# P K R 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.

| | | | |
|---|---|---|---|
| **NAME** | **: Mrs. MANPREET KAUR** | | |
| **AGE/ GENDER** | : 25 YRS/FEMALE | **PATIENT ID** | : 1608188 |
| **COLLECTED BY** | : | **REG. NO./LAB NO.** | **: 122409100025** |
| **REFERRED BY** | : | **REGISTRATION DATE** | : 10/Sep/2024 11:39 AM |
| **BARCODE NO.** | : 12504607 | **COLLECTION DATE** | : 10/Sep/2024 11:53AM |
| **CLIENT CODE.** | : P.K.R JAIN HEALTHCARE INSTITUTE | **REPORTING DATE** | : 10/Sep/2024 02:04PM |
| **CLIENT ADDRESS** | : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA | | |

## HAEMATOLOGY

### COMPLETE BLOOD COUNT (CBC)

| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|
| **RED BLOOD CELLS (RBCS) COUNT AND INDICES** | | | |
| **HAEMOGLOBIN (HB)** *by CALORIMETRIC* | **8.2L** | **gm/dL** | **12.0 - 16.0** |
| **RED BLOOD CELL (RBC) COUNT** *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE* | **2.92L** | **Millions/cmm** | **3.50 - 5.00** |
| **PACKED CELL VOLUME (PCV)** *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER* | **24.5L** | **%** | **37.0 - 50.0** |
| MEAN CORPUSCULAR VOLUME (MCV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER* | 83.7 | fL | 80.0 - 100.0 |
| MEAN CORPUSCULAR HAEMOGLOBIN (MCH) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER* | 28.1 | pg | 27.0 - 34.0 |
| 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* | 15.6 | % | 11.00 - 16.00 |
| RED CELL DISTRIBUTION WIDTH (RDW-SD) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER* | 50 | fL | 35.0 - 56.0 |
| MENTZERS INDEX *by CALCULATED* | 28.66 | RATIO | BETA THALASSEMIA TRAIT: < 13.0<br>IRON DEFICIENCY ANEMIA: >13.0 |
| GREEN & KING INDEX *by CALCULATED* | 44.74 | RATIO | BETA THALASSEMIA TRAIT:<= 65.0<br>IRON DEFICIENCY ANEMIA: > 65.0 |
| **WHITE BLOOD CELLS (WBCS)** | | | |
| TOTAL LEUCOCYTE COUNT (TLC) *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 6120 | /cmm | 4000 - 11000 |
| **DIFFERENTIAL LEUCOCYTE COUNT (DLC)** | | | |
| NEUTROPHILS *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 70 | % | 50 - 70 |
| **LYMPHOCYTES** *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | **17L** | **%** | **20 - 40** |
| EOSINOPHILS *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 6 | % | 1 - 6 |

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
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| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|
| MONOCYTES<br>*by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 7 | % | 2 - 12 |
| BASOPHILS<br>*by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 0 | % | 0 - 1 |
| **ABSOLUTE LEUKOCYTES (WBC) COUNT** | | | |
| ABSOLUTE NEUTROPHIL COUNT<br>*by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 4284 | /cmm | 2000 - 7500 |
| ABSOLUTE LYMPHOCYTE COUNT<br>*by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 1040 | /cmm | 800 - 4900 |
| ABSOLUTE EOSINOPHIL COUNT<br>*by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 367 | /cmm | 40 - 440 |
| ABSOLUTE MONOCYTE COUNT<br>*by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 428 | /cmm | 80 - 880 |
| ABSOLUTE BASOPHIL COUNT<br>*by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 0 | /cmm | 0 - 110 |
| **PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.** | | | |
| PLATELET COUNT (PLT)<br>*by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE* | 172000 | /cmm | 150000 - 450000 |
| PLATELETCRIT (PCT)<br>*by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE* | 0.2 | % | 0.10 - 0.36 |
| MEAN PLATELET VOLUME (MPV)<br>*by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE* | 11 | fL | 6.50 - 12.0 |
| PLATELET LARGE CELL COUNT (P-LCC)<br>*by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE* | 63000 | /cmm | 30000 - 90000 |
| PLATELET LARGE CELL RATIO (P-LCR)<br>*by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE* | 36.3 | % | 11.0 - 45.0 |
| PLATELET DISTRIBUTION WIDTH (PDW)<br>*by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE* | 16 | % | 15.0 - 17.0 |

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

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|---|---|---|---|

## BLOOD GROUP (ABO) AND RH FACTOR TYPING

| | | | |
|---|---|---|---|
| ABO GROUP<br>*by SLIDE AGGLUTINATION* | O | | |
| RH FACTOR TYPE<br>*by SLIDE AGGLUTINATION* | POSITIVE | | |

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## CLINICAL CHEMISTRY/BIOCHEMISTRY

### GLUCOSE RANDOM (R)

| | | | |
|---|---|---|---|
| GLUCOSE RANDOM (R): PLASMA<br>*by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)* | 95.44 | mg/dL | NORMAL: < 140.00<br>PREDIABETIC: 140.0 - 200.0<br>DIABETIC: > 0R = 200.0 |

***INTERPRETATION***

**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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## ENDOCRINOLOGY

