



# P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

**A PIONEER DIAGNOSTIC CENTRE**

☎ 0171-2532620, 8222896961

✉ pkrjainhealthcare@gmail.com

**NAME** : Mr. PAWAN SHARMA  
**AGE/ GENDER** : 52 YRS/MALE  
**COLLECTED BY** :  
**REFERRED BY** :  
**BARCODE NO.** : 12505140  
**CLIENT CODE.** : P.K.R JAIN HEALTHCARE INSTITUTE  
**CLIENT ADDRESS** : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

**PATIENT ID** : 1313413  
**REG. NO./LAB NO.** : 122410110001  
**REGISTRATION DATE** : 11/Oct/2024 08:48 AM  
**COLLECTION DATE** : 11/Oct/2024 09:19AM  
**REPORTING DATE** : 11/Oct/2024 10:49AM

| 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)<br>by CALORIMETRIC  | 14.3  | gm/dL        | 12.0 - 17.0   |
| RED BLOOD CELL (RBC) COUNT<br>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE              | 4.36  | Millions/cmm | 3.50 - 5.00   |
| PACKED CELL VOLUME (PCV)<br>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER                 | 40.1  | %            | 40.0 - 54.0   |
| MEAN CORPUSCULAR VOLUME (MCV)<br>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER            | 92.1  | fL           | 80.0 - 100.0  |
| MEAN CORPUSCULAR HAEMOGLOBIN (MCH)<br>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER       | 32.8  | pg           | 27.0 - 34.0   |
| MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC)<br>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER | 35.7  | g/dL         | 32.0 - 36.0   |
| RED CELL DISTRIBUTION WIDTH (RDW-CV)<br>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER     | 12.6  | %            | 11.00 - 16.00   |
| RED CELL DISTRIBUTION WIDTH (RDW-SD)<br>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER     | 45.1  | fL           | 35.0 - 56.0   |
| MENTZERS INDEX<br>by CALCULATED  | 21.12 | RATIO        | BETA THALASSEMIA TRAIT: < 13.0<br>IRON DEFICIENCY ANEMIA: >13.0   |
| GREEN & KING INDEX<br>by CALCULATED  | 26.62 | RATIO        | BETA THALASSEMIA TRAIT: <= 65.0<br>IRON DEFICIENCY ANEMIA: > 65.0 |

### WHITE BLOOD CELLS (WBCS)


|  |      |      |              |
|--|------|------|--------------|
| TOTAL LEUCOCYTE COUNT (TLC)<br>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 5630 | /cmm | 4000 - 11000 |
|--|------|------|--------------|

### DIFFERENTIAL LEUCOCYTE COUNT (DLC)

|  |                 |   |         |
|--|-----------------|---|---------|
| NEUTROPHILS<br>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 36 <sup>L</sup> | % | 50 - 70 |
| LYMPHOCYTES<br>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 47 <sup>H</sup> | % | 20 - 40 |
| EOSINOPHILS<br>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 7 <sup>H</sup>  | % | 1 - 6   |



  
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| MONOCYTES<br>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY                               | 10                | %    | 2 - 12                        |
| BASOPHILS<br>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY                               | 0                 | %    | 0 - 1                         |
| <b><u>ABSOLUTE LEUKOCYTES (WBC) COUNT</u></b>  |                   |      |                               |
| ABSOLUTE NEUTROPHIL COUNT<br>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY               | 2027              | /cmm | 2000 - 7500                   |
| ABSOLUTE LYMPHOCYTE COUNT<br>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY               | 2646              | /cmm | 800 - 4900                    |
| ABSOLUTE EOSINOPHIL COUNT<br>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY               | 394               | /cmm | 40 - 440                      |
| ABSOLUTE MONOCYTE COUNT<br>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY                 | 563               | /cmm | 80 - 880                      |
| ABSOLUTE BASOPHIL COUNT<br>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY                 | 0                 | /cmm | 0 - 110                       |
| <b><u>PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.</u></b>                       |                   |      |                               |
| PLATELET COUNT (PLT)<br>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE              | 154000            | /cmm | 150000 - 450000               |
| PLATELETCRIT (PCT)<br>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE                | 0.17              | %    | 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 | 53000             | /cmm | 30000 - 90000                 |
| PLATELET LARGE CELL RATIO (P-LCR)<br>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | 34.2              | %    | 11.0 - 45.0                   |
| PLATELET DISTRIBUTION WIDTH (PDW)<br>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | 17.1 <sup>H</sup> | %    | 15.0 - 17.0                   |
| NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD   |                   |      |                               |



