



A PIONEER DIAGNOSTIC CENTRE

■ 0171-2532620, 8222896961 ■ pkrjainhealthcare@gmail.com

NAME : Mr. AMAR SINGH

AGE/ GENDER : 63 YRS/MALE **PATIENT ID** : 1556464

COLLECTED BY REG. NO./LAB NO. : 122407220012

REFERRED BY **REGISTRATION DATE** : 22/Jul/2024 10:42 AM BARCODE NO. : 12503727 **COLLECTION DATE** : 22/Jul/2024 01:29PM CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE REPORTING DATE : 22/Jul/2024 12:14PM

CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

Test Name Value Unit **Biological Reference interval**

HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC)

RED BLOOD CELLS (RBCS) COUNT AND INDICES

| HAEMOGLOBIN (HB) by CALORIMETRIC | 9.4 ^L | gm/dL | 12.0 - 17.0 |
|--|--------------------|--------------|---|
| RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | 2.73 ^L | Millions/cmm | 3.50 - 5.00 |
| PACKED CELL VOLUME (PCV) | 28.2 ^L | % | 40.0 - 54.0 |
| by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER MEAN CORPUSCULAR VOLUME (MCV) | 101.9 ^H | fL | 80.0 - 100.0 |
| by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER MEAN CORPUSCULAR HAEMOGLOBIN (MCH) | 34.3 ^H | pg | 27.0 - 34.0 |
| by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER | 33.6 | g/dL | 32.0 - 36.0 |
| RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER | 27.9 ^H | % | 11.00 - 16.00 |
| RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER | 107.1 ^H | fL | 35.0 - 56.0 |
| MENTZERS INDEX by CALCULATED | 37.33 | RATIO | BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0 |
| GREEN & KING INDEX by CALCULATED | 103.74 | RATIO | BETA THALASSEMIA TRAIT: < = 65.0 IRON DEFICIENCY ANEMIA: > 65.0 |
| WHITE BLOOD CELLS (WBCS) | | | INOTA DEL TOLETTO I PINTERVILLA DO GO |
| TOTAL LEUCOCYTE COUNT (TLC) by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 4560 | /cmm | 4000 - 11000 |
| NUCLEATED RED BLOOD CELLS (nRBCS) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER & MICROSCOPY | NIL | | 0.00 - 20.00 |
| NUCLEATED RED BLOOD CELLS (nRBCS) % by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER & | NIL | % | < 10 % |





MICROSCOPY

CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)







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| Test Name | Value | Unit | Biological Reference interval |
|--|--------------------|------|-------------------------------|
| NEUTROPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 60 | % | 50 - 70 |
| LYMPHOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 34 | % | 20 - 40 |
| EOSINOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 1 | % | 1 - 6 |
| MONOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 5 | % | 2 - 12 |
| BASOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ARSOLLITE LELICOCYTES (AVRC) COLINT | 0 | % | 0 - 1 |
| ABSOLUTE LEUKOCYTES (WBC) COUNT | DVD | | |
| ABSOLUTE NEUTROPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 2736 | /cmm | 2000 - 7500 |
| ABSOLUTE LYMPHOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 1550 ^L | /cmm | 800 - 4900 |
| ABSOLUTE EOSINOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 46 | /cmm | 40 - 440 |
| ABSOLUTE MONOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 228 | /cmm | 80 - 880 |
| ABSOLUTE BASOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 0 | /cmm | 0 - 110 |
| PLATELETS AND OTHER PLATELET PREDICTIVE MARKE | <u>RS.</u> | | |
| PLATELET COUNT (PLT) by hydro dynamic focusing, electrical impedence | 86000 ^L | /cmm | 150000 - 450000 |
| PLATELETCRIT (PCT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | 0.09 ^L | % | 0.10 - 0.36 |
| MEAN PLATELET VOLUME (MPV) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | 10 | fL | 6.50 - 12.0 |
| PLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | 28000 ^L | /cmm | 30000 - 90000 |
| PLATELET LARGE CELL RATIO (P-LCR) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | 33.1 | % | 11.0 - 45.0 |
| PLATELET DISTRIBUTION WIDTH (PDW) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD | 16.6 | % | 15.0 - 17.0 |



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY) MBBS, MD (PATHOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST







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Value Unit **Biological Reference interval** Test Name

CLINICAL CHEMISTRY/BIOCHEMISTRY GLUCOSE RANDOM (R)

102.13 GLUCOSE RANDOM (R): PLASMA mg/dL NORMAL: < 140.00

by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD) PREDIABETIC: 140.0 - 200.0 DIABETIC: > OR = 200.0

CLIENT CODE.