### THYROID STIMULATING HORMONE (TSH)

| | | | |
|---|---|---|---|
| THYROID STIMULATING HORMONE (TSH): SERUM | 1.05 | µIU/mL | 0.35 - 5.50 |

*by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)*

**3rd GENERATION, ULTRASENSITIVE**

***INTERPRETATION:***

| AGE | REFFERENCE RANGE (µIU/mL) |
|---|---|
| 0 – 5 DAYS | 0.70 – 15.20 |
| 6 Days – 2 Months | 0.70 – 11.00 |
| 3 – 11 Months | 0.70 – 8.40 |
| 1 – 5 Years | 0.70 – 7.00 |
| 6 – 10 Years | 0.60 – 5.50 |
| 11 - 15 | 0.50 – 5.50 |
| > 20 Years (Adults) | 0.27 – 5.50 |
| ***PREGNANCY*** | |
| 1st Trimester | 0.10 - 3.00 |
| 2nd Trimester | 0.20 - 3.00 |
| 3rd Trimester | 0.30 - 4.10 |

**NOTE:-*TSH levels are subjected to circardian variation, reaching peak levels between 2-4 a.m and at a minimum between 6-10 pm. The variation is of the order of 50 %. Hence time of the day has influence on the measured serum TSH concentration.***

**USE**:- TSH controls biosynthesis and release of thyroid harmones T4 & T3. It is a sensitive measure of thyroid function, especially useful in early or subclinical hypothyroidism, before the patient develops any clinical findings or goitre or any other thyroid function abnormality.

**INCREASED LEVELS:**

1.Primary or untreated hypothyroidism, may vary from 3 times to more than 100 times normal depending on degree of hypofunction.
2.Hypothyroid patients receiving insufficient thyroid replacement therapy.
3.Hashimotos thyroiditis.
4.DRUGS: Amphetamines, Iodine containing agents and dopamine antagonist.
5.Neonatal period, increase in 1st 2-3 days of life due to post-natal surge.

**DECREASED LEVELS:**

1.Toxic multi-nodular goitre & Thyroiditis.
2.Over replacement of thyroid harmone in treatment of hypothyroidism.
3.Autonomously functioning Thyroid adenoma
4.Secondary pituatary or hypothalmic hypothyroidism
5.Acute psychiatric illness
6.Severe dehydration.

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7.DRUGS: Glucocorticoids, Dopamine, Levodopa, T4 replacement therapy, Anti-thyroid drugs for thyrotoxicosis.
8.Pregnancy: 1st and 2nd Trimester

**LIMITATIONS:**

1.TSH may be normal in central hypothyroidism, recent rapid correction of hyperthyroidism or hypothyroidism, pregnancy, phenytoin therapy.
2.Autoimmune disorders may produce spurious results.

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## IMMUNOPATHOLOGY/SEROLOGY

### HEPATITIS C VIRUS (HCV) ANTIBODIES SCREENING

| | | | |
|---|---|---|---|
| HEPATITIS C ANTIBODY (HCV) TOTAL RESULT<br>*by IMMUNOCHROMATOGRAPHY* | NON - REACTIVE | | |

***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:-***

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.

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
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## HEPATITIS B SURFACE ANTIGEN (HBsAg) SCREENING

| | | | |
|---|---|---|---|
| HEPATITIS B SURFACE ANTIGEN (HBsAg) RESULT<br>*by IMMUNOCHROMATOGRAPHY* | NON - REACTIVE | | |

***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 HBsAg 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 HBsAg. 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.

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| **VDRL** | | | |
| VDRL<br>*by IMMUNOCHROMATOGRAPHY* | NON - REACTIVE | | NON REACTIVE |

***INTERPRETATION:***

1.Does not become positive until 7 - 10 days after appearance ofchancre.
2.***High titer (>1:16) - active disease.***
3.***Low titer (<1:8) - biological falsepositive test in 90% cases or due to late or late latent syphillis.***
4.Treatment of primary syphillis causes progressive decline tonegative VDRL within 2 years.
5.Rising titer (4X) indicates relapse,reinfection, or treatment failure and need for retreatment.
6.May benonreactive in early primary, late latent, and late syphillis (approx. 25% ofcases).
***7.Reactive and weakly reactive tests should always be confirmedwith FTA-ABS (fluorescent treponemal antibody absorptiontest).***

**SHORTTERM FALSE POSITIVE TEST RESULTS (<6 MONTHS DURATION) MAY OCCURIN:**

1.Acute viral illnesses (e.g., hepatitis, measles, infectious mononucleosis)
2.M. pneumoniae; Chlamydia; Malaria infection.
3.Some immunizations
4.Pregnancy (rare)

**LONGTERM FALSE POSITIVE TEST RESULTS (>6 MONTHS DURATION) MAY OCCUR IN:**

1.Serious underlying disease e.g., collagen vascular diseases, leprosy ,malignancy.
2.Intravenous drug users.
3.Rheumatoid arthritis, thyroiditis, AIDS, Sjogren's syndrome.
4.<l0 % of patients older thanage 70 years.
5.Patients taking some anti-hypertensive drugs.

*** End Of Report ***

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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MBBS , MD (PATHOLOGY)