| | | | |
|---|---|---|---|
| **NAME** | **: Mr. MANOJ** | | |
| **AGE/ GENDER** | : 46 YRS/MALE | **PATIENT ID** | : 1646789 |
| **COLLECTED BY** | : | **REG. NO./LAB NO.** | **: 122410180013** |
| **REFERRED BY** | : | **REGISTRATION DATE** | : 18/Oct/2024 11:50 AM |
| **BARCODE NO.** | : 12505234 | **COLLECTION DATE** | : 18/Oct/2024 11:56AM |
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| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|

## HAEMATOLOGY
### COMPLETE BLOOD COUNT (CBC)

**RED BLOOD CELLS (RBCS) COUNT AND INDICES**

| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|
| HAEMOGLOBIN (HB) *by CALORIMETRIC* | 12.8 | gm/dL | 12.0 - 17.0 |
| RED BLOOD CELL (RBC) COUNT *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE* | 4.35 | Millions/cmm | 3.50 - 5.00 |
| **PACKED CELL VOLUME (PCV)** *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER* | **37.2ᴸ** | **%** | **40.0 - 54.0** |
| MEAN CORPUSCULAR VOLUME (MCV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER* | 85.4 | fL | 80.0 - 100.0 |
| MEAN CORPUSCULAR HAEMOGLOBIN (MCH) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER* | 29.5 | pg | 27.0 - 34.0 |
| MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER* | 34.6 | g/dL | 32.0 - 36.0 |
| RED CELL DISTRIBUTION WIDTH (RDW-CV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER* | 13.3 | % | 11.00 - 16.00 |
| RED CELL DISTRIBUTION WIDTH (RDW-SD) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER* | 43.8 | fL | 35.0 - 56.0 |
| MENTZERS INDEX *by CALCULATED* | 19.63 | RATIO | BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0 |
| GREEN & KING INDEX *by CALCULATED* | 26.18 | RATIO | BETA THALASSEMIA TRAIT:<= 65.0 IRON DEFICIENCY ANEMIA: > 65.0 |

**WHITE BLOOD CELLS (WBCS)**

| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|
| TOTAL LEUCOCYTE COUNT (TLC) *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 5700 | /cmm | 4000 - 11000 |

**DIFFERENTIAL LEUCOCYTE COUNT (DLC)**

| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|
| **NEUTROPHILS** *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | **74ᴴ** | **%** | **50 - 70** |
| **LYMPHOCYTES** *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | **19ᴸ** | **%** | **20 - 40** |
| EOSINOPHILS *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 1 | % | 1 - 6 |

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440 Dated 17.5.2012 u/s 80 G OF INCOME TAX ACT. PAN NO. AAAAP1600A
**REPORT ATTRACTS THE CONDITIONS PRINTED OVERLEAF (P.T.O.)**

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| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|
| MONOCYTES | 6 | % | 2 - 12 |
| *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | | | |
| BASOPHILS | 0 | % | 0 - 1 |
| *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | | | |
| **ABSOLUTE LEUKOCYTES (WBC) COUNT** | | | |
| ABSOLUTE NEUTROPHIL COUNT | 4218 | /cmm | 2000 - 7500 |
| *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | | | |
| ABSOLUTE LYMPHOCYTE COUNT | 1083 | /cmm | 800 - 4900 |
| *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | | | |
| ABSOLUTE EOSINOPHIL COUNT | 57 | /cmm | 40 - 440 |
| *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | | | |
| ABSOLUTE MONOCYTE COUNT | 342 | /cmm | 80 - 880 |
| *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | | | |
| ABSOLUTE BASOPHIL COUNT | 0 | /cmm | 0 - 110 |
| *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | | | |
| **PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.** | | | |
| **PLATELET COUNT (PLT)** | **92000$^L$** | /cmm | **150000 - 450000** |
| *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE* | | | |
| PLATELETCRIT (PCT) | 0.14 | % | 0.10 - 0.36 |
| *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE* | | | |
| **MEAN PLATELET VOLUME (MPV)** | **15$^H$** | fL | **6.50 - 12.0** |
| *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE* | | | |
| PLATELET LARGE CELL COUNT (P-LCC) | 56000 | /cmm | 30000 - 90000 |
| *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE* | | | |
| **PLATELET LARGE CELL RATIO (P-LCR)** | **60.8$^H$** | % | **11.0 - 45.0** |
| *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE* | | | |
| PLATELET DISTRIBUTION WIDTH (PDW) | 16.7 | % | 15.0 - 17.0 |
| *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE* | | | |

