



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.

NAME	: Mrs. MANISHA SHARMA	PATIENT ID	: 1743575
AGE/ GENDER	: 28 YRS/FEMALE	REG. NO./LAB NO.	: 122502030009
COLLECTED BY	:	REGISTRATION DATE	: 03/Feb/2025 10:10 AM
REFERRED BY	:	COLLECTION DATE	: 03/Feb/2025 10:48AM
BARCODE NO.	: 12506811	REPORTING DATE	: 03/Feb/2025 01:37PM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTITUTE		
CLIENT ADDRESS	: 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>	12	gm/dL	12.0 - 16.0
RED BLOOD CELL (RBC) COUNT <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDEANCE</i>	4.12	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	35.3^L	%	37.0 - 50.0
MEAN CORPUSCULAR VOLUME (MCV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	85.7	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	29.2	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	34.1	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	13	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>	42.7	fL	35.0 - 56.0
MENTZERS INDEX <i>by CALCULATED</i>	20.8	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX <i>by CALCULATED</i>	27.11	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>	5330	/cmm	4000 - 11000
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DIFFERENTIAL LEUCOCYTE COUNT (DLC)

NEUTROPHILS <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>	57	%	50 - 70
LYMPHOCYTES	32	%	20 - 40




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<i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>			
EOSINOPHILS	3	%	1 - 6
<i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>			
MONOCYTES	8	%	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	3038	/cmm	2000 - 7500
<i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>			
ABSOLUTE LYMPHOCYTE COUNT	1706	/cmm	800 - 4900
<i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>			
ABSOLUTE EOSINOPHIL COUNT	160	/cmm	40 - 440
<i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i>			
ABSOLUTE MONOCYTE COUNT	426	/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)	227000	/cmm	150000 - 450000
<i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>			
PLATELETCRIT (PCT)	0.25	%	0.10 - 0.36
<i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>			
MEAN PLATELET VOLUME (MPV)	11	fL	6.50 - 12.0
<i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>			
PLATELET LARGE CELL COUNT (P-LCC)	76000	/cmm	30000 - 90000
<i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>			
PLATELET LARGE CELL RATIO (P-LCR)	33.6	%	11.0 - 45.0
<i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>			
PLATELET DISTRIBUTION WIDTH (PDW)	16.2	%	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

URIC ACID

URIC ACID: SERUM <i>by URICASE - OXIDASE PEROXIDASE</i>	4.84	mg/dL	2.50 - 6.80
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INTERPRETATION:-

1. GOUT occurs when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint.
 2. Uric Acid is the end product of purine metabolism . Uric acid is excreted to a large degree by the kidneys and to a smaller degree in the intestinal tract by microbial degradation.

INCREASED:-

(A).DUE TO INCREASED PRODUCTION:-

1. Idiopathic primary gout.
2. Excessive dietary purines (organ meats, legumes, anchovies, etc).
3. Cytolytic treatment of malignancies especially leukemias & lymphomas.
4. Polycythemia vera & myeloid metaplasia.
5. Psoriasis.
6. Sickle cell anaemia etc.

(B).DUE TO DECREASED EXCRETION (BY KIDNEYS)

1. Alcohol ingestion.
2. Thiazide diuretics.
3. Lactic acidosis.
4. Aspirin ingestion (less than 2 grams per day).
5. Diabetic ketoacidosis or starvation.
6. Renal failure due to any cause etc.

DECREASED:-

(A).DUE TO DIETARY DEFICIENCY

1. Dietary deficiency of Zinc, Iron and molybdenum.
2. Fanconi syndrome & Wilsons disease.
3. Multiple sclerosis .
4. Syndrome of inappropriate antidiuretic hormone (SIADH) secretion & low purine diet etc.

(B).DUE TO INCREASED EXCRETION

1. Drugs:-Probenecid , sulphapyrazone, aspirin doses (more than 4 grams per day), corticosteroids and ACTH, anti-coagulants and estrogens etc.



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IMMUNOPATHOLOGY/SEROLOGY

C-REACTIVE PROTEIN (CRP)

C-REACTIVE PROTEIN (CRP) QUANTITATIVE: SERUM by NEPHLOMETRY	3.9	mg/L	0.0 - 6.0
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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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WIDAL SLIDE AGGLUTINATION TEST

SALMONELLA TYPHI O <i>by SLIDE AGGLUTINATION</i>	1 : 80	TITRE	1 : 80
SALMONELLA TYPHI H <i>by SLIDE AGGLUTINATION</i>	1 : 40	TITRE	1 : 160
SALMONELLA PARATYPHI AH <i>by SLIDE AGGLUTINATION</i>	NIL	TITRE	1 : 160
SALMONELLA PARATYPHI BH <i>by SLIDE AGGLUTINATION</i>	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 repetition 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 O agglutinins indicate recent infection.



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CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC EXAMINATION

PHYSICAL EXAMINATION

QUANTITY RECEIVED	30	ml	
<i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>			
COLOUR	PALE YELLOW		PALE YELLOW
<i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>			
TRANSPARANCY	TURBID		CLEAR
<i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>			
SPECIFIC GRAVITY	1.02		1.002 - 1.030
<i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>			

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION

RED BLOOD CELLS (RBCs)	NEGATIVE (-ve)	/HPF	0 - 3
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<i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>			
PUS CELLS	10-12	/HPF	0 - 5
<i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>			
EPITHELIAL CELLS	8-10	/HPF	ABSENT
<i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>			
CRYSTALS	NEGATIVE (-ve)		NEGATIVE (-ve)
<i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>			
CASTS	NEGATIVE (-ve)		NEGATIVE (-ve)
<i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>			
BACTERIA	POSITIVE (+ve)		NEGATIVE (-ve)
<i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>			
OTHERS	NEGATIVE (-ve)		NEGATIVE (-ve)
<i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>			
TRICHOMONAS VAGINALIS (PROTOZOA)	ABSENT		ABSENT
<i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>			

*** End Of Report ***



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