 by CALCOMMERTRIC PACKED CELL VOLUME (PCV) 6.00 H MEAN CORPUSATION ELECTRICAL IMPEDENCE PACKED CELL VOLUME (PCV) 41.5 4 by CALCOMMERT DE MEMATOLOGY ANALYZER RED BLOOD CELLS (RBCS) COUNT (MC PALA SWASTHYA CONSUMED COUNT) RED CONTOCHTED BY AUTOMATED HEMATOLOGY ANALYZER RED CELL VOLUME (PCV) 94.4 fL 80.0 - 100.0 by CALCOMMER DOCLOBIN (NCH) 30.7 pg 27.0 - 34.0 by CALCOMMER DOCLOBIN (NCH) 30.7 pg 27.0 - 34.0 by CALCOMMER DOCLOBIN (NCH) 30.7 pg 22.0 - 36.0 by CALCOMMER DOCLOBIN (NCH) 30.7 pg 32.0 - 36.0 by CALCOMMER DOCLOBIN (NCH) 30.7 pg 32.0 - 36.0 by CALCOMMER DOCLOBIN (NCH) 30.7 pg 32.0 - 36.0 by CALCOMATED HEMATOLOGY ANALYZER RED CELL DISTRIBUTION NOCLOBIN (NCH) 32.5 g/dL 32.0 - 36.0 by CALCOMATED HEMATOLOGY ANALYZER RED CELL DISTRIBUTION NUTTH (RDV-CV) 13.6 % 11.00 - 16.00 by CALCOLMATED HEMATOLOGY ANALYZER RED CELL DISTRIBUTION NUTTH (RDV-CV) 13.6 % 11.00 - 16.00 by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER RED CELL DISTRIBUTION NUTTH (RDV-CV) 13.6 % 11.00 - 16.00 by CALCULATED HEMATOLOGY ANALYZER RED CELL DISTRIBUTION NUTTH (RDV-CV) 13.6 % 11.00 - 16.00 by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER RED CELL DISTRIBUTION NUTTH (RDV-CV) 13.6 % 11.00 - 16.00 by CALCULATED HEMATOLOGY ANALYZER RED CELL DISTRIBUTION NUTTH (RDV-CV) 13.6 % 0 - 11.00 BETA THALASSEMIA TRAIT: 13.0 REN DETERTIBUTION NUTTH (RDV-CV) 13.6 % 0 - 0.00 BETA THALASSEMIA TRAIT: 13.0 REN DETERTED SI DOND CELLS (RRES) NIL 000 - 20.00 by AUTOMATED DE DADTOMATED HEMATOLOGY ANALYZER NUCLEATED RED BLOOD CELLS (RRES) NIL 000 - 10.00 by AUTOMATED RED BLOOD CELLS (RRES) NIL 000 - 10.00 by AUTOMATED RED BLOOD CELLS	AGE/ GENDER	: 58 YRS/MALE		PATIENT ID	: 1670578
BARCODE NO. : A0465963 COLLECTION DATE : 13/Nov/2024 02:40PM CLIENT CODE : KOS DIAGNOSTIC SHAHBAD REPORTING DATE : 13/Nov/2024 02:47PM CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Isological Reference interval SWASTHYA WELLNESS PANEL: 15.0 COMPLETE BLOOD COUNT (CBC) BLOOD CELLS (RECS) COUNT AND INDICES HAEMOCLOBIN (HB) 15.4 gm/dL 12.0 - 17.0 by CALCUARTE BLOOD COUNT (CBC) PACED ELLO COLINT 5.01H Millions/cmm 3.50 - 5.00 by CALCUARTED BY AUTOMATED HEMATOLOGY ANALYZER 47.3 % 40.0 - 54.0 by CALCUARTED BY AUTOMATED HEMATOLOGY ANALYZER MEAN CORPUSCULARE NOLLIME (PCV) 94.4 fL 80.0 - 100.0 by CALCUARTED BY AUTOMATED HEMATOLOGY ANALYZER MEAN CORPUSCULAR HAEMOGLOBIN (NCV) 13.6 % 11.00 - 16.00 Rep CALCUARTED BY AUTOMATED HEMATOLOGY ANALYZER MEAN CORPUSCULAR HEMOGLOBIN (NCV) 13.6 % 11.00 - 16.00 Rep CALCUARTED BY AUTOMATED HEMATOLOGY ANALYZER MEAN CORPUSCULAR HEMOGLOBIN (NCV) 13.6 % 11.00 - 16.00 Rep CALCUARTED BY AUTOMATED HEMATOLOGY ANALYZER M	COLLECTED BY	:			: 042411130002
CLENT CODE KOS DIAGNOSTIC SHAHBAD REPORTING DATE 1:1/Nov/2024 02:47PM CLENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTS Main Biological Reference interval SWASTH-//A WELLNESS PANELL: 15.0 COMPLETE BLOOD COUNT (BEC) SWASTH-//A WELLNESS PANEL: 15.0 COMPLETE BLOOD COUNT (BEC) RED BLOOD CELLS (REGS) COUNT AND INDICES mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm		:			
