



P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

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

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

NAME	: Mr. OM PARKASH	PATIENT ID	: 1329300
AGE/ GENDER	: 53 YRS/MALE	REG. NO./LAB NO.	: 122501060005
COLLECTED BY	:	REGISTRATION DATE	: 06/Jan/2025 10:00 AM
REFERRED BY	:	COLLECTION DATE	: 06/Jan/2025 10:29AM
BARCODE NO.	: 12506401	REPORTING DATE	: 06/Jan/2025 01:15PM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTITUTE		
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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) <i>by CALORIMETRIC</i>	11.1 ^L	gm/dL	12.0 - 17.0
RED BLOOD CELL (RBC) COUNT <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDEANCE</i>	4.24	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	32.4 ^L	%	40.0 - 54.0
MEAN CORPUSCULAR VOLUME (MCV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	76.3 ^L	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	26.2 ^L	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	34.4	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	14.5	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	42.8	fL	35.0 - 56.0
MENTZERS INDEX <i>by CALCULATED</i>	18	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX <i>by CALCULATED</i>	26.11	RATIO	BETA THALASSEMIA TRAIT:<= 65.0 IRON DEFICIENCY ANEMIA: > 65.0


WHITE BLOOD CELLS (WBCS)


TOTAL LEUCOCYTE COUNT (TLC) <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>	8300	/cmm	4000 - 11000
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DIFFERENTIAL LEUCOCYTE COUNT (DLC)

NEUTROPHILS <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>	61	%	50 - 70
LYMPHOCYTES	27	%	20 - 40




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<i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>			
EOSINOPHILS	6	%	1 - 6
<i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>			
MONOCYTES	6	%	2 - 12
<i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>			
BASOPHILS	0	%	0 - 1
<i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>			
<u>ABSOLUTE LEUKOCYTES (WBC) COUNT</u>			
ABSOLUTE NEUTROPHIL COUNT	5063	/cmm	2000 - 7500
<i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>			
ABSOLUTE LYMPHOCYTE COUNT	2241	/cmm	800 - 4900
<i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>			
ABSOLUTE EOSINOPHIL COUNT	498^H	/cmm	40 - 440
<i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>			
ABSOLUTE MONOCYTE COUNT	498	/cmm	80 - 880
<i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>			
ABSOLUTE BASOPHIL COUNT	0	/cmm	0 - 110
<i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>			
<u>PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.</u>			
PLATELET COUNT (PLT)	425000	/cmm	150000 - 450000
<i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>			
PLATELETCRIT (PCT)	0.4^H	%	0.10 - 0.36
<i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>			
MEAN PLATELET VOLUME (MPV)	10	fL	6.50 - 12.0
<i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>			
PLATELET LARGE CELL COUNT (P-LCC)	104000^H	/cmm	30000 - 90000
<i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>			
PLATELET LARGE CELL RATIO (P-LCR)	24.4	%	11.0 - 45.0
<i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>			
PLATELET DISTRIBUTION WIDTH (PDW)	15.9	%	15.0 - 17.0
<i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>			
NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD			




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CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE RANDOM (R)

GLUCOSE RANDOM (R): PLASMA <i>by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)</i>	133.17	mg/dL	NORMAL: < 140.00 PREDIABETIC: 140.0 - 200.0 DIABETIC: > OR = 200.0
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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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KIDNEY FUNCTION TEST (BASIC)

UREA: SERUM <i>by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)</i>	54.62 ^H	mg/dL	10.00 - 50.00
CREATININE: SERUM <i>by ENZYMATIC, SPECTROPHOTOMETRY</i>	0.87	mg/dL	0.40 - 1.40
BLOOD UREA NITROGEN (BUN): SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	25.52 ^H	mg/dL	7.0 - 25.0
BLOOD UREA NITROGEN (BUN)/CREATININE RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	29.33 ^H	RATIO	10.0 - 20.0
UREA/CREATININE RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	62.78	RATIO	
URIC ACID: SERUM <i>by URICASE - OXIDASE PEROXIDASE</i>	5.63	mg/dL	3.60 - 7.70



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INTERPRETATION:

Normal range for a healthy person on normal diet: 12 - 20

To Differentiate between pre- and postrenal azotemia.

INCREASED RATIO (>20:1) WITH NORMAL CREATININE:

1. Prerenal azotemia (BUN rises without increase in creatinine) e.g. heart failure, salt depletion, dehydration, blood loss) due to decreased glomerular filtration rate.
2. Catabolic states with increased tissue breakdown.
3. GI hemorrhage.
4. High protein intake.
5. Impaired renal function plus .
6. Excess protein intake or production or tissue breakdown (e.g. infection, GI bleeding, thyrotoxicosis, Cushings syndrome, high protein diet, burns, surgery, cachexia, high fever).
7. Urine reabsorption (e.g. ureterocolostomy)
8. Reduced muscle mass (subnormal creatinine production)
9. Certain drugs (e.g. tetracycline, glucocorticoids)

INCREASED RATIO (>20:1) WITH ELEVATED CREATININE LEVELS:

1. Postrenal azotemia (BUN rises disproportionately more than creatinine) (e.g. obstructive uropathy).
2. Prerenal azotemia superimposed on renal disease.

DECREASED RATIO (<10:1) WITH DECREASED BUN :

1. Acute tubular necrosis.
2. Low protein diet and starvation.
3. Severe liver disease.
4. Other causes of decreased urea synthesis.
5. Repeated dialysis (urea rather than creatinine diffuses out of extracellular fluid).
6. Inherited hyperammonemias (urea is virtually absent in blood).
7. SIADH (syndrome of inappropriate antidiuretic hormone) due to tubular secretion of urea.
8. Pregnancy.

DECREASED RATIO (<10:1) WITH INCREASED CREATININE:

1. Phenacimide therapy (accelerates conversion of creatine to creatinine).
2. Rhabdomyolysis (releases muscle creatinine).
3. Muscular patients who develop renal failure.

INAPPROPRIATE RATIO:

1. Diabetic ketoacidosis (acetoacetate causes false increase in creatinine with certain methodologies, resulting in normal ratio when dehydration should produce an increased BUN/creatinine ratio).
2. Cephalosporin therapy (interferes with creatinine measurement).



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CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC EXAMINATION

PHYSICAL EXAMINATION

QUANTITY RECEIVED <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>	25	ml	
COLOUR <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>	PALE YELLOW		PALE YELLOW
TRANSPARANCY <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>	HAZY		CLEAR
SPECIFIC GRAVITY <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>	1.02		1.002 - 1.030

CHEMICAL EXAMINATION

REACTION <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>	ACIDIC		
PROTEIN <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>	2+		NEGATIVE (-ve)
SUGAR <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
pH <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>	5.5		5.0 - 7.5
BILIRUBIN <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
NITRITE <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
UROBILINOGEN <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>	NOT DETECTED	EU/dL	0.2 - 1.0
KETONE BODIES <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
BLOOD <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
ASCORBIC ACID <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>	NEGATIVE (-ve)		NEGATIVE (-ve)

MICROSCOPIC EXAMINATION

RED BLOOD CELLS (RBCs) <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)	/HPF	0 - 3
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PUS CELLS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	3-5	/HPF	0 - 5
EPITHELIAL CELLS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	4-6	/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

*** End Of Report ***



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