



P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

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

| | | | |
|-----------------------|--|--------------------------|------------------------|
| NAME | : Master. KASHI | PATIENT ID | : 1612714 |
| AGE/ GENDER | : 5 YRS/MALE | REG. NO./LAB NO. | : 122409140012 |
| COLLECTED BY | : | REGISTRATION DATE | : 14/Sep/2024 10:16 AM |
| REFERRED BY | : | COLLECTION DATE | : 14/Sep/2024 11:06AM |
| BARCODE NO. | : 12504689 | REPORTING DATE | : 14/Sep/2024 01:13PM |
| CLIENT CODE. | : P.K.R JAIN HEALTHCARE INSTITUTE | | |
| 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) <i>by CALORIMETRIC</i> | 12.3 | gm/dL | 12.0 - 16.0 |
| RED BLOOD CELL (RBC) COUNT <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 4.44 | Millions/cmm | 3.50 - 5.50 |
| PACKED CELL VOLUME (PCV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 34.3 ^L | % | 35.0 - 49.0 |
| MEAN CORPUSCULAR VOLUME (MCV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 77.2 ^L | fL | 80.0 - 100.0 |
| MEAN CORPUSCULAR HAEMOGLOBIN (MCH) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 27.8 | pg | 27.0 - 34.0 |
| MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 36 | g/dL | 32.0 - 36.0 |
| RED CELL DISTRIBUTION WIDTH (RDW-CV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 13.7 | % | 11.00 - 16.00 |
| RED CELL DISTRIBUTION WIDTH (RDW-SD) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 41.6 | fL | 35.0 - 56.0 |
| MENTZERS INDEX <i>by CALCULATED</i> | 17.39 | RATIO | BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0 |
| GREEN & KING INDEX <i>by CALCULATED</i> | 23.9 | 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 & MICROSCOPY</i> | 6470 | /cmm | 5000 - 15000 |
|---|------|------|--------------|

DIFFERENTIAL LEUCOCYTE COUNT (DLC)

| | | | |
|---|----|---|---------|
| NEUTROPHILS <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 50 | % | 50 - 70 |
| LYMPHOCYTES <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 42 | % | 20 - 45 |
| EOSINOPHILS <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | 2 | % | 1 - 6 |




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| MONOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 6 | % | 3 - 12 |
| BASOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 0 | % | 0 - 1 |
| <u>ABSOLUTE LEUKOCYTES (WBC) COUNT</u> | | | |
| ABSOLUTE NEUTROPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 3235 | /cmm | 2000 - 7500 |
| ABSOLUTE LYMPHOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 2717 ^L | /cmm | 800 - 4900 |
| ABSOLUTE EOSINOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 129 | /cmm | 40 - 440 |
| ABSOLUTE MONOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 388 | /cmm | 80 - 880 |
| ABSOLUTE BASOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 0 | /cmm | 0 - 110 |
| <u>PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.</u> | | | |
| PLATELET COUNT (PLT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | 241000 | /cmm | 150000 - 450000 |
| PLATELET CRIT (PCT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | 0.21 | % | 0.10 - 0.36 |
| MEAN PLATELET VOLUME (MPV) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | 9 | fL | 6.50 - 12.0 |
| PLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | 45000 | /cmm | 30000 - 90000 |
| PLATELET LARGE CELL RATIO (P-LCR) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | 18.5 | % | 11.0 - 45.0 |
| PLATELET DISTRIBUTION WIDTH (PDW) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | 16 | % | 15.0 - 17.0 |
| NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD | | | |




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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

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CLINICAL CHEMISTRY/BIOCHEMISTRY

