
# P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

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| | | | |
|---|---|---|---|
| **NAME** | **: Mrs. SUNITA GAUTAM** | | |
| **AGE/ GENDER** | : 52 YRS/FEMALE | **PATIENT ID** | : 1296598 |
| **COLLECTED BY** | : | **REG. NO./LAB NO.** | **: 122412070002** |
| **REFERRED BY** | : | **REGISTRATION DATE** | : 07/Dec/2024 08:12 AM |
| **BARCODE NO.** | : 12506037 | **COLLECTION DATE** | : 07/Dec/2024 08:21AM |
| **CLIENT CODE.** | : P.K.R JAIN HEALTHCARE INSTITUTE | **REPORTING DATE** | : 07/Dec/2024 12:25PM |
| **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)<br>*by CALORIMETRIC* | **8.7**$^{L}$ | gm/dL | 12.0 - 16.0 |
| RED BLOOD CELL (RBC) COUNT<br>*by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE* | 3.81 | Millions/cmm | 3.50 - 5.00 |
| PACKED CELL VOLUME (PCV)<br>*by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER* | **27.3**$^{L}$ | % | 37.0 - 50.0 |
| MEAN CORPUSCULAR VOLUME (MCV)<br>*by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER* | **71.6**$^{L}$ | fL | 80.0 - 100.0 |
| MEAN CORPUSCULAR HAEMOGLOBIN (MCH)<br>*by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER* | **22.7**$^{L}$ | pg | 27.0 - 34.0 |
| MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC)<br>*by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER* | **31.8**$^{L}$ | g/dL | 32.0 - 36.0 |
| RED CELL DISTRIBUTION WIDTH (RDW-CV)<br>*by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER* | 15.2 | % | 11.00 - 16.00 |
| RED CELL DISTRIBUTION WIDTH (RDW-SD)<br>*by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER* | 40.7 | fL | 35.0 - 56.0 |
| MENTZERS INDEX<br>*by CALCULATED* | 18.79 | RATIO | BETA THALASSEMIA TRAIT: < 13.0<br>IRON DEFICIENCY ANEMIA: >13.0 |
| GREEN & KING INDEX<br>*by CALCULATED* | 28.4 | 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* | 8100 | /cmm | 4000 - 11000 |
| **DIFFERENTIAL LEUCOCYTE COUNT (DLC)** | | | |
| NEUTROPHILS<br>*by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 67 | % | 50 - 70 |
| LYMPHOCYTES | 25 | % | 20 - 40 |

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|---|---|---|---|
| *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | | | |
| EOSINOPHILS<br>*by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 2 | % | 1 - 6 |
| MONOCYTES<br>*by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 6 | % | 2 - 12 |
| BASOPHILS<br>*by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 0 | % | 0 - 1 |
| **ABSOLUTE LEUKOCYTES (WBC) COUNT** | | | |
| ABSOLUTE NEUTROPHIL COUNT<br>*by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 5427 | /cmm | 2000 - 7500 |
| ABSOLUTE LYMPHOCYTE COUNT<br>*by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | **2025$^{L}$** | /cmm | 800 - 4900 |
| ABSOLUTE EOSINOPHIL COUNT<br>*by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 162 | /cmm | 40 - 440 |
| ABSOLUTE MONOCYTE COUNT<br>*by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 486 | /cmm | 80 - 880 |
| ABSOLUTE BASOPHIL COUNT<br>*by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY* | 0 | /cmm | 0 - 110 |
| **PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.** | | | |
| PLATELET COUNT (PLT)<br>*by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE* | 257000 | /cmm | 150000 - 450000 |
| PLATELETCRIT (PCT)<br>*by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE* | 0.26 | % | 0.10 - 0.36 |
| MEAN PLATELET VOLUME (MPV)<br>*by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE* | 10 | fL | 6.50 - 12.0 |
| PLATELET LARGE CELL COUNT (P-LCC)<br>*by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE* | 74000 | /cmm | 30000 - 90000 |
| PLATELET LARGE CELL RATIO (P-LCR)<br>*by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE* | 29 | % | 11.0 - 45.0 |
| PLATELET DISTRIBUTION WIDTH (PDW)<br>*by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE* | 15.8 | % | 15.0 - 17.0 |

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

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

## ERYTHROCYTE SEDIMENTATION RATE (ESR)

| | | | |
|---|---|---|---|
| ERYTHROCYTE SEDIMENTATION RATE (ESR)<br>*by RED CELL AGGREGATION BY CAPILLARY PHOTOMETRY* | **38$^{H}$** | mm/1st hr | 0 - 20 |

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

## PERIPHERAL BLOOD SMEAR FOR MALARIA

| | | | |
|---|---|---|---|
| PERIPHERAL BLOOD SMEAR FOR MALARIAL PARASITE (MP) *by MICROSCOPY* | NO MALARIA PARASITE (MP) SEEN IN SMEAR EXAMINED | | |