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by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER MEAN CORPUSCULAR HEMOCLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER MENTZERS INDEX by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER MENTZERS INDEX by CALCULATED STRIBUTION WIDTH (RDW-SD) by CALCULATED MENTZERS INDEX by CALCULATED STRIBUTION WIDTH (RDW-SD) by CALCULATED MENTZERS INDEX by CALCULATED STRIBUTION WIDTH (RDW-SD) by CALCULATED STRIBUTION WIDTH (RDW-SD) by CALCULATED MENTZERS INDEX by CALCULATED STRIBUTION WIDTH (RDW-SD) CREEN & KING INDEX by CALCULATED STRIBUTION WIDTH (RDW-SD) STRIBUTION WIDTH (RDW-SD) STRIBUTION WIDTH (RDW-SD) STRIBUTION WIDTH (RDW-SD) 48 FL STRIBUTION WIDTH (RDW-SD) 58 40 STRIBUTION WIDTH (RDW-SD) 58 40 STRIBUTION WIDTH (RDW-SD) 58 58 58 58 58 58 58 58 58 58				fL	80.0 - 100.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER32.5g/dL32.0 - 36.0RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER13.6%11.00 - 16.00RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER48fL35.0 - 56.0RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER18.84RATIOBETA THALASSEMIA TRAIT: 13.0RENTZERS INDEX by CALCULATED18.84RATIOBETA THALASSEMIA TRAIT: 13.013.0GREEN & KING INDEX by CALCULATED25.59RATIOBETA THALASSEMIA TRAIT: 65.0RON DEFICIENCY ANEMIA: by CALCULATED25.59RATIOBETA THALASSEMIA TRAIT: 65.0BUTT THALASSEMIA TRAIT: by CALCULATED5840/cmm4000 - 11000WHITE BLOOD CELLS (WBCS) NUCLEATED RED BLOOD CELLS (nRBCS) by AUTOMATED & PART HEMATOLOGY ANALYZERNIL%<10 %				pg	27.0 - 34.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER13.6%11.00 - 16.00RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER48fL35.0 - 56.0MENTZERS INDEX by CALCULATED18.84RATIOBETA THALASSEMIA TRAIT: 13.0 IRON DEFICIENCY ANEMIA: >13.0GREEN & KING INDEX by CALCULATED25.59RATIOBETA THALASSEMIA TRAIT: 65.0 IRON DEFICIENCY ANEMIA: 65.0WHITE BLOOD CELLS (WBCS) TOTAL LEUCOCYTE COUNT (TLC) by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY NUCLEATED RED BLOOD CELLS (nRBCS) NULCLEATED RED BLOOD CELLS (nRBCS) %NIL%<10 %	MEAN CORPUSCUL	AR HEMOGLOBIN CONC. (MC	HC) 32.5	g/dL	32.0 - 36.0
by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER MENTZERS INDEX by CALCULATED BETA THALASSEMIA TRAIT: 18.84 RATIO BETA THALASSEMIA TRAIT: 13.0 IRON DEFICIENCY ANEMIA: >13.0 GREEN & KING INDEX by CALCULATED GREEN & KING INDEX by CALCULATED COUNT (TLC) by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY NUCLEATED RED BLOOD CELLS (nRBCS) by AUTOMATED & PART HEMATOLOGY ANALYZER NUCLEATED RED BLOOD CELLS (nRBCS) % NIL % CLEATED RED RED BLOOD CELLS (NRBCS) % NIL % CLEATED RED RED RED RED RED RED RED RED RED R				%	11 00 - 16 00