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A random plasma glucose level below 140 mg/dl is considered normal.

2. A random glucose level between 140 - 200 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prnadial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.

3. A random 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 in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.



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Value Unit **Biological Reference interval** Test Name

CHOLESTEROL: SERUM

REPORTING DATE

CHOLESTEROL TOTAL: SERUM 127.19 mg/dL OPTIMAL: < 200.0

by CHOLESTEROL OXIDASE PAP BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.0

INTERPRETATION:

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| NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014) | CHOLESTEROL IN ADULTS (mg/dL) | CHOLESTEROL IN ADULTS (mg/dL) |
|--|-------------------------------|-------------------------------|
| DESIRABLE | < 200.0 | < 170.0 |
| BORDERLINE HIGH | 200.0 - 239.0 | 171.0 - 199.0 |
| HIGH | >= 240.0 | >= 200.0 |

NOTE:

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 National Lipid association - 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.



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Test Name Value Unit **Biological Reference interval**

LIVER FUNCTION TEST (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 | 0.15 | mg/dL | 0.00 - 0.40 |
| BILIRUBIN INDIRECT (UNCONJUGATED): SERUM by CALCULATED, SPECTROPHOTOMETRY | 0.29 | mg/dL | 0.10 - 1.00 |
| SGOT/AST: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE | 47.13 ^H | U/L | 7.00 - 45.00 |
| SGPT/ALT: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE | 32.49 | U/L | 0.00 - 49.00 |
| AST/ALT RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY | 1.45 | RATIO | 0.00 - 46.00 |
| ALKALINE PHOSPHATASE: SERUM by Para nitrophenyl phosphatase by amino methyl propanol | 117.51 | U/L | 40.0 - 130.0 |
| GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM by SZASZ, SPECTROPHTOMETRY | 64.4 ^H | U/L | 0.00 - 55.0 |
| TOTAL PROTEINS: SERUM by BIURET, SPECTROPHOTOMETRY | 7.38 | gm/dL | 6.20 - 8.00 |
| ALBUMIN: SERUM by BROMOCRESOL GREEN | 4.08 | gm/dL | 3.50 - 5.50 |
| GLOBULIN: SERUM by CALCULATED, SPECTROPHOTOMETRY | 3.3 | gm/dL | 2.30 - 3.50 |
| A : G RATIO: SERUM | 1.24 | RATIO | 1.00 - 2.00 |

INTERPRETATION

by CALCULATED, SPECTROPHOTOMETRY

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:

| TOTAL TOLD. | |
|--|----------------------------|
| DRUG HEPATOTOXICITY | > 2 |
| ALCOHOLIC HEPATITIS | > 2 (Highly Suggestive) |
| CIRRHOSIS | 1.4 - 2.0 |
| INTRAHEPATIC CHOLESTATIS | > 1.5 |
| HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS | > 1.3 (Slightly Increased) |



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Test Name Value Unit **Biological Reference interval**

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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PKR JAIN HEALTHCARE INSTITUTE NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

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by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)

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Test Name Value Unit **Biological Reference interval**

UREA

UREA: SERUM 38.18 mg/dL 10.00 - 50.00



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by ENZYMATIC, SPECTROPHOTOMETRY

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Test Name Value Unit **Biological Reference interval**

CREATININE

CREATININE: SERUM 0.99 mg/dL 0.40 - 1.40



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Test Name Value Unit **Biological Reference interval**

IMMUNOPATHOLOGY/SEROLOGY HEPATITIS C VIRUS (HCV) ANTIBODIES SCREENING

HEPATITIS C ANTIBODY (HCV) TOTAL

NON - REACTIVE

by IMMUNOCHROMATOGRAPHY

INTERPRETATION:

1.Anti HCV total antibody assay identifies presence IgG antibodies in the serum. It is a useful screening test with a specificity of nearly 99%.

2.It becomes positive approximately 24 weeks after exposure. The test can not isolate an active ongoing HCV infection from an old infection that has been cleared. All positive results must be confirmed for active disease by an HCV PCR test.

