



# PKR JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

## A PIONEER DIAGNOSTIC CENTRE

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

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

<b>NAME</b>	: Mr. SURINDER KUMAR	<b>PATIENT ID</b>	: 1380431
<b>AGE/ GENDER</b>	: 58 YRS/MALE	<b>REG. NO./LAB NO.</b>	: 122501270015
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 27/Jan/2025 12:02 PM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 27/Jan/2025 12:14PM
<b>BARCODE NO.</b>	: 12506711	<b>REPORTING DATE</b>	: 27/Jan/2025 01:17PM
<b>CLIENT CODE.</b>	: P.K.R JAIN HEALTHCARE INSTITUTE		
<b>CLIENT ADDRESS</b>	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA		

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>	14.7	gm/dL	12.0 - 17.0
RED BLOOD CELL (RBC) COUNT <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDEANCE</i>	4.67	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	41.3	%	40.0 - 54.0
MEAN CORPUSCULAR VOLUME (MCV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	88.6	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	31.6	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	35.7	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	12.8	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	43.7	fL	35.0 - 56.0
MENTZERS INDEX <i>by CALCULATED</i>	18.97	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX <i>by CALCULATED</i>	24.38	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 &amp; MICROSCOPY</i>	10340	/cmm	4000 - 11000
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#### DIFFERENTIAL LEUCOCYTE COUNT (DLC)

NEUTROPHILS <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	70 <sup>H</sup>	%	50 - 70
LYMPHOCYTES	23	%	20 - 40



  
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<i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>			
EOSINOPHILS	1	%	1 - 6
<i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>			
MONOCYTES	6	%	2 - 12
<i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>			
BASOPHILS	0	%	0 - 1
<i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>			
<b><u>ABSOLUTE LEUKOCYTES (WBC) COUNT</u></b>			
ABSOLUTE NEUTROPHIL COUNT	7238	/cmm	2000 - 7500
<i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>			
ABSOLUTE LYMPHOCYTE COUNT	<b>2378<sup>L</sup></b>	/cmm	800 - 4900
<i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>			
ABSOLUTE EOSINOPHIL COUNT	103	/cmm	40 - 440
<i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>			
ABSOLUTE MONOCYTE COUNT	620	/cmm	80 - 880
<i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>			
ABSOLUTE BASOPHIL COUNT	0	/cmm	0 - 110
<i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>			
<b><u>PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.</u></b>			
PLATELET COUNT (PLT)	311000	/cmm	150000 - 450000
<i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>			
PLATELETCRIT (PCT)	0.26	%	0.10 - 0.36
<i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>			
MEAN PLATELET VOLUME (MPV)	8	fL	6.50 - 12.0
<i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>			
PLATELET LARGE CELL COUNT (P-LCC)	54000	/cmm	30000 - 90000
<i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>			
PLATELET LARGE CELL RATIO (P-LCR)	17.4	%	11.0 - 45.0
<i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>			
PLATELET DISTRIBUTION WIDTH (PDW)	16.1	%	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

### LACTATE DEHYDROGENASE (LDH): SERUM

LACTATE DEHYDROGENASE (LDH): SERUM <i>by BASED ON SCE, SPECTROPHOTOMETRY</i>	408.2	U/L	225.0 - 450.0
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#### INTERPRETATION:-

- Lactate dehydrogenase (LDH) activity is present in all cells of the body with highest concentrations in heart, liver, muscle, kidney, lung, and erythrocytes.
- The test can be used for monitoring changes in tumor burden after chemotherapy, although, lactate dehydrogenase elevations in patients with cancer are too erratic to be of use in the diagnosis of cancer

#### INCREASED (MARKED) :-

- Megaloblastic anemia.
- Untreated pernicious anemia.
- Hodgkins disease.
- Abdominal and lung cancers.
- Severe shock.
- Hypoxia.

#### INCREASED (MODERATE):-

- Myocardial infarction (MI).
- Pulmonary infarction and pulmonary embolism.
- Leukemia.
- Hemolytic anemia.
- Infectious mononucleosis.
- Progressive muscular dystrophy (especially in the early and middle stages of the disease)
- Liver disease and renal disease.

#### NOTE:-

- In liver disease, elevations of LDH are not as great as the increases in aspartate amino transferase (AST) and alanine aminotransferase (ALT).
- Serum LDH may be falsely elevated in otherwise healthy individuals which can be due to mechanical destruction of RBCs. Therefore, Possibility of mechanical errors (Transportation or vigorous shaking) should always be ruled out.

\*\*\* End Of Report \*\*\*



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