



# PKR JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

## A PIONEER DIAGNOSTIC CENTRE

☎ 0171-2532620, 8222896961 ✉ pkrjainhealthcare@gmail.com

TEST PERFORMED AT: KOS DIAGNOSTIC LAB, AMBALA CANTT.

<b>NAME</b>	: Mr. VINAY KUMAR	<b>PATIENT ID</b>	: 1562241
<b>AGE/ GENDER</b>	: 30 YRS/MALE	<b>REG. NO./LAB NO.</b>	: 122407270014
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 27/Jul/2024 11:41 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 27/Jul/2024 11:55AM
<b>BARCODE NO.</b>	: 12503841	<b>REPORTING DATE</b>	: 27/Jul/2024 12:49PM
<b>CLIENT CODE.</b>	: P.K.R JAIN HEALTHCARE INSTITUTE		
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Test Name	Value	Unit	Biological Reference interval
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### HAEMATOLOGY

#### COMPLETE BLOOD COUNT (CBC)

##### RED BLOOD CELLS (RBCS) COUNT AND INDICES

HAEMOGLOBIN (HB) <i>by CALORIMETRIC</i>	12.1	gm/dL	12.0 - 17.0
RED BLOOD CELL (RBC) COUNT <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	4.19	Millions/cmm	3.50 - 5.00
<b>PACKED CELL VOLUME (PCV)</b> <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	<b>36.4<sup>L</sup></b>	%	<b>40.0 - 54.0</b>
MEAN CORPUSCULAR VOLUME (MCV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	86.7	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	28.9	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	33.3	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	13	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	42.9	fL	35.0 - 56.0
MENTZERS INDEX <i>by CALCULATED</i>	20.69	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX <i>by CALCULATED</i>	26.92	RATIO	BETA THALASSEMIA TRAIT: < = 65.0 IRON DEFICIENCY ANEMIA: > 65.0


##### WHITE BLOOD CELLS (WBCS)


TOTAL LEUCOCYTE COUNT (TLC) <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	5680	/cmm	4000 - 11000
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##### DIFFERENTIAL LEUCOCYTE COUNT (DLC)

NEUTROPHILS <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	56	%	50 - 70
LYMPHOCYTES <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	34	%	20 - 40
EOSINOPHILS	3	%	1 - 6



  
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<i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>			
MONOCYTES	7	%	2 - 12
<i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>			
BASOPHILS	0	%	0 - 1
<i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>			
<b><u>ABSOLUTE LEUKOCYTES (WBC) COUNT</u></b>			
ABSOLUTE NEUTROPHIL COUNT	3181	/cmm	2000 - 7500
<i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>			
ABSOLUTE LYMPHOCYTE COUNT	1931 <sup>L</sup>	/cmm	800 - 4900
<i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>			
ABSOLUTE EOSINOPHIL COUNT	170	/cmm	40 - 440
<i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>			
ABSOLUTE MONOCYTE COUNT	398	/cmm	80 - 880
<i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>			
ABSOLUTE BASOPHIL COUNT	0	/cmm	0 - 110
<i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>			
<b><u>PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.</u></b>			
<b>PLATELET COUNT (PLT)</b>	114000 <sup>L</sup>	/cmm	150000 - 450000
<i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>			
PLATELET CRIT (PCT)	0.15	%	0.10 - 0.36
<i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>			
<b>MEAN PLATELET VOLUME (MPV)</b>	13 <sup>H</sup>	fL	6.50 - 12.0
<i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>			
PLATELET LARGE CELL COUNT (P-LCC)	56000	/cmm	30000 - 90000
<i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>			
<b>PLATELET LARGE CELL RATIO (P-LCR)</b>	49.4 <sup>H</sup>	%	11.0 - 45.0
<i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>			
PLATELET DISTRIBUTION WIDTH (PDW)	16.5	%	15.0 - 17.0
<i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>			
NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD			



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### CLINICAL CHEMISTRY/BIOCHEMISTRY

#### LIVER FUNCTION TEST (COMPLETE)

BILIRUBIN TOTAL: SERUM <i>by DIAZOTIZATION, SPECTROPHOTOMETRY</i>	0.44	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (CONJUGATED): SERUM <i>by DIAZO MODIFIED, SPECTROPHOTOMETRY</i>	0.13	mg/dL	0.00 - 0.40
BILIRUBIN INDIRECT (UNCONJUGATED): SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	0.31	mg/dL	0.10 - 1.00
SGOT/AST: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	21.48	U/L	7.00 - 45.00
SGPT/ALT: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	34.18	U/L	0.00 - 49.00
AST/ALT RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	0.63	RATIO	0.00 - 46.00
ALKALINE PHOSPHATASE: SERUM <i>by PARA NITROPHENYL PHOSPHATASE BY AMINO METHYL PROPANOL</i>	116.14	U/L	40.0 - 130.0
<b>GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM</b> <i>by SZASZ, SPECTROPHOTOMETRY</i>	<b>94.86<sup>H</sup></b>	<b>U/L</b>	<b>0.00 - 55.0</b>
TOTAL PROTEINS: SERUM <i>by BIURET, SPECTROPHOTOMETRY</i>	7.12	gm/dL	6.20 - 8.00
ALBUMIN: SERUM <i>by BROMOCRESOL GREEN</i>	4.55	gm/dL	3.50 - 5.50
GLOBULIN: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	2.57	gm/dL	2.30 - 3.50
A : G RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	1.77	RATIO	1.00 - 2.00

