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. ANU RANI**		
AGE/ GENDER	: 31 YRS/FEMALE	**PATIENT ID**	: 1671689
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 122411140004**
REFERRED BY	:	**REGISTRATION DATE**	: 14/Nov/2024 11:04 AM
BARCODE NO.	: 12505643	**COLLECTION DATE**	: 14/Nov/2024 11:09AM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTITUTE	**REPORTING DATE**	: 14/Nov/2024 12:51PM
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA		

HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC)

Test Name	Value	Unit	Biological Reference interval
RED BLOOD CELLS (RBCS) COUNT AND INDICES			
HAEMOGLOBIN (HB) *by CALORIMETRIC*	**9.4**^{L}	gm/dL	12.0 - 16.0
RED BLOOD CELL (RBC) COUNT *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	4.67	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**28.3**^{L}	%	37.0 - 50.0
MEAN CORPUSCULAR VOLUME (MCV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**60.5**^{L}	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**20.1**^{L}	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	33.2	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	13.6	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**32.2**^{L}	fL	35.0 - 56.0
MENTZERS INDEX *by CALCULATED*	12.96	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX *by CALCULATED*	17.59	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*	10350	/cmm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHILS *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	68	%	50 - 70
LYMPHOCYTES	27	%	20 - 40

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Test Name	Value	Unit	Biological Reference interval
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
EOSINOPHILS *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	**0^{L}**	%	1 - 6
MONOCYTES *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	5	%	2 - 12
BASOPHILS *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	0	%	0 - 1
ABSOLUTE LEUKOCYTES (WBC) COUNT			
ABSOLUTE NEUTROPHIL COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	7038	/cmm	2000 - 7500
ABSOLUTE LYMPHOCYTE COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	**2794^{L}**	/cmm	800 - 4900
ABSOLUTE EOSINOPHIL COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	**0^{L}**	/cmm	40 - 440
ABSOLUTE MONOCYTE COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	518	/cmm	80 - 880
ABSOLUTE BASOPHIL COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	0	/cmm	0 - 110
PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.			
PLATELET COUNT (PLT) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	295000	/cmm	150000 - 450000
PLATELETCRIT (PCT) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	0.31	%	0.10 - 0.36
MEAN PLATELET VOLUME (MPV) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	10	fL	6.50 - 12.0
PLATELET LARGE CELL COUNT (P-LCC) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	**96000^{H}**	/cmm	30000 - 90000
PLATELET LARGE CELL RATIO (P-LCR) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	32.6	%	11.0 - 45.0
PLATELET DISTRIBUTION WIDTH (PDW) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	15.7	%	15.0 - 17.0

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

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Test Name	Value	Unit	Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE FASTING (F) AND POST PRANDIAL (PP)

GLUCOSE FASTING (F): PLASMA *by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)*	73.61	mg/dL	NORMAL: < 100.0 PREDIABETIC: 100.0 - 125.0 DIABETIC: > 0R = 126.0
GLUCOSE POST PRANDIAL (PP): PLASMA *by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)*	**156.59H**	mg/dL	NORMAL: < 140.00 PREDIABETIC: 140.0 - 200.0 DIABETIC: > 0R = 200.0

INTERPRETATION:

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A fasting plasma glucose below 100 mg/dL and post-prandial plasma glucose level below 140 mg/dl is considered normal.
2. A fasting plasma glucose level between 100 - 125 mg/dl and post-prandial plasma glucose level between 140 – 200 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.
3. A fasting plasma glucose level of above 125 mg/dL and post-prandial plasma glucose level 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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Test Name	Value	Unit	Biological Reference interval

LACTATE

LACTATE - PLASMA *by LACTATE OXIDASE - PEROXIDASE*	**49.6^{H}**	mg/dL	4.50 - 19.80

INTERPRETATION:

SAMPLE TYPE	REFERENCE RANGE IN mg/dL
ARTERIAL	4.50 – 14.40
VENOUS	4.50 – 19.80

NOTE:

1.Use of tourniquet, clenching of hands, exercise and hyperventilation can falsely elevate Lactate levels.

2.No definitive concentration of lactate for the diagnosis of Lactic acidosis has been established. Lactate concentrations exceeding 45 mg/dL and pH < 7.25 are generally considered indicative of significant lactic acidosis.

