



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. MANJEET KAUR	PATIENT ID	: 1615638
AGE/ GENDER	: 51 YRS/FEMALE	REG. NO./LAB NO.	: 122409170002
COLLECTED BY	:	REGISTRATION DATE	: 17/Sep/2024 08:16 AM
REFERRED BY	:	COLLECTION DATE	: 17/Sep/2024 08:17 AM
BARCODE NO.	: 12504743	REPORTING DATE	: 17/Sep/2024 12:29 PM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTITUTE		
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA		

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) by CALORIMETRIC	10.9 ^L	gm/dL	12.0 - 16.0
RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	3.54	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	32.2 ^L	%	37.0 - 50.0
MEAN CORPUSCULAR VOLUME (MCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	90.9	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	30.7	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	33.8	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	13.7	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	46.5	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED	25.68	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX by CALCULATED	35.07	RATIO	BETA THALASSEMIA TRAIT: <= 65.0 IRON DEFICIENCY ANEMIA: > 65.0

WHITE BLOOD CELLS (WBCS)

TOTAL LEUCOCYTE COUNT (TLC) by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	4380	/cmm	4000 - 11000
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DIFFERENTIAL LEUCOCYTE COUNT (DLC)

NEUTROPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	68	%	50 - 70
LYMPHOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	24	%	20 - 40
EOSINOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	5	%	1 - 6



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MONOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	3	%	2 - 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	2978	/cmm	2000 - 7500
ABSOLUTE LYMPHOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	1051 ^L	/cmm	800 - 4900
ABSOLUTE EOSINOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	219	/cmm	40 - 440
ABSOLUTE MONOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	131	/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	165000	/cmm	150000 - 450000
PLATELETCRIT (PCT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	0.21	%	0.10 - 0.36
MEAN PLATELET VOLUME (MPV) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	13 ^H	fL	6.50 - 12.0
PLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	74000	/cmm	30000 - 90000
PLATELET LARGE CELL RATIO (P-LCR) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	44.7	%	11.0 - 45.0
PLATELET DISTRIBUTION WIDTH (PDW) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	16.4	%	15.0 - 17.0
NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD			




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CLINICAL CHEMISTRY/BIOCHEMISTRY

LIPID PROFILE : BASIC

CHOLESTEROL TOTAL: SERUM by CHOLESTEROL OXIDASE PAP	233.38 ^H	mg/dL	OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.0
TRIGLYCERIDES: SERUM by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)	255.65 ^H	mg/dL	OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199.0 HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0
HDL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION	38.02	mg/dL	LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 - 60.0 HIGH HDL: > OR = 60.0
LDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY	144.23 ^H	mg/dL	OPTIMAL: < 100.0 ABOVE OPTIMAL: 100.0 - 129.0 BORDERLINE HIGH: 130.0 - 159.0 HIGH: 160.0 - 189.0 VERY HIGH: > OR = 190.0
NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY	195.36 ^H	mg/dL	OPTIMAL: < 130.0 ABOVE OPTIMAL: 130.0 - 159.0 BORDERLINE HIGH: 160.0 - 189.0 HIGH: 190.0 - 219.0 VERY HIGH: > OR = 220.0
VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY	51.13 ^H	mg/dL	0.00 - 45.00
TOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY	722.41 ^H	mg/dL	350.00 - 700.00
CHOLESTEROL/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY	6.14 ^H	RATIO	LOW RISK: 3.30 - 4.40 AVERAGE RISK: 4.50 - 7.0 MODERATE RISK: 7.10 - 11.0 HIGH RISK: > 11.0




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LDL/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY	3.79 ^H	RATIO	LOW RISK: 0.50 - 3.0 MODERATE RISK: 3.10 - 6.0 HIGH RISK: > 6.0
TRIGLYCERIDES/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY	6.72 ^H	RATIO	3.00 - 5.00

INTERPRETATION:

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 NLA-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.
3. Low HDL levels are associated with increased risk for Atherosclerotic Cardiovascular disease (ASCVD) due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
4. NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), Chylomicron remnants) along with LDL-cholesterol as co-primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL.
5. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement




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CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC EXAMINATION

PHYSICAL EXAMINATION

QUANTITY RECIEVED	10	ml	
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
COLOUR	PALE YELLOW		PALE YELLOW
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
TRANSPARANCY	HAZY		CLEAR
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
SPECIFIC GRAVITY	1.02		1.002 - 1.030
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			


CHEMICAL EXAMINATION

REACTION	ACIDIC		
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
PROTEIN	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
SUGAR	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
pH	6		5.0 - 7.5
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
BILIRUBIN	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
NITRITE	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.			
UROBILINOGEN	Normal	EU/dL	0.2 - 1.0
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
KETONE BODIES	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
BLOOD	Negative		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) <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)	/HPF	0 - 3
PUS CELLS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	20-25	/HPF	0 - 5
EPITHELIAL CELLS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	6-10	/HPF	ABSENT
CRYSTALS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
CASTS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
BACTERIA <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
OTHERS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
TRICHOMONAS VAGINALIS (PROTOZOA) <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	ABSENT		ABSENT