by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER MENTZERS INDEX by CALCULATED I 8.84 RATIO BETA THALASSEMIA TRAIT: 13.0 IRON DEFICIENCY ANEMIA: >13.0 GREEN & KING INDEX by CALCULATED C 5.59 RATIO BETA THALASSEMIA TRAIT: 65.0 IRON DEFICIENCY ANEMIA: 65.0 IRON DEFICIENCY ANEMIA: 65.0 IRON DEFICIENCY ANEMIA: 65.0 WHITE BLOOD CELLS (WBCS) TOTAL LEUCOCYTE COUNT (TLC) 5840 /cmm 4000 - 11000 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY NUCLEATED RED BLOOD CELLS (nRBCS) by AUTOMATED 6 PART HEMATOLOGY ANALYZER NUCLEATED RED BLOOD CELLS (nRBCS) NIL % < 10 %	by CALCULATED BY A	UTOMATED HEMATOLOGY ANALYZ	ER		
by CALCULATED 13.0 IRON DEFICIENCY ANEMIA: >13.0 IRON DEFICIENCY ANEMIA: >13.0 GREEN & KING INDEX 25.59 RATIO BETA THALASSEMIA TRAIT:: 65.0 IRON DEFICIENCY ANEMIA: 65.0 IRON DEFICIENCY ANEMIA: 65.0 WHITE BLOOD CELLS (WBCS) TOTAL LEUCOCYTE COUNT (TLC) 5840 /cmm 4000 - 11000 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY NUCLEATED RED BLOOD CELLS (nRBCS) NIL 0.00 - 20.00 by AUTOMATED 6 PART HEMATOLOGY ANALYZER NUCLEATED RED BLOOD CELLS (nRBCS) % NIL % < 10 %				ťL	35.0 - 56.0
GREEN & KING INDEX 25.59 RATIO BETA THALASSEMIA TRAIT: 65.0 by CALCULATED 25.59 RATIO BETA THALASSEMIA TRAIT: 65.0 WHITE BLOOD CELLS (WBCS) IRON DEFICIENCY ANEMIA: 65.0 65.0 TOTAL LEUCOCYTE COUNT (TLC) 5840 /cmm 4000 - 11000 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY NIL 0.00 - 20.00 NUCLEATED RED BLOOD CELLS (nRBCS) NIL % <10 %			18.84	RATIO	BETA THALASSEMIA TRAIT: <
GREEN & KING INDEX by CALCULATED25.59RATIOBETA THALASSEMIA TRAIT: 65.0 IRON DEFICIENCY ANEMIA: 65.0WHITE BLOOD CELLS (WBCS)TOTAL LEUCOCYTE COUNT (TLC) by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY5840/cmm4000 - 11000NUCLEATED RED BLOOD CELLS (nRBCS) by AUTOMATED 6 PART HEMATOLOGY ANALYZERNIL0.00 - 20.00NUCLEATED RED BLOOD CELLS (nRBCS) %NIL%<10 %	2) 01120021122				
by CALCULATED 65.0 IRON DEFICIENCY ANEMIA: 65.0 WHITE BLOOD CELLS (WBCS) TOTAL LEUCOCYTE COUNT (TLC) 5840 /cmm 4000 - 11000 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY NUCLEATED RED BLOOD CELLS (nRBCS) NIL 0.00 - 20.00 by AUTOMATED 6 PART HEMATOLOGY ANALYZER NUCLEATED RED BLOOD CELLS (nRBCS) % NIL % < 10 %	CDEEN & VINC INT)EV	25 50	DATIO	
WHITE BLOOD CELLS (WBCS) 65.0 TOTAL LEUCOCYTE COUNT (TLC) 5840 /cmm 4000 - 11000 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY NIL 0.00 - 20.00 NUCLEATED RED BLOOD CELLS (nRBCS) NIL % < 10 %		JEA	20.09	KATIO	
WHITE BLOOD CELLS (WBCS) FOTAL LEUCOCYTE COUNT (TLC) 5840 /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 NIL % < 10 %					IRON DEFICIENCY ANEMIA: > 65.0
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY NUCLEATED RED BLOOD CELLS (nRBCS) NIL 0.00 - 20.00 by AUTOMATED 6 PART HEMATOLOGY ANALYZER NUCLEATED RED BLOOD CELLS (nRBCS) % NIL % <10 %	WHITE BLOOD CE	LLS (WBCS)			00.0
NUCLEATED RED BLOOD CELLS (nRBCS)NIL0.00 - 20.00by AUTOMATED 6 PART HEMATOLOGY ANALYZERNIL%<10 %			5840	/cmm	4000 - 11000
by AUTOMATED 6 PART HEMATOLOGY ANALYZER NUCLEATED RED BLOOD CELLS (nRBCS) % NIL % <10 %	,		NIL		0.00 - 20.00
	by AUTOMATED 6 PAI	RT HEMATOLOGY ANALYZER		0/	
		· · · · · ·		%	< 10 %





