A PIONEER DIAGNOSTIC CENTRE

【 0171-2532620, 8222896961 🛛 🖾 pkrjainhealthcare@gmail.com

NAME	: Mr. SAHIL			
AGE/ GENDER	: 23 YRS/MALE		PATIENT ID	: 1594983
COLLECTED BY			REG. NO./LAB NO.	: 122408290004
<b>REFERRED BY</b>			<b>REGISTRATION DATE</b>	: 29/Aug/2024 08:25 AM
BARCODE NO.	: 12504359		<b>COLLECTION DATE</b>	: 29/Aug/2024 01:42PM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTITU	JTE	<b>REPORTING DATE</b>	: 29/Aug/2024 01:44PM
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBA	LA CITY - H	ARYANA	
Test Name		Value	Unit	Biological Reference interval
		HAEN	MATOLOGY	
	CON	/IPLETE B	LOOD COUNT (CBC)	
RED BLOOD CELLS (R	BCS) COUNT AND INDICES			
HAEMOGLOBIN (HB) by CALORIMETRIC		14.9	gm/dL	12.0 - 17.0
RED BLOOD CELL (RE		4.64	Millions/	cmm 3.50 - 5.00
by HYDRO DYNAMIC F PACKED CELL VOLUN	OCUSING, ELECTRICAL IMPEDENCE	42.5	%	40.0 - 54.0
	UTOMATED HEMATOLOGY ANALYZER	42.5		-0.0 - 01.0
MEAN CORPUSCULA		91.6	fL	80.0 - 100.0
-	UTOMATED HEMATOLOGY ANALYZER R HAEMOGLOBIN (MCH)	32	pg	27.0 - 34.0
	UTOMATED HEMATOLOGY ANALYZER	52	P9	27.0 01.0
	R HEMOGLOBIN CONC. (MCHC)	34.9	g/dL	32.0 - 36.0
	ION WIDTH (RDW-CV)	13.4	%	11.00 - 16.00
by CALCULATED BY A	UTOMATED HEMATOLOGY ANALYZER			
	ION WIDTH (RDW-SD) UTOMATED HEMATOLOGY ANALYZER	46.5	fL	35.0 - 56.0
MENTZERS INDEX	or owner and the war of oor a war in the	19.74	RATIO	BETA THALASSEMIA TRAIT: < 13.
by CALCULATED				IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDE	Х	26.36	RATIO	BETA THALASSEMIA TRAIT:<= 65
by CALCULATED WHITE BLOOD CELLS	S (WBCS)			IRON DEFICIENCY ANEMIA: > 65.
TOTAL LEUCOCYTE C		7230	/cmm	4000 - 11000
by FLOW CYTOMETRY	BY SF CUBE & MICROSCOPY			
DIFFERENTIAL LEUCO	<u> DCYTE COUNT (DLC)</u>			
NEUTROPHILS		52	%	50 - 70
by FLOW CYTOMETRY LYMPHOCYTES	Y BY SF CUBE & MICROSCOPY	39	%	20 - 40
	Y BY SF CUBE & MICROSCOPY	07	70	20 10
EOSINOPHILS		3	%	1 - 6
by FLOW CYTOMETRY	Y BY SF CUBE & MICROSCOPY			

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440 Dated 17.5.2012 u/s 80 G OF INCOME TAX ACT. PAN NO. AAAAP1600. **REPORT ATTRACTS THE CONDITIONS PRINTED OVERLEAF (P.T.O.)** 



TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT

**NOT VALID FOR MEDICO LEGAL PURPOSE** 

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CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBA			
	, , .			
Test Name		Value	Unit	Biological Reference interval
MONOCYTES		6	%	2 - 12
by FLOW CYTOMETRY BASOPHILS	Y BY SF CUBE & MICROSCOPY	0	%	0 - 1
	' BY SF CUBE & MICROSCOPY	0	70	0-1
ABSOLUTE LEUKOCY	TES (WBC) COUNT			
ABSOLUTE NEUTROP	PHIL COUNT	3760	/cmm	2000 - 7500
by FLOW CYTOMETRY	BY SF CUBE & MICROSCOPY			
ABSOLUTE LYMPHOC		2820 <sup>L</sup>	/cmm	800 - 4900
	Y BY SF CUBE & MICROSCOPY	017	1	40, 440
	HIL COUNT Y BY SF CUBE & MICROSCOPY	217	/cmm	40 - 440
ABSOLUTE MONOCY		434	/cmm	80 - 880
	Y BY SF CUBE & MICROSCOPY			
ABSOLUTE BASOPHIL		0	/cmm	0 - 110
-	Y BY SF CUBE & MICROSCOPY			
PLATELETS AND OTH	IER PLATELET PREDICTIVE MARKEI	<u>RS.</u>		
PLATELET COUNT (PL		253000	/cmm	150000 - 450000
-	OCUSING, ELECTRICAL IMPEDENCE			
PLATELETCRIT (PCT)		0.23	%	0.10 - 0.36
MEAN PLATELET VOL	OCUSING, ELECTRICAL IMPEDENCE	9	fL	6.50 - 12.0
	OCUSING, ELECTRICAL IMPEDENCE	9	IL	0.50 - 12.0
PLATELET LARGE CEL	L COUNT (P-LCC)	51000	/cmm	30000 - 90000
-	OCUSING, ÈLECTRICAL IMPEDENCE			
PLATELET LARGE CEL		20.3	%	11.0 - 45.0
-		14	%	15.0 17.0
PLATELET DISTRIBUT	ION WIDTH (PDW) OCUSING, ELECTRICAL IMPEDENCE	16	γо	15.0 - 17.0
-	CTED ON EDTA WHOLE BLOOD			





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P.K.R JAIN HEALTHCARE INS	TITUTE <b>REP</b>	DRTING DATE		
NASIRPUR, HISSAR ROAD, A	MBALA CITY - HARYAN	A		
	Valuo	Unit	Biological Reference interval	
	value	onit		
CLIN	ICAL CHEMISTRY		<i>,</i>	
PLASMA PEROXIDASE (GOD-POD)	111.01 <sup>H</sup>	mg/dL	NORMAL: < 100.0 PREDIABETIC: 100.0 - 125.0 DIABETIC: > 0R = 126.0	
	P.K.R JAIN HEALTHCARE INS NASIRPUR, HISSAR ROAD, AI CLIN PLASMA	REGI 12504359 COLI P.K.R JAIN HEALTHCARE INSTITUTE REPO NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYAN Value CLINICAL CHEMISTRY GLUCOSE FAS PLASMA 111.01 <sup>H</sup>	P.K.R JAIN HEALTHCARE INSTITUTE <b>REPORTING DATE</b> NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA Value Unit CLINICAL CHEMISTRY/BIOCHEMISTRY GLUCOSE FASTING (F) PLASMA 111.01 <sup>H</sup> mg/dL	

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.
 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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: Mr. SAHIL

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Test Name		Value	Unit	Biological Reference interval			
	LIV	ER FUNCTIO	N TEST (COMPLETE)				
BILIRUBIN TOTAL: SI by diazotization, sf	ERUM PECTROPHOTOMETRY	0.94	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20			
	CONJUGATED): SERUM	0.42 <sup>H</sup>	mg/dL	0.00 - 0.40			
	(UNCONJUGATED): SERUM	0.52	mg/dL	0.10 - 1.00			
SGOT/AST: SERUM	RIDOXAL PHOSPHATE	22.4	U/L	7.00 - 45.00			
SGPT/ALT: SERUM	RIDOXAL PHOSPHATE	38.61	KR U/L	0.00 - 49.00			
AST/ALT RATIO: SER by CALCULATED, SPE	UM	0.58	RATIO	0.00 - 46.00			
ALKALINE PHOSPHA		62.25	U/L	40.0 - 130.0			
	TRANSFERASE (GGT): SERUM	39.62	U/L	0.00 - 55.0			
TOTAL PROTEINS: SE	RUM	6.34	gm/dL	6.20 - 8.00			
ALBUMIN: SERUM by BROMOCRESOL G	REEN	4.24	gm/dL	3.50 - 5.50			
GLOBULIN: SERUM	ECTROPHOTOMETRY	2.1 <sup>L</sup>	gm/dL	2.30 - 3.50			
A : G RATIO: SERUM by CALCULATED, SPI		2.02 <sup>H</sup>	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
HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS	> 1.3 (Slightly Increased)





