



P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

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

NAME : Mrs. HEENA BEGAM
AGE/ GENDER : 40 YRS/FEMALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 12505235
CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE
CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

PATIENT ID : 1646794
REG. NO./LAB NO. : 122410180014
REGISTRATION DATE : 18/Oct/2024 11:52 AM
COLLECTION DATE : 18/Oct/2024 04:04PM
REPORTING DATE : 18/Oct/2024 01:43PM

| 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 | 12.5 | gm/dL | 12.0 - 16.0 |
| RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | 4.27 | Millions/cmm | 3.50 - 5.00 |
| PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER | 35.8 ^L | % | 37.0 - 50.0 |
| MEAN CORPUSCULAR VOLUME (MCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER | 83.9 | fL | 80.0 - 100.0 |
| MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER | 29.4 | pg | 27.0 - 34.0 |
| MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER | 35.1 | g/dL | 32.0 - 36.0 |
| RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER | 13.8 | % | 11.00 - 16.00 |
| RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER | 44.2 | fL | 35.0 - 56.0 |
| MENTZERS INDEX by CALCULATED | 19.65 | RATIO | BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0 |
| GREEN & KING INDEX by CALCULATED | 27.23 | 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 | 10480 | /cmm | 4000 - 11000 |
|--|-------|------|--------------|

DIFFERENTIAL LEUCOCYTE COUNT (DLC)

| | | | |
|--|----|---|---------|
| NEUTROPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 62 | % | 50 - 70 |
| LYMPHOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 29 | % | 20 - 40 |
| EOSINOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 3 | % | 1 - 6 |




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| MONOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 6 | % | 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 | 6498 | /cmm | 2000 - 7500 |
| ABSOLUTE LYMPHOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 3039 | /cmm | 800 - 4900 |
| ABSOLUTE EOSINOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 314 | /cmm | 40 - 440 |
| ABSOLUTE MONOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | 629 | /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 | 140000 ^L | /cmm | 150000 - 450000 |
| PLATELETCRIT (PCT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | 0.19 | % | 0.10 - 0.36 |
| MEAN PLATELET VOLUME (MPV) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | 14 ^H | fL | 6.50 - 12.0 |
| PLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | 72000 | /cmm | 30000 - 90000 |
| PLATELET LARGE CELL RATIO (P-LCR) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE | 51.6 ^H | % | 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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GLYCOSYLATED HAEMOGLOBIN (HbA1c)

| | | | |
|--|--------|-------|----------------|
| GLYCOSYLATED HAEMOGLOBIN (HbA1c): WHOLE BLOOD by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) | 5.5 | % | 4.0 - 6.4 |
| ESTIMATED AVERAGE PLASMA GLUCOSE by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) | 111.15 | mg/dL | 60.00 - 140.00 |

INTERPRETATION:

AS PER AMERICAN DIABETES ASSOCIATION (ADA):

| REFERENCE GROUP | GLYCOSYLATED HEMOGLOBIG (HbA1C) in % | |
|--|--------------------------------------|-------|
| Non diabetic Adults >= 18 years | <5.7 | |
| At Risk (Prediabetes) | 5.7 – 6.4 | |
| Diagnosing Diabetes | >= 6.5 | |
| Therapeutic goals for glycemic control | Age > 19 Years | |
| | Goals of Therapy: | < 7.0 |
| | Actions Suggested: | >8.0 |
| | Age < 19 Years | |
| | Goal of therapy: | <7.5 |

COMMENTS:

- Glycosylated hemoglobin (HbA1c) test is three monthly monitoring done to assess compliance with therapeutic regimen in diabetic patients.
- Since Hb1c reflects long term fluctuations in blood glucose concentration, a diabetic patient who has recently under good control may still have high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
- Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0% may not be appropriate.
- High HbA1c (>9.0 -9.5 %) is strongly associated with risk of development and rapid progression of microvascular and nerve complications
- Any condition that shortens RBC life span like acute blood loss, hemolytic anemia falsely lowers HbA1c results.
- HbA1c results from patients with HbSS, HbSC and HbD must be interpreted with caution, given the pathological processes including anemia, increased red cell turnover, and transfusion requirement that adversely impact HbA1c as a marker of long-term glycemic control.
- Specimens from patients with polycythemia or post-splenectomy may exhibit increase in HbA1c values due to a somewhat longer life span of the red cells.



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CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE RANDOM (R)

GLUCOSE RANDOM (R): PLASMA

86.54

mg/dL

NORMAL: < 140.00

PREDIABETIC: 140.0 - 200.0

DIABETIC: > OR = 200.0

by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)

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-prandial 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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CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC EXAMINATION

PHYSICAL EXAMINATION

| | | | |
|--|--------------|----|---------------|
| QUANTITY RECIEVED | 10 | ml | |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| COLOUR | AMBER YELLOW | | PALE YELLOW |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| TRANSPARANCY | CLEAR | | 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 | | 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> | 2-4 | /HPF | 0 - 5 |
| EPITHELIAL CELLS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i> | 1-3 | /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 18-10-2024
SPECIMEN SOURCE URINE
INCUBATION PERIOD 48 HOURS
by AUTOMATED BROTH CULTURE
CULTURE STERILE
by AUTOMATED BROTH CULTURE
ORGANISM NO AEROBIC PYOGENIC ORGANISM GROWN AFTER 48 HOURS OF INCUBATION AT 37°C
by AUTOMATED BROTH CULTURE

AEROBIC SUSCEPTIBILITY: URINE

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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