#### INTERPRETATION

**NOTE:- To be correlated in individuals having SGOT and SGPT values higher than Normal Reference 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



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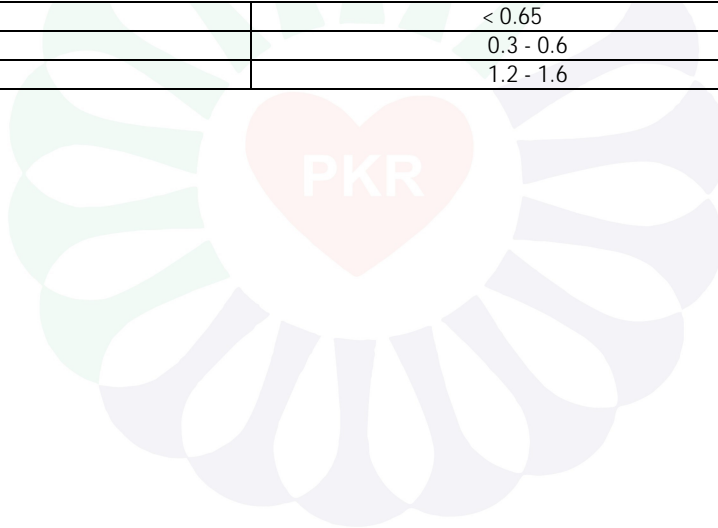
Test Name	Value	Unit	Biological Reference interval
INTRAHEPATIC CHOLESTATIS		> 1.5	
HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS		> 1.3 (Slightly Increased)	


**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).

**PROGNOSTIC SIGNIFICANCE:**

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



  
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### KIDNEY FUNCTION TEST (BASIC)

UREA: SERUM <i>by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)</i>	25.37	mg/dL	10.00 - 50.00
CREATININE: SERUM <i>by ENZYMATIC, SPECTROPHOTOMETRY</i>	0.69	mg/dL	0.40 - 1.40
BLOOD UREA NITROGEN (BUN): SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	11.86	mg/dL	7.0 - 25.0
BLOOD UREA NITROGEN (BUN)/CREATININE RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	17.19	RATIO	10.0 - 20.0
UREA/CREATININE RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	36.77	RATIO	
URIC ACID: SERUM <i>by URICASE - OXIDASE PEROXIDASE</i>	5.15	mg/dL	3.60 - 7.70



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**INTERPRETATION:**

Normal range for a healthy person on normal diet: 12 - 20

To Differentiate between pre- and postrenal 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 hemorrhage.

4.High protein intake.

5.Impaired renal function plus .

6.Excess protein intake or production or tissue breakdown (e.g. infection, GI bleeding, thyrotoxicosis, Cushings syndrome, high protein diet, burns,surgery, cachexia, high fever).

7.Urine reabsorption (e.g. ureterocolostomy)

8.Reduced muscle mass (subnormal creatinine production)

9.Certain drugs (e.g. tetracycline, glucocorticoids)

**INCREASED RATIO (>20:1) WITH ELEVATED CREATININE LEVELS:**

1.Postrenal azotemia (BUN rises disproportionately more than creatinine) (e.g. obstructive uropathy).

2.Prerenal azotemia superimposed on renal disease.

**DECREASED RATIO (<10:1) WITH DECREASED BUN :**

1.Acute tubular necrosis.

2.Low protein diet and starvation.

3.Severe liver disease.

4.Other causes of decreased urea synthesis.

5.Repeated dialysis (urea rather than creatinine diffuses out of extracellular fluid).

6.Inherited hyperammonemias (urea is virtually absent in blood).

7.SIADH (syndrome of inappropriate antidiuretic hormone) due to tubular secretion of urea.

8.Pregnancy.

**DECREASED RATIO (<10:1) WITH INCREASED CREATININE:**

1.Phenacimide therapy (accelerates conversion of creatine to creatinine).

2.Rhabdomyolysis (releases muscle creatinine).

3.Muscular patients who develop renal failure.

**INAPPROPRIATE RATIO:**

1.Diabetic ketoacidosis (acetoacetate causes false increase in creatinine with certain methodologies,resulting in normal ratio when dehydration should produce an increased BUN/creatinine ratio).

2.Cephalosporin therapy (interferes with creatinine measurement).

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



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