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

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|---|---|---|---|
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| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|

## ERYTHROCYTE SEDIMENTATION RATE (ESR)

| | | | |
|---|---|---|---|
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 20 | mm/1st hr | 0 - 20 |

*by RED CELL AGGREGATION BY CAPILLARY PHOTOMETRY*

**INTERPRETATION:**
1. ESR is a non-specific test because an elevated result often indicates the presence of inflammation associated with infection, cancer and auto-immune disease, but does not tell the health practitioner exactly where the inflammation is in the body or what is causing it.
2. An ESR can be affected by other conditions besides inflammation. For this reason, the ESR is typically used in conjunction with other test such as C-reactive protein
3. This test may also be used to monitor disease activity and response to therapy in both of the above diseases as well as some others, such as systemic lupus erythematosus
**CONDITION WITH LOW ESR**
A low ESR can be seen with conditions that inhibit the normal sedimentation of red blood cells, such as a high red blood cell count (polycythaemia), significantly high white blood cell count (leucocytosis) , and some protein abnormalities. Some changes in red cell shape (such as sickle cells in sickle cell anaemia) also lower the ESR.
**NOTE:**
1. ESR and C - reactive protein (C-RP) are both markers of inflammation.
2. Generally, ESR does not change as rapidly as does CRP, either at the start of inflammation or as it resolves.
3. **CRP is not affected by as many other factors as is ESR, making it a better marker of inflammation.**
4. If the ESR is elevated, it is typically a result of two types of proteins, globulins or fibrinogen.
5. Women tend to have a higher ESR, and menstruation and pregnancy can cause temporary elevations.
6. Drugs such as dextran, methyldopa, oral contraceptives, penicillamine procainamide, theophylline, and vitamin A can increase ESR, while aspirin, cortisone, and quinine may decrease it

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

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| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|

## CLINICAL CHEMISTRY/BIOCHEMISTRY
### BILIRUBIN COMPLETE

| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|
| BILIRUBIN TOTAL: SERUM<br>*by DIAZOTIZATION, SPECTROPHOTOMETRY* | 1.02 | mg/dL | INFANT: 0.20 - 8.00<br>ADULT: 0.00 - 1.20 |
| BILIRUBIN DIRECT (CONJUGATED): SERUM<br>*by DIAZO MODIFIED, SPECTROPHOTOMETRY* | 0.28 | mg/dL | 0.00 - 0.40 |
| BILIRUBIN INDIRECT (UNCONJUGATED): SERUM<br>*by CALCULATED, SPECTROPHOTOMETRY* | 0.74 | mg/dL | 0.10 - 1.00 |

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| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|

### SGOT/SGPT PROFILE

| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|
| SGOT/AST: SERUM<br>*by IFCC, WITHOUT PYRIDOXAL PHOSPHATE* | 43.25 | U/L | 7.00 - 45.00 |
| **SGPT/ALT: SERUM**<br>*by IFCC, WITHOUT PYRIDOXAL PHOSPHATE* | **68.61**$^H$ | **U/L** | **0.00 - 49.00** |
| SGOT/SGPT RATIO<br>*by CALCULATED, SPECTROPHOTOMETRY* | 0.63 | | |

**<u>INTERPRETATION</u>**

*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) |

**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).

**<u>*PROGNOSTIC SIGNIFICANCE:-*</u>**

| | |
|---|---|
| NORMAL | < 0.65 |
| GOOD PROGNOSTIC SIGN | 0.3 - 0.6 |
| POOR PROGNOSTIC SIGN | 1.2 - 1.6 |

*** End Of Report ***

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