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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathologist B SUGER MILL

NAME	: Mr. NASEEB SUGER MILL		
AGE/ GENDER	: 58 YRS/MALE	PATIENT ID	: 1670578
COLLECTED BY	:	REG. NO./LAB NO.	: 042411130002
REFERRED BY	:	REGISTRATION DATE	: 13/Nov/2024 10:14 AM
BARCODE NO.	: A0465963	COLLECTION DATE	: 13/Nov/2024 02:40PM
CLIENT CODE.	: KOS DIAGNOSTIC SHAHBAD	REPORTING DATE	: 13/Nov/2024 02:47PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	49 ^L	%	50 - 70
LYMPHOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	43 ^H	%	20 - 40
EOSINOPHILS by flow cytometry by SF cube & microscopy	2	%	1 - 6
MONOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	6	%	2 - 12
BASOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	0	%	0 - 1
ABSOLUTE LEUKOCYTES (WBC) COUNT			
ABSOLUTE NEUTROPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	2862	/cmm	2000 - 7500
ABSOLUTE LYMPHOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	2511	/cmm	800 - 4900
ABSOLUTE EOSINOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	117	/cmm	40 - 440
ABSOLUTE MONOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	350	/cmm	80 - 880
ABSOLUTE BASOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	0	/cmm	0 - 110
PLATELETS AND OTHER PLATELET PREDICTIVE	MARKERS.		
PLATELET COUNT (PLT) by hydro dynamic focusing, electrical impedence	160000	/cmm	150000 - 450000
PLATELETCRIT (PCT) by hydro dynamic focusing, electrical impedence	0.22	%	0.10 - 0.36
MEAN PLATELET VOLUME (MPV) by hydro dynamic focusing, electrical impedence	14 ^H	fL	6.50 - 12.0
PLATELET LARGE CELL COUNT (P-LCC) by hydro dynamic focusing, electrical impedence	82000	/cmm	30000 - 90000
PLATELET LARGE CELL RATIO (P-LCR) by hydro dynamic focusing, electrical impedence	51.3 ^H	%	11.0 - 45.0
PLATELET DISTRIBUTION WIDTH (PDW) by hydro dynamic focusing, electrical impedence NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD	16.3	%	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 & Microbio Chairman & Consultant Pa		(Pathology)
NAME	: Mr. NASEEB SUGER MILL		
AGE/ GENDER	: 58 YRS/MALE	PATIENT ID	: 1670578
COLLECTED BY	:	REG. NO./LAB NO.	: 042411130002
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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA	CANTT	
Test Name	Val	lue Unit	Biological Reference interval