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

#### **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 ADDRESS	: NASIRPUR, HISSAR ROAD, AM	IBALA CITY - H	IARYANA		
Test Name		Value	l	Jnit	Biological Reference interval
			UREA		
UREA: SERUM <i>by UREASE - GLUTAM</i>	ATE DEHYDROGENASE (GLDH)	21.92	r	ng/dL	10.00 - 50.00



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CLIENT CODE.	: P.K.R JAIN HEALTHCARE IN	ISTITUTE <b>RE</b>	PORTING DATE	: 29/Aug/2024 03:36PM
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, A	AMBALA CITY - HARYA	NA	
Test Name		Value	Unit	Biological Reference interval
	IN	MUNOPATHOL	OGY/SEROLOGY	
		C-REACTIVE PR	OTEIN (CRP)	
C-REACTIVE PROTEII SERUM by NEPHLOMETRY INTERPRETATION:	N (CRP) QUANTITATIVE:	2.32	mg/L	0.0 - 6.0
<ol> <li>C-reactive protein</li> <li>CRP levels can incr proliferation.</li> <li>CRP levels (Quanti rejection, and to mor</li> <li>As compared to ES</li> </ol>	tative) has been used to assess hitor these inflammatory proces R, CRP shows an earlier rise in i	more) after severe tra activity of inflammato sses. Inflammatory disorder	uma, bacterial infection ry disease, to detect inf s which begins in 4-6 hr	n, inflammation, surgery, or neoplastic fections after surgery, to detect transplant rs, the intensity of the rise being higher than conditions like Anomia, Polycythomia atc

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 interva
		CLINICAL PA	ATHOLOGY	
	URINE RC	OUTINE & MICR	OSCOPIC EXAMINAT	ION
PHYSICAL EXAMINA	TION			
QUANTITY RECIEVE		30	ml	
	TANCE SPECTROPHOTOMETRY			
COLOUR	TANCE SPECTROPHOTOMETRY	PALE YELLOV	V	PALE YELLOW
TRANSPARANCY		HAZY		CLEAR
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY				
SPECIFIC GRAVITY		1.02		1.002 - 1.030
	TANCE SPECTROPHOTOMETRY			
CHEMICAL EXAMINA	ATION			
REACTION		ACIDIC		
PROTEIN	TANCE SPECTROPHOTOMETRY	NEGATIVE (-\		NEGATIVE (-ve)
	TANCE SPECTROPHOTOMETRY	NEOATIVE (-	(6)	NEGATIVE (-ve)
SUGAR		NEGATIVE (-\	/e)	NEGATIVE (-ve)
by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY			
рН		5.5		5.0 - 7.5
•	TANCE SPECTROPHOTOMETRY			
BILIRUBIN	TANCE SPECTROPHOTOMETRY	NEGATIVE (-\	ie)	NEGATIVE (-ve)
NITRITE		NEGATIVE (-\	ve)	NEGATIVE (-ve)
by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY.		,	- ( /
UROBILINOGEN		NOT DETECT	ED EU/dL	0.2 - 1.0
•	TANCE SPECTROPHOTOMETRY			
KETONE BODIES	TANCE SPECTROPHOTOMETRY	NEGATIVE (-\	/e)	NEGATIVE (-ve)
BLOOD		2+		NEGATIVE (-ve)
	TANCE SPECTROPHOTOMETRY			
ASCORBIC ACID		NEGATIVE (-\	/e)	NEGATIVE (-ve)
by DIP STICK/REFLEC MICROSCOPIC EXAN	TANCE SPECTROPHOTOMETRY			



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Test Name		Value	Unit	Biological Reference interval
RED BLOOD CELLS (RBCs) by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT		8-10	/HPF	0 - 3
PUS CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT		3-4	/HPF	0 - 5
EPITHELIAL CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT		2-4	/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		NEGATIVE (-ve)		NEGATIVE (-ve)

by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT OTHERS

by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT TRICHOMONAS VAGINALIS (PROTOZOA)

by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT

\*\*\* End Of Report

**NEGATIVE** (-ve)

ABSENT





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NEGATIVE (-ve)

ABSENT