LIVER FUNCTION TEST (COMPLETE)

| | | | |
|--|-------------------|-------|---|
| BILIRUBIN TOTAL: SERUM <i>by DIAZOTIZATION, SPECTROPHOTOMETRY</i> | 0.31 | mg/dL | INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20 |
| BILIRUBIN DIRECT (CONJUGATED): SERUM <i>by DIAZO MODIFIED, SPECTROPHOTOMETRY</i> | 0.08 | mg/dL | 0.00 - 0.40 |
| BILIRUBIN INDIRECT (UNCONJUGATED): SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i> | 0.23 | mg/dL | 0.10 - 1.00 |
| SGOT/AST: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i> | 23.61 | U/L | 7.00 - 45.00 |
| SGPT/ALT: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i> | 12.75 | U/L | 0.00 - 49.00 |
| AST/ALT RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i> | 1.85 | RATIO | 0.00 - 46.00 |
| ALKALINE PHOSPHATASE: SERUM <i>by PARA NITROPHENYL PHOSPHATASE BY AMINO METHYL PROPANOL</i> | 207.24 | U/L | 50.00 - 370.00 |
| GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM <i>by SZASZ, SPECTROPHOTOMETRY</i> | 10.94 | U/L | 0.00 - 55.0 |
| TOTAL PROTEINS: SERUM <i>by BIURET, SPECTROPHOTOMETRY</i> | 6.48 | gm/dL | 6.20 - 8.00 |
| ALBUMIN: SERUM <i>by BROMOCRESOL GREEN</i> | 4.22 | gm/dL | 3.50 - 5.50 |
| GLOBULIN: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i> | 2.26 ^L | gm/dL | 2.30 - 3.50 |
| A : G RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i> | 1.87 | 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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| INTRAHEPATIC CHOLESTATIS | > 1.5 | | |
| HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS | > 1.3 (Slightly Increased) | | |


DECREASED:


- Acute Hepatitis due to virus, drugs, toxins (with AST increased 3 to 10 times upper limit of normal)
- Extra Hepatic cholestasis: 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 by UREASE - GLUTAMATE DEHYDROGENASE (GLDH) | 15.46 | mg/dL | 10.00 - 50.00 |
| CREATININE: SERUM by ENZYMATIC, SPECTROPHOTOMETRY | 0.51 | mg/dL | 0.40 - 1.40 |
| BLOOD UREA NITROGEN (BUN): SERUM by CALCULATED, SPECTROPHOTOMETRY | 7.22 | mg/dL | 7.0 - 25.0 |
| BLOOD UREA NITROGEN (BUN)/CREATININE RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY | 14.16 ^H | RATIO | 10.0 - 20.0 |
| UREA/CREATININE RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY | 30.31 | RATIO | |
| URIC ACID: SERUM by URICASE - OXIDASE PEROXIDASE | 3.53 ^L | 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).




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CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC EXAMINATION

PHYSICAL EXAMINATION


| | | | |
|--|-------------|----|---------------|
| QUANTITY RECIEVED | 30 | ml | |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| TRANSPARANCY | TURBID | | CLEAR |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| SPECIFIC GRAVITY | 1.01 | | 1.002 - 1.030 |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |


CHEMICAL EXAMINATION

| | | | |
|---|----------------|-------|----------------|
| REACTION | ACIDIC | | |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| PROTEIN | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| SUGAR | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| pH | 6.5 | | 5.0 - 7.5 |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| BILIRUBIN | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| NITRITE | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY. | | | |
| UROBILINOGEN | NOT DETECTED | EU/dL | 0.2 - 1.0 |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| KETONE BODIES | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| BLOOD | 2+ | | NEGATIVE (-ve) |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| ASCORBIC ACID | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |

MICROSCOPIC EXAMINATION




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| RED BLOOD CELLS (RBCs) by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT | 15-18 | /HPF | 0 - 3 |
| PUS CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT | 6-8 | /HPF | 0 - 5 |
| EPITHELIAL CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT | 2-3 | /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 by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| OTHERS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| TRICHOMONAS VAGINALIS (PROTOZOA) by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT | ABSENT | | ABSENT |

*** End Of Report ***




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