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		Chopra gy & Microbiology) Consultant Pathologist		(Pathology)
NAME	: Mr. NASEEB SUGER MI	L		
AGE/ GENDER	: 58 YRS/MALE		PATIENT ID	: 1670578
COLLECTED BY	:		REG. NO./LAB NO.	: 042411130002
REFERRED BY	:		REGISTRATION DATE	: 13/Nov/2024 10:14 AM
BARCODE NO.	: A0465961		COLLECTION DATE	: 13/Nov/2024 02:40PM
CLIENT CODE.	: KOS DIAGNOSTIC SHAHI	BAD	REPORTING DATE	: 13/Nov/2024 03:19PM
CLIENT ADDRESS	: 6349/1, NICHOLSON RO	AD, AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
	CLI	NICAL CHEMIST	FRY/BIOCHEMIST	'RY
		GLUCOSE	FASTING (F)	
	G (F): PLASMA	92.2	mg/dL	NORMAL: < 100.0

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

A fasting plasma glucose level below 100 mg/dl is considered normal.
 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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		Chopra gy & Microbiology) Consultant Pathologist	Dr. Yugam MD CEO & Consultant	(Pathology)
NAME	: Mr. NASEEB SUGER MIL	L		
AGE/ GENDER	: 58 YRS/MALE	PATIE	ENT ID	: 1670578
COLLECTED BY	:	REG. N	NO./LAB NO.	:042411130002
REFERRED BY	:	REGIS	TRATION DATE	: 13/Nov/2024 10:14 AM
BARCODE NO.	: A0465962	COLLE	ECTION DATE	: 13/Nov/2024 02:40PM
CLIENT CODE.	: KOS DIAGNOSTIC SHAHB	AD REPO	RTING DATE	: 13/Nov/2024 03:19PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROA	AD, AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
			DACIC	
		LIPID PROFILE		
CHOLESTEROL TOT by CHOLESTEROL OX		140.34	mg/dL	OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.0
TRIGLYCERIDES: SI by GLYCEROL PHOSP	ERUM hate oxidase (enzymatic)	130.24	mg/dL	OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199.0 HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0
HDL CHOLESTEROI by SELECTIVE INHIBITI		47.94	mg/dL	LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 60.0 HIGH HDL: > OR = 60.0
LDL CHOLESTEROL by CALCULATED, SPE		66.35	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 CHOLEST by CALCULATED, SPE		92.4	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 CHOLESTERC		26.05	mg/dL	0.00 - 45.00
TOTAL LIPIDS: SER by CALCULATED, SPE	UM	410.92	mg/dL	350.00 - 700.00
CHOLESTEROL/HD by CALCULATED, SPE	L RATIO: SERUM	2.93	RATIO	LOW RISK: 3.30 - 4.40 AVERAGE RISK: 4.50 - 7.0 MODERATE RISK: 7.10 - 11.0 HIGH RISK: > 11.0



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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





	Dr. Vinay Chop MD (Pathology & M Chairman & Consul	licrobiology)		(Pathology)
NAME	: Mr. NASEEB SUGER MILL			
AGE/ GENDER	: 58 YRS/MALE		PATIENT ID	: 1670578
COLLECTED BY	:		REG. NO./LAB NO.	:042411130002
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CLIENT ADDRESS	ENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT			
Test Name		Value	Unit	Biological Reference interval
LDL/HDL RATIO: S by CALCULATED, SPE		1.38	RATIO	LOW RISK: 0.50 - 3.0 MODERATE RISK: 3.10 - 6.0 HIGH RISK: > 6.0
TRIGLYCERIDES/H by CALCULATED, SPE		2.72 ^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.