FALSE NEGATIVE RESULTS SEEN IN:

- 1. Window period
- 2.Immunocompromised states.

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Test Name Value Unit **Biological Reference interval**

ANTI HUMAN IMMUNODEFICIENCY VIRUS (HIV) ANTIBODIES HIV (1 & 2) SCREENING

HIV 1/2 AND P24 ANTIGEN RESULT

NON - REACTIVE

by IMMUNOCHROMATOGRAPHY

INTERPRETATION:-

CLIENT CODE.

1.AIDS is caused by at least 2 known types of HIV viruses, HIV-1 and HIV HIV-2.

- 2. This NACO approved immuno-chromatographic solid phase ELISA assay detects antibodies against both HIV-1 and HIV-2 viruses.
- 3. The test is used for routine serologic screening of patients at risk for HIV-1 or HIV-2 infection.
- 4.All screening ELISA assays for HIV antibody detection have high sensitivity but have low specificity.
- 5.At this laboratory, all positive samples are cross checked for positivity with two alternate assays prior to reporting.

NOTE:-

- 1. Confirmatory testing by Western blot is recommended for patients who are reactive for HIV by this assay.
- 2.Antibodies against HIV-1 and HIV-2 are usually not detectable until 6 to 12 weeks following exposure (window period) and are almost always detectable by 12 months.
- 3. The test is not recommended for children born to HIV infected mothers till the child turns two years old (as HIV antibodies may be transmitted passively to the child trans-placentally).

FALSE NEGATIVE RESULT SEEN IN:

- 1. Window period
- 2. Severe immuno-suppression including advanced AIDS.



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Value Unit **Biological Reference interval** Test Name

C-REACTIVE PROTEIN (CRP)

C-REACTIVE PROTEIN (CRP) QUANTITATIVE: 6.96H 0.0 - 6.0mg/L

SERUM

by NEPHLOMETRY **INTERPRETATION:**

1. C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation.

2. CRP levels can increase dramatically (100-fold or more) after severe trauma, bacterial infection, inflammation, surgery, or neoplastic proliferation.

3. CRP levels (Quantitative) has been used to assess activity of inflammatory disease, to detect infections after surgery, to detect transplant

rejection, and to monitor these inflammatory processes.

4. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc.,

5. Elevated values are consistent with an acute inflammatory process.

NOTE:

1. Elevated C-reactive protein (CRP) values are nonspecific and should not be interpreted without a complete clinical history.

2. Oral contraceptives may increase CRP levels.



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Test Name Value Unit **Biological Reference interval**

HEPATITIS B SURFACE ANTIGEN (HBsAg) SCREENING

HEPATITIS B SURFACE ANTIGEN (HBsAg)

NON - REACTIVE

RESULT

CLIENT CODE.

by IMMUNOCHROMATOGRAPHY

INTERPRETATION:-

1.HBsAG is the first serological marker of HBV infection to appear in the blood (approximately 30-60 days after infection and prior to the onset of clinical disease). It is also the last viral protein to disappear from blood and usually disappears by three months after infection in self limiting acute Hepatitis B viral infection.

2. Persistence of HBsAq in blood for more than six months implies chronic infection. It is the most common marker used for diagnosis of an acute Hepatitis B infection but has very limited role in assessing patients suffering from chronic hepatitis.

FALSE NEGATIVE RESULT SEEN IN:

- 1. Window period.
- 2.Infection with HBsAg mutant strains
- 3. Hepatitis B Surface antigen (HBsAg) is the earliest indicator of HBV infection. Usually it appears in 27 41 days (as early as 14 days).
- 4.Appears 7 26 days before biochemical abnormalities. Peaks as ALT rises. Persists during the acute illness. Usually disappears 12-20 weeks after the onset of symptoms / laboratory abnormalities in 90% of cases.
- 5.Is the most reliable serologic marker of HBV infection. Persistence > 6 months defines carrier state. May also be found in chronic infection. Hepatitis B vaccination does not cause a positive HBsAq. Titers are not of clinical value.

NOTE:-

- 1.All reactive HBsAG Should be reconfirmed with neutralization test(HBsAg confirmatory test).
- 2.Anti HAV IgM appears at the same time as symptoms in > 99% of cases, peaks within the first month, becomes nondetectable in 12 months (usually 6 months). Presence confirms diagnosis of recent acute infection.

*** End Of Report ***



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