

### **KOS Diagnostic Lab** (A Unit of KOS Healthcare)



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

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

**NAME** : Mr. VINOD WADHWA

**AGE/ GENDER** : 65 YRS/MALE **PATIENT ID** : 1693073

**COLLECTED BY** REG. NO./LAB NO. :042412070001

REFERRED BY **REGISTRATION DATE** : 07/Dec/2024 08:40 AM BARCODE NO. : A1260063 **COLLECTION DATE** : 07/Dec/2024 03:01PM CLIENT CODE. : KOS DIAGNOSTIC SHAHBAD REPORTING DATE :07/Dec/2024 03:17PM

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

**Value** Unit **Biological Reference interval Test Name** 

#### **HAEMATOLOGY HAEMOGLOBIN (HB)**

12.6 HAEMOGLOBIN (HB) 12.0 - 17.0gm/dL

by CALORIMETRIC

**INTERPRETATION:-**

Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the bodys 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 (DECRESED 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 erythropoetin (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



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST





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PLATELET COUNT (P/C)

PLATELET COUNT (PLT) 345000 /cmm 150000 - 450000

by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE & MICROSCOPY

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD



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**BLEEDING TIME (BT)** 

**BLEEDING TIME (BT)** 

by DUKE METHOD

3 MIN. 30 SEC.

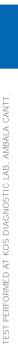
MINS



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**CLOTTING TIME (CT)** 

**CLOTTING TIME (CT)** 5 MIN. 30 SEC. by CAPILLARY TUBE METHOD

MINS



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

Test Name	Value	Unit	Biological Reference interval
	PROTHROMBIN TIME ST	<b>FUDIES (PT/INR)</b>	

2 200		0_0 ( ,)	
PT TEST (PATIENT) by PHOTO OPTICAL CLOT DETECTION	12	SECS	11.5 - 14.5
PT (CONTROL) by PHOTO OPTICAL CLOT DETECTION	12	SECS	
ISI by PHOTO OPTICAL CLOT DETECTION	1.1		
INTERNATIONAL NORMALISED RATIO (INR) by PHOTO OPTICAL CLOT DETECTION	1		0.80 - 1.20
PT INDEX by PHOTO OPTICAL CLOT DETECTION	100	%	

#### **INTERPRETATION:-**

- 1.INR is the parameter of choice in monitoring adequacy of oral anti-coagulant therapy. Appropriate therapeutic range varies with the disease and treatment intensity.
- 2. Prolonged INR suggests potential bleeding disorder /bleeding complications
- 3. Results should be clinically correlated.
- 4. Test conducted on Citrated Plasma

RECOMMENDED THERAPEUTIC RANGE FOR ORAL ANTI-COAGULANT THERAPY (INR)						
INDICATION	INTERNATIONAL NORMALIZED RATIO (INR)					
Treatment of venous thrombosis						
Treatment of pulmonary embolism						
Prevention of systemic embolism in tissue heart valves						
Valvular heart disease	Low Intensity		2.0 - 3.0			
Acute myocardial infarction						
Atrial fibrillation						
Bileaflet mechanical valve in aortic position						
Recurrent embolism						
Mechanical heart valve	High Intensity		2.5 - 3.5			
Antiphospholipid antibodies <sup>+</sup>						

**COMMENTS:** 



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Test Name Value Unit Biological Reference interval

The prothrombin time (PT) and its derived measures of prothrombin ratio (PR) and international normalized ratio (INR) are measures of the efficacy of the extrinsic pathway of coagulation. PT test reflects the adequacy of factors I (fibrinogen), II (prothrombin), V, VII, and X. It is used in conjunction with the activated partial thromboplastin time (aPTT) which measures the intrinsic pathway.

The common causes of prolonged prothrombin time are :

- 1.Oral Anticoagulant therapy.
- 2.Liver disease.
- 3.Vit K. deficiency.
- 4. Disseminated intra vascular coagulation.
- 5. Factor 5, 7, 10 or Prothrombin dificiency

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

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#### CLINICAL CHEMISTRY/BIOCHEMISTRY **GLUCOSE FASTING (F)**

GLUCOSE FASTING (F): PLASMA NORMAL: < 100.0 105.32<sup>H</sup> mg/dL

by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD) PREDIABETIC: 100.0 - 125.0

DIABETIC: > 0R = 126.0

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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