 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





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gm/dL

gm/dL

RATIO

3.50 - 5.50

2.30 - 3.50

1.00 - 2.00

	Dr. Vinay Chopi MD (Pathology & Mic Chairman & Consulta	crobiology)	Dr. Yugam MD (CEO & Consultant I	Pathology)
NAME	: Mr. NASEEB SUGER MILL			
AGE/ GENDER	: 58 YRS/MALE	PA	TIENT ID	: 1670578
COLLECTED BY	:	RF	EG. NO./LAB NO.	: 042411130002
REFERRED BY	:	RE	EGISTRATION DATE	: 13/Nov/2024 10:14 AM
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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMH	BALA CANTT		
Test Name		Value	Unit	Biological Reference interval
	LIVER	FUNCTION T	EST (COMPLETE)	
BILIRUBIN TOTAL by DIAZOTIZATION, SI	: SERUM PECTROPHOTOMETRY	1.85 ^H	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
	C (CONJUGATED): SERUM	0.31	mg/dL	0.00 - 0.40
BILIRUBIN INDIRE by CALCULATED, SPE	CT (UNCONJUGATED): SERUM	1.54 ^H	mg/dL	0.10 - 1.00
SGOT/AST: SERUM by IFCC, WITHOUT PY	RIDOXAL PHOSPHATE	31.9	U/L	7.00 - 45.00
SGPT/ALT: SERUM by IFCC, WITHOUT PY	RIDOXAL PHOSPHATE	31.5	U/L	0.00 - 49.00
AST/ALT RATIO: S by CALCULATED, SPE		1.01	RATIO	0.00 - 46.00
ALKALINE PHOSPI by para nitrophen propanol	HATASE: SERUM YL PHOSPHATASE BY AMINO METHYL	89.04	U/L	40.0 - 130.0
GAMMA GLUTAMY by SZASZ, SPECTROF	L TRANSFERASE (GGT): SERUM PHTOMETRY	18.4	U/L	0.00 - 55.0
TOTAL PROTEINS: by BIURET, SPECTRO		7.26	gm/dL	6.20 - 8.00

ALBUMIN: SERUM 3.77 by BROMOCRESOL GREEN **GLOBULIN: SERUM** 3.49 by CALCULATED, SPECTROPHOTOMETRY A : G RATIO: SERUM 1.08 by CALCULATED, SPECTROPHOTOMETRY

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:

> 2
> 2 (Highly Suggestive)
1.4 - 2.0
> 1.5
> 1.3 (Slightly Increased)
-





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	Dr. Vinay Chopra MD (Pathology & Microbic Chairman & Consultant Pa	G, /	(Pathology)
NAME	: Mr. NASEEB SUGER MILL		
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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA	CANTT	

Test Name Value	Unit	Biological Reference interval
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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).

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 SHAHBAD		REPORTING DATE	: 13/Nov/2024 03:19PM		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AM	IBALA CANTT				
Test Name		Value	Unit	Biological Reference interval		
	KIDNE	Y FUNCTIO	N TEST (COMPLETE)			
UREA: SERUM		23.29	mg/dL	10.00 - 50.00		
CREATININE: SERU		1.21	mg/dL	0.40 - 1.40		
	ROGEN (BUN): SERUM	10.88	mg/dL	7.0 - 25.0		
	ROGEN (BUN)/CREATININE	8.99 ^L	RATIO	10.0 - 20.0		
RATIO: SERUM by CALCULATED, SPE	ECTROPHOTOMETRY					
UREA/CREATININ by CALCULATED, SPE	E RATIO: SERUM	19.25	RATIO			
URIC ACID: SERUM	1	5.89	mg/dL	3.60 - 7.70		
CALCIUM: SERUM by ARSENAZO III, SPE		9.76	mg/dL	8.50 - 10.60		
PHOSPHOROUS: SE		2.31	mg/dL	2.30 - 4.70		
ELECTROLYTES						
SODIUM: SERUM by ISE (ION SELECTIV	'E ELECTRODE)	142.8	mmol/L	135.0 - 150.0		
POTASSIUM: SERUE by ISE (ION SELECTIV	Μ	4.31	mmol/L	3.50 - 5.00		
CHLORIDE: SERUM	1	107.1	mmol/L	90.0 - 110.0		
	IERULAR FILTERATION RATE					
ESTIMATED GLOM (eGFR): SERUM by CALCULATED INTERPRETATION:	ERULAR FILTERATION RATE	69.4				