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

## CLINICAL CHEMISTRY/BIOCHEMISTRY

### GLUCOSE FASTING (F)

| | | | |
|---|---|---|---|
| GLUCOSE FASTING (F): PLASMA<br>*by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)* | **107.29$^{H}$** | mg/dL | NORMAL: < 100.0<br>PREDIABETIC: 100.0 - 125.0<br>DIABETIC: > 0R = 126.0 |

***INTERPRETATION***

**IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:**

1. A fasting plasma glucose level below 100 mg/dl is considered normal.
2. A fasting plasma glucose level between 100 - 125 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 fasting plasma glucose level of above 125 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 |
|---|---|---|---|

## IMMUNOPATHOLOGY/SEROLOGY

### C-REACTIVE PROTEIN (CRP)

| | | | |
|---|---|---|---|
| C-REACTIVE PROTEIN (CRP) QUANTITATIVE: SERUM<br>*by NEPHLOMETRY* | **6.65$^{H}$** | mg/L | 0.0 - 6.0 |

***INTERPRETATION:***

1. C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation.
2. CRP levels can increase dramatically (100-fold or more) after severe trauma, bacterial infection, inflammation, surgery, or neoplastic proliferation.
3. CRP levels (Quantitative) has been used to assess activity of inflammatory disease, to detect infections after surgery, to detect transplant rejection, and to monitor these inflammatory processes.
4. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc.,
5. Elevated values are consistent with an acute inflammatory process.

**NOTE:**

1. Elevated C-reactive protein (CRP) values are nonspecific and should not be interpreted without a complete clinical history.
2. Oral contraceptives may increase CRP levels.

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

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## WIDAL SLIDE AGGLUTINATION TEST

| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|
| SALMONELLA TYPHI O *by SLIDE AGGLUTINATION* | 1 : 40 | TITRE | 1 : 80 |
| SALMONELLA TYPHI H *by SLIDE AGGLUTINATION* | 1 : 40 | TITRE | 1 : 160 |
| SALMONELLA PARATYPHI AH *by SLIDE AGGLUTINATION* | NIL | TITRE | 1 : 160 |
| SALMONELLA PARATYPHI BH *by SLIDE AGGLUTINATION* | NIL | TITRE | 1 : 160 |

***INTERPRETATION:***

*1.Titres of 1:80 or more for "O" agglutinin is considered significant.*

*2.Titres of 1:160 or more for "H" agglutinin is considered significant.*

**LIMITATIONS:**

1.Agglutinins usually appear by 5th to 6th day of illness of enteric fever, hence a negative result in early stage is inconclusive.The titre then rises till 3rd or 4th week, after which it declines gradually.

2.Lower titres may be found in normal individuals.

3.A single positive result has less significance than the rising agglutination titre, since demonstration of rising titre four or more in 1st and 3rd week is considered as a definite evidence of infection.

4.A simultaneous rise in H agglutinins is suggestive of paratyphoid infection.

**NOTE:**

*1.Individuals with prior infection or immunization with TAB vaccine may develop an ANAMNESTIC RESPONSE (False-Positive) during an unrelated fever i.e High titres of antibodies to various antigens.This may be differentiated by repitition of the test after a week.*

*2.The anamnestic response shows only a transient rise, while in enteric fever rise is sustained.*

*3.H agglutinins tend to persist for many months after vaccination but O agglutinins tend to disappear sooner i.e within 6 months.Therefore rise in Oagglutinins indicate recent infection.*

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## CLINICAL PATHOLOGY

### URINE ROUTINE & MICROSCOPIC EXAMINATION

| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|
| **PHYSICAL EXAMINATION** | | | |
| QUANTITY RECIEVED | 20 | ml | |
| *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY* | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW |
| *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY* | | | |
| TRANSPARANCY | CLEAR | | 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 (-ve) | | NEGATIVE (-ve) |
| *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY* | | | |
| SUGAR | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY* | | | |
| pH | 5.5 | | 5.0 - 7.5 |
| *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY* | | | |
| BILIRUBIN | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY* | | | |
| NITRITE | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.* | | | |
| UROBILINOGEN | NOT DETECTED | EU/dL | 0.2 - 1.0 |
| *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY* | | | |
| KETONE BODIES | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY* | | | |
| BLOOD | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY* | | | |
| ASCORBIC ACID | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY* | | | |
| **MICROSCOPIC EXAMINATION** | | | |
| RED BLOOD CELLS (RBCs) | NEGATIVE (-ve) | /HPF | 0 - 3 |

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| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|
| *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT* | | | |
| PUS CELLS | 3-4 | /HPF | 0 - 5 |
| *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT* | | | |
| EPITHELIAL CELLS | 2-3 | /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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