COMMENT:

Lactate is the end product of anaerobic carbohydrate metabolism and is used to diagnose and monitor patients with lactic acidosis. Lactic acidosis occurs due to increased production with reduced clearance.

CAUSES OF LACTIC ACIDOSIS:

TYPE 1 LACTIC ACIDOSIS (L/P RATIO NORMAL)	TYPE II A LACTIC ACIDOSIS (TISSUE HYPOXIA- L/P RATIO INCREASED)	TYPEII B LACTIC ACIDOSIS (NO TISSUE HYPOXIA- L/P RATIO INCREASED)
Muscular Exercise	Circulatory Shock	Acute Alcoholism
Hyperventilation	Severe Hypoxemia	Drugs & Toxins
Glycogen Storage Disease	Heart Failue	Diabetes Mellitus
Severe Anemia	Severe Anemia	Leukemia
Insulin Infusion	Grand mal Seizure	Deficiency of Thiamin or Riboflavin
Reye Syndrome		Idiopathic

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Test Name	Value	Unit	Biological Reference interval

ENDOCRINOLOGY

THYROID FUNCTION TEST: TOTAL

TRIIODOTHYRONINE (T3): SERUM *by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)*	1.41	ng/mL	0.35 - 1.93
THYROXINE (T4): SERUM *by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)*	11.54	µgm/dL	4.87 - 12.60
THYROID STIMULATING HORMONE (TSH): SERUM *by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)*	1.91	µIU/mL	0.35 - 5.50

3rd GENERATION, ULTRASENSITIVE

INTERPRETATION:

TSH levels are subject to circadian variation, reaching peak levels between 2-4 a.m and at a minimum between 6-10 pm. The variation is of the order of 50%.Hence time of the day has influence on the measured serum TSH concentrations. TSH stimulates the production and secretion of the metabolically active hormones, thyroxine (T4)and triiodothyronine (T3).Failure at any level of regulation of the hypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction(hyperthyroidism) of T4 and/or T3.

CLINICAL CONDITION	T3	T4	TSH
Primary Hypothyroidism:	Reduced	Reduced	Increased (Significantly)
Subclinical Hypothyroidism:	Normal or Low Normal	Normal or Low Normal	High
Primary Hyperthyroidism:	Increased	Increased	Reduced (at times undetectable)
Subclinical Hyperthyroidism:	Normal or High Normal	Normal or High Normal	Reduced

LIMITATIONS:-

1. T3 and T4 circulates in reversibly bound form with Thyroid binding globulins (TBG),and to a lesser extent albumin and Thyroid binding Pre Albumin so conditions in which TBG and protein levels alter such as pregnancy, excess estrogens, androgens, anabolic steroids and glucocorticoids may falsely affect the T3 and T4 levels and may cause false thyroid values for thyroid function tests.
2. Normal levels of T4 can also be seen in Hyperthyroid patients with :T3 Thyrotoxicosis, Decreased binding capacity due to hypoproteinemia or ingestion of certain drugs (e.g.: phenytoin , salicylates).
3. Serum T4 levels in neonates and infants are higher than values in the normal adult , due to the increased concentration of TBG in neonate serum.
4. TSH may be normal in central hypothyroidism , recent rapid correction of hyperthyroidism or hypothyroidism , pregnancy , phenytoin therapy.

TRIIODOTHYRONINE (T3)		THYROXINE (T4)		THYROID STIMULATING HORMONE (TSH)	
Age	Refferance Range (ng/mL)	Age	Refferance Range (µg/dL)	Age	Reference Range (µIU/mL)
0 - 7 Days	0.20 - 2.65	0 - 7 Days	5.90 – 18.58	0 - 7 Days	2.43 - 24.3
7 Days - 3 Months	0.36 - 2.59	7 Days - 3 Months	6.39 - 17.66	7 Days - 3 Months	0.58 - 11.00
3 - 6 Months	0.51 - 2.52	3 - 6 Months	6.75 – 17.04	3 Days – 6 Months	0.70 - 8.40
6 - 12 Months	0.74 - 2.40	6 - 12 Months	7.10 – 16.16	6 – 12 Months	0.70 - 7.00

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Test Name	Value	Unit	Biological Reference interval