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.

3. GI haemorrhage.



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		Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathologist		Dr. Yugam Chopra MD (Pathology) t CEO & Consultant Pathologist					
AME	: Mr. NASEEB	SUGER MILL							
GE/ GENDER	: 58 YRS/MALI	E	I	PATIENT ID	:	1670578			
OLLECTED BY	:		I	REG. NO./LAB NO.	. :	0424111300(02		
EFERRED BY				REGISTRATION D		13/Nov/2024 1			
ARCODE NO.	: A0465962			COLLECTION DAT		13/Nov/2024 0			
LIENT CODE.		STIC SHAHBAD		REPORTING DATH	Е :	13/Nov/2024 0	J3:19PM		
LIENT ADDRESS	: 6349/1, NICH	IOLSON ROAD, AMB	ALA CANTT						
'est Name			Value	Uni	it	Biolog	ical Refer	ence inter	val
NCREASED RĂTIO (>2 . Postrenal azotemia	tetracycline, glu 20:1) WITH ELEVA a (BUN rises dispr	TED CREATININE LEVE oportionately more t	LS:	e) (e.g. obstructive	e uropathy).				
NCREASED RATIO (>2 Postrenal azotemia Prerenal azotemia DECREASED RATIO (< Acute tubular necr Low protein diet ar Severe liver diseas Other causes of de Repeated dialysis Inherited hyperam SIADH (syndrome of Pregnancy. DECREASED RATIO (< Phenacimide thera Rhabdomyolysis (r Muscular patients NAPPROPIATE RATIO Diabetic ketoacido hould produce an in Cephalosporin ther STIMATED GLOMERL CKD STAGE	tetracycline, glu tetracycline, glu tetracycline, glu a (BUN rises dispr superimposed o to:1) WITH DECRE osis. and starvation. e. creased urea syr (urea rather than monemias (urea of inappropiate a to:1) WITH INCRE py (accelerates c eleases muscle c who develop rer sis (acetoacetate creased BUN/cre apy (interferes v JLAR FILTERATION	cocorticoids) TED CREATININE LEVE roportionately more to n renal disease. EASED BUN : thesis. creatinine diffuses of is virtually absent in ntidiuretic harmone) ASED CREATININE: onversion of creatine reatinine). hal failure. e causes false increase eatinine ratio). vith creatinine measu NATE: DESCRIPTION	LS: han creatinin ut of extrace blood). due to tubula to creatinine e in creatinin rement).	Ilular fluid). ar secretion of urea e). e with certain met L/min/1.73m2)	n. hodologies ASSOCI	resulting in nor		when dehyc	ratic
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	Dr. Vinay Chopra MD (Pathology & Micr Chairman & Consultar	obiology) ME	n Chopra D (Pathology) ht Pathologist
NAME	: Mr. NASEEB SUGER MILL		
AGE/ GENDER	: 58 YRS/MALE	PATIENT ID	: 1670578
COLLECTED BY	:	REG. NO./LAB NO.	: 042411130002
REFERRED BY	:	REGISTRATION DATE	: 13/Nov/2024 10:14 AM
BARCODE NO.	: A0465962	COLLECTION DATE	: 13/Nov/2024 02:40PM
CLIENT CODE.	: KOS DIAGNOSTIC SHAHBAD	REPORTING DATE	: 13/Nov/2024 03:19PM
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

End Of Report ***





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