  
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## CLINICAL CHEMISTRY/BIOCHEMISTRY

### TRIGLYCERIDES

**TRIGLYCERIDES: SERUM**  
by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)

276.91<sup>H</sup> mg/dL

**OPTIMAL:** < 150.0  
**BORDERLINE HIGH:** 150.0 - 199.0  
**HIGH:** 200.0 - 499.0  
**VERY HIGH:** > OR = 500.0

#### INTERPRETATION:

| NCEP RECOMMENDATIONS | TRIGLYCERIDES IN ADULTS (mg/dL) |
|----------------------|---------------------------------|
| DESIRABLE            | < 150.0                         |
| BORDERLINE HIGH      | 150.0 – 199.0                   |
| HIGH                 | 200.0 – 499.0                   |
| VERY HIGH            | >OR = 500.0                     |

#### NOTE

- Measurements in the same patient can show physiological variations. Three serial samples 1 week apart are recommended to establish basal triglyceride levels.
- Certain conditions such as acute illness, stress, pregnancy, dietary changes especially changes in intake of saturated fatty acids, lipid lowering drugs, alcohol or prednisone may cause variation in lipid levels.

#### COMMENTS

National Lipid association - 2014 identifies elevated Triglycerides as an independent risk factor for Coronary Heart Disease (CHD).



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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

|                       |  |                          |                        |
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## URIC ACID

|                                 |      |       |             |
|---------------------------------|------|-------|-------------|
| URIC ACID: SERUM                | 5.82 | mg/dL | 3.60 - 7.70 |
| by URICASE - OXIDASE PEROXIDASE |      |       |             |

### INTERPRETATION:-

1.GOUT occurs when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint.  
2.Uric Acid is the end product of purine metabolism . Uric acid is excreted to a large degree by the kidneys and to a smaller degree in the intestinal tract by microbial degradation.

### INCREASED:-

#### (A).DUE TO INCREASED PRODUCTION:-

- 1.Idiopathic primary gout.
- 2.Excessive dietary purines (organ meats,legumes,anchovies, etc).
- 3.Cytolytic treatment of malignancies especially leukemias & lymphomas.
- 4.Polycythemia vera & myeloid metaplasia.
- 5.Psoriasis.
- 6.Sickle cell anaemia etc.

#### (B).DUE TO DECREASED EXCRETION (BY KIDNEYS)

- 1.Alcohol ingestion.
- 2.Thiazide diuretics.
- 3.Lactic acidosis.
- 4.Aspirin ingestion (less than 2 grams per day ).
- 5.Diabetic ketoacidosis or starvation.
- 6.Renal failure due to any cause etc.

### DECREASED:-

#### (A).DUE TO DIETARY DEFICIENCY

- 1.Dietary deficiency of Zinc, Iron and molybdenum.
- 2.Fanconi syndrome & Wilsons disease.
- 3.Multiple sclerosis .
- 4.Syndrome of inappropriate antidiuretic hormone (SIADH) secretion & low purine diet etc.

#### (B).DUE TO INCREASED EXCRETION

- 1.Drugs:-Probenecid , sulphinpyrazone, aspirin doses (more than 4 grams per day), corticosteroids and ACTH, anti-coagulants and estrogens etc.

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



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