1 - 10 Years	0.92 - 2.28	1 - 10 Years	6.00 - 13.80	1 – 10 Years	0.60 - 5.50
11- 19 Years	0.35 - 1.93	11 - 19 Years	4.87- 13.20	11 – 19 Years	0.50 – 5.50
> 20 years (Adults)	0.35 - 1.93	> 20 Years (Adults)	4.87 - 12.60	> 20 Years (Adults)	0.35– 5.50
RECOMMENDATIONS OF TSH LEVELS DURING PREGNANCY (µIU/mL)					
1st Trimester			0.10 – 2.50		
2nd Trimester			0.20 – 3.00		
3rd Trimester			0.30 – 4.10		

INCREASED TSH LEVELS:

1.Primary or untreated hypothyroidism may vary from 3 times to more than 100 times normal depending upon degree of hypofunction.
2.Hypothyroid patients receiving insufficient thyroid replacement therapy.
3.Hashimotos thyroiditis
4.DRUGS: Amphetamines, iodine containing agents & dopamine antagonist.
5.Neonatal period, increase in 1st 2-3 days of life due to post-natal surge

DECREASED TSH LEVELS:

1.Toxic multi-nodular goiter & Thyroiditis.
2.Over replacement of thyroid hormone in treatment of hypothyroidism.
3.Autonomously functioning Thyroid adenoma
4.Secondary pituitary or hypothalamic hypothyroidism
5.Acute psychiatric illness
6.Severe dehydration.
7.DRUGS: Glucocorticoids, Dopamine, Levodopa, T4 replacement therapy, Anti-thyroid drugs for thyrotoxicosis.
8.Pregnancy: 1st and 2nd Trimester

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Test Name	Value	Unit	Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY

ANTI CARDIOLIPIN ANTIBODY IgG

ANTI CARDIOLIPIN ANTIBODY IgG *by ELISA (ENZYME LINKED IMMUNOASSAY)*	3.98	GPL U/mL	< 10

INTREPRETATION:-

1.Anticardiolipin antibodies are autoantibody found in various autoimmune disorders and sometimes in otherwise healthy individuals. These immunoglobulins bind to certain proteins when bound to phospholipids.

2.The effective sequestration of phospholipid can then cause prolongation of phospholipid dependant coagulation tests such as PT and APTT.

3.The presence of these antibodies in the plasma leads to prolongation of PT and APTT in vitro (anticoagulants), however in vivo they are associated with thrombotic tendencies including recurrent venous thrombo-embolism, cerebro-vascular accidents and arterial events.

4. It is also associated with recurrent abortions, fetal loss and other complications of pregnancy.

5.Three classes of Cardiolipin antiboies are known, the IgG, IgM and the IgA classes.

NOTE:-Positivity for IgA antibodies is not specific for disease association while high values for IgG antibody (>40 GPL) and IgM (>40 MPL) is considered highly significant for the diagnosis of anti-phospholipid syndrome.

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Test Name	Value	Unit	Biological Reference interval

ANTI CARDIOLIPIN ANTIBODY IgM

ANTI CARDIOLIPIN ANTIBODY IgM *by ELISA (ENZYME LINKED IMMUNOASSAY)*	5.02	MPL U/mL	< 10

INTREPRETATION:-

1.Anticardiolipin antibodies are autoantibody found in various autoimmune disorders and sometimes in otherwise healthy individuals. These immunoglobulins bind to certain proteins when bound to phospholipids.

2.The effective sequestration of phospholipid can then cause prolongation of phospholipid dependant coagulation tests such as PT and APTT.

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5.Three classes of Cardiolipin antiboies are known, the IgG, IgM and the IgA classes.

NOTE:-Positivity for IgA antibodies is not specific for disease association while high values for IgG antibody (>40 GPL) and IgM (>40 MPL) is considered highly significant for the diagnosis of anti-phospholipid syndrome.