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MICROBIOLOGY

CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: URINE

CULTURE AND SUSCEPTIBILITY: URINE

DATE OF SAMPLE

17-09-2024

SPECIMEN SOURCE

URINE

INCUBATION PERIOD

48 HOURS

by AUTOMATED BROTH CULTURE

GRAM STAIN

GRAM NEGATIVE (-ve)

by MICROSCOPY

CULTURE

POSITIVE (+ve)

by AUTOMATED BROTH CULTURE

ORGANISM

ESCHERICHIA COLI (E.COLI)

by AUTOMATED BROTH CULTURE

AEROBIC SUSCEPTIBILITY: URINE

AMOXICILLIN+CLAVULANIC ACID

INTERMEDIATE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8/4 µg/mL

AMPICILLIN

SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8 µg/mL

AMPICILLIN+SULBACTAM

SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8/4 µg/mL

CHLORAMPHENICOL

SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8 µg/mL

CIPROFLOXACIN

SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

DOXYCYCLINE

SENSITIVE



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by AUTOMATED BROTH MICRODILUTION, CLSI
Concentration: 4 µg/mL

NALIDIXIC ACID
by AUTOMATED BROTH MICRODILUTION, CLSI
Concentration: 16 µg/mL

RESISTANT

GENTAMICIN
by AUTOMATED BROTH MICRODILUTION, CLSI
Concentration: 16 µg/mL

SENSITIVE

NITROFURATOIN
by AUTOMATED BROTH MICRODILUTION, CLSI
Concentration: 16 µg/mL

INTERMEDIATE

NORFLOXACIN
by AUTOMATED BROTH MICRODILUTION, CLSI
Concentration: 4 µg/mL

SENSITIVE

MINOCYCLINE
by AUTOMATED BROTH MICRODILUTION, CLSI
Concentration: 4 µg/mL

SENSITIVE

TOBRAMYCIN
by AUTOMATED BROTH MICRODILUTION, CLSI
Concentration: 4 µg/mL

SENSITIVE

AMIKACIN
by AUTOMATED BROTH MICRODILUTION, CLSI
Concentration: 16 µg/mL

SENSITIVE


AZETREONAM
by AUTOMATED BROTH MICRODILUTION, CLSI
Concentration: 4 µg/mL


SENSITIVE

CEFAZOLIN
by AUTOMATED BROTH MICRODILUTION, CLSI
Concentration: 16 µg/mL

RESISTANT




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CEFIXIME

RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

CEFOXITIN

RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8 µg/mL

CEFTAZIDIME

SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

CEFTRIAXONE

SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

FOSFOMYCIN

SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 64 µg/mL

LEVOFLOXACIN

SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 2 µg/mL

NETLIMICIN SULPHATE

SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8 µg/mL

PIPERACILLIN+TAZOBACTAM

SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16/4 µg/mL

TICARCILLIN+CLAVULANIC ACID

SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16/2 µg/mL

TRIMETHOPRIM+SULPHAMETHAZOLE

SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 2/38 µg/mL

CEFIPIME

SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI



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Concentration: 2 µg/mL

DORIPENEM

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

SENSITIVE

IMIPINEM

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

SENSITIVE

MEROPENEM

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

SENSITIVE

COLISTIN

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 0.06 µg/mL

SENSITIVE

INTERPRETATION:

1. In urine culture and sensitivity, presence of more than 100,000 organism per mL in midstream sample of urine is considered clinically significant. However in symptomatic patients, a smaller number of bacteria (100 to 10000/mL) may signify infection.
2. Colony count of 100 to 10000/ mL indicate infection, if isolate from specimen obtained by suprapubic aspiration or "in-and-out" catheterization or from patients with indwelling catheters.

SUSCEPTIBILITY:

1. A test interpreted as **SENSITIVE** implies that infection due to isolate may be appropriately treated with the dosage of an antimicrobial agent recommended for that type of infection and infecting species, unless otherwise indicated..
2. A test interpreted as **INTERMEDIATE** implies that the "infection due to the isolate may be appropriately treated in body sites where the drugs are physiologically concentrated or when a high dosage of drug can be used".
3. A test interpreted as **RESISTANT** implies that the "isolates are not inhibited by the usually achievable concentration of the agents with normal dosage, schedule and/or fall in the range where specific microbial resistance mechanism are likely (e.g. beta-lactamases), and clinical efficacy has not been reliable in treatment studies.

CAUTION:

Conditions which can cause a false Negative culture:

1. Patient is on antibiotics. Please repeat culture post therapy.
2. Anaerobic bacterial infection.
3. Fastidious aerobic bacteria which are not able to grow on routine culture media.
4. Besides all these factors, at least in 25-40 % of cases there is no direct correlation between in vivo clinical picture.
5. Renal tuberculosis to be confirmed by AFB studies.

*** End Of Report ***



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