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Test Name	Value	Unit	Biological Reference interval

ANTI PHOSPHOLIPID ANTIBODY IgG

ANTI PHOSPHOLIPID ANTIBODY IgG *by ELISA (ENZYME LINKED IMMUNOASSAY)*	5.24	GPL U/mL	0.00 - 12.00

INTERPRETATION:-

ANTI PHOSPHOLIPID IgG RESULT	UNIT	VALUE
NEGATIVE	GPL U/mL	< 12.00
POSITIVE	GPL U/mL	12 OR >12.00

1.Antiphospholipid antibody syndrome (commonly called antiphospholipid syndrome or APS) is an autoimmune disease present mostly in young women. 2.Those with APS make abnormal proteins called antiphospholipid autoantibodies in the blood which interact with the negatively charged cell membrane phospholipids including those present on vascular endothelial cells.
3.Various antiphospholipid antibodies are responsible for the development of this disorder, these are anticardiolopin, 2 glycoprotein 1, phosphatidyl-serine-choline-ethanolamine-sphingomyelin and inositol.
4.The presence of these antibodies in the plasma leads to prolongation of PT and APTT in vitro (anticoagulants), however in vivo they are associated with thrombotic tendencies including recurrent venous thrombo-embolism, cerebro-vascular accidents and arterial events.
5. It is also associated with recurrent abortions, fetal loss and other complications of pregnancy.

This test picks up antibodies belonging to all the above subtypes.

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Test Name	Value	Unit	Biological Reference interval

ANTI PHOSPHOLIPID ANTIBODY IgM

ANTI PHOSPHOLIPID ANTIBODY IgM *by ELISA (ENZYME LINKED IMMUNOASSAY)*	4.26	MPL U/mL	0.00 - 12.00

INTERPRETATION:-

ANTI PHOSPHOLIPID IgM RESULT	UNIT	VALUE
NEGATIVE	MPL IU/mL	< 12.00
POSITIVE	MPL IU/mL	12 OR >12.00

1.Antiphospholipid antibody syndrome (commonly called antiphospholipid syndrome or APS) is an autoimmune disease present mostly in young women. 2.Those with APS make abnormal proteins called antiphospholipid autoantibodies in the blood which interact with the negatively charged cell membrane phospholipids including those present on vascular endothelial cells.
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CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC EXAMINATION

Test Name	Value	Unit	Biological Reference interval
PHYSICAL EXAMINATION			
QUANTITY RECIEVED *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	30	ml	
COLOUR *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	PALE YELLOW		PALE YELLOW
TRANSPARANCY *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	TURBID		CLEAR
SPECIFIC GRAVITY *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	1.01		1.002 - 1.030
CHEMICAL EXAMINATION			
REACTION *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	ACIDIC		
PROTEIN *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	NEGATIVE (-ve)		NEGATIVE (-ve)
SUGAR *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	NEGATIVE (-ve)		NEGATIVE (-ve)
pH *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	6		5.0 - 7.5
BILIRUBIN *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	NEGATIVE (-ve)		NEGATIVE (-ve)
NITRITE *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.*	NEGATIVE (-ve)		NEGATIVE (-ve)
UROBILINOGEN *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	NOT DETECTED	EU/dL	0.2 - 1.0
KETONE BODIES *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	NEGATIVE (-ve)		NEGATIVE (-ve)
BLOOD *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	NEGATIVE (-ve)		NEGATIVE (-ve)
ASCORBIC ACID *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	NEGATIVE (-ve)		NEGATIVE (-ve)
MICROSCOPIC EXAMINATION			
RED BLOOD CELLS (RBCs)	NEGATIVE (-ve)	/HPF	0 - 3

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NAME	**: Mrs. ANU RANI**		
AGE/ GENDER	: 31 YRS/FEMALE	**PATIENT ID**	: 1671689
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 122411140004**
REFERRED BY	:	**REGISTRATION DATE**	: 14/Nov/2024 11:04 AM
BARCODE NO.	: 12505643	**COLLECTION DATE**	: 14/Nov/2024 11:09AM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTITUTE	**REPORTING DATE**	: 14/Nov/2024 12:51PM
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA		

Test Name	Value	Unit	Biological Reference interval
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
PUS CELLS	20-25	/HPF	0 - 5
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
EPITHELIAL CELLS	10-15	/HPF	ABSENT
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
CRYSTALS	NEGATIVE (-ve)		NEGATIVE (-ve)
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
CASTS	NEGATIVE (-ve)		NEGATIVE (-ve)
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
BACTERIA	NEGATIVE (-ve)		NEGATIVE (-ve)
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
OTHERS	NEGATIVE (-ve)		NEGATIVE (-ve)
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
TRICHOMONAS VAGINALIS (PROTOZOA)	ABSENT		ABSENT
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			

*** End Of Report ***

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