

A PIONEER DIAGNOSTIC CENTRE

■ 0171-2532620, 8222896961 ■ pkrjainhealthcare@gmail.com

NAME : Mr. YASHPAL

AGE/ GENDER : 29 YRS/MALE **PATIENT ID** : 1488575

COLLECTED BY REG. NO./LAB NO. : 122502270013

REFERRED BY **REGISTRATION DATE** : 27/Feb/2025 11:56 AM BARCODE NO. : 12507268 **COLLECTION DATE** : 27/Feb/2025 12:57PM CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE REPORTING DATE : 27/Feb/2025 02:44PM

CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

Value Unit **Biological Reference interval Test Name**

HAEMATOLOGY COMPLETE BLOOD COUNT (CBC)

RED BLOOD CELLS (RBCS) COUNT AND INDICES

HAEMOGLOBIN (HB) by CALORIMETRIC	13.8	gm/dL	12.0 - 17.0
RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	5.13 ^H	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	40.7	%	40.0 - 54.0
MEAN CORPUSCULAR VOLUME (MCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	79.4 ^L	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	27	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	34	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	13.8	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	42.8	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED	15.48	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX by CALCULATED	21.44	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	8070	/cmm	4000 - 11000
<u>DIFFERENTIAL LEUCOCYTE COUNT (DLC)</u>			
NEUTROPHILS by Flow cytometry by SF cube & microscopy	67	%	50 - 70
LYMPHOCYTES	25	%	20 - 40



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)





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Test Name	Value	Unit	Biological Reference interval			
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY						
EOSINOPHILS	2	%	1 - 6			
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY						
MONOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	6	%	2 - 12			
BASOPHILS	0	%	0 - 1			
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	U	70	0 - 1			
ABSOLUTE LEUKOCYTES (WBC) COUNT						
ABSOLUTE NEUTROPHIL COUNT	5407	/cmm	2000 - 7500			
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY						
ABSOLUTE LYMPHOCYTE COUNT	2018 ^L	/cmm	800 - 4900			
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	PKR		40 440			
ABSOLUTE EOSINOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	161	/cmm	40 - 440			
ABSOLUTE MONOCYTE COUNT	484	/cmm	80 - 880			
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	101	, ciiiii	00 000			
ABSOLUTE BASOPHIL COUNT	0	/cmm	0 - 110			
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY						
PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.						
PLATELET COUNT (PLT)	251000	/cmm	150000 - 450000			
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE						
PLATELETCRIT (PCT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	0.18	%	0.10 - 0.36			
MEAN PLATELET VOLUME (MPV)	7	fL	6.50 - 12.0			
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE		IL	0.30 - 12.0			
PLATELET LARGE CELL COUNT (P-LCC)	30000	/cmm	30000 - 90000			
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE						
PLATELET LARGE CELL RATIO (P-LCR)	12	%	11.0 - 45.0			
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE						
PLATELET DISTRIBUTION WIDTH (PDW) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	16	%	15.0 - 17.0			
NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD						
TOTE. TEST CONDUCTED ON EDITA WHOLE BEOOD						



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY) MBBS, MD (PATHOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST







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CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

Value Unit **Biological Reference interval Test Name**

CLINICAL CHEMISTRY/BIOCHEMISTRY

UREA

27.07 10.00 - 50.00 **UREA: SERUM** mg/dL by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)

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440 Dated 17.5.2012 u/s 80 G OF INCOME TAX ACT. PAN NO. AAAAP1600. REPORT ATTRACTS THE CONDITIONS PRINTED OVERLEAF (P.T.O.)





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Test Name Value Unit **Biological Reference interval**

CREATININE

CREATININE: SERUM

by ENZYMATIC, SPECTROPHOTOMETRY

mg/dL

0.40 - 1.40





DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)





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Value Unit **Test Name Biological Reference interval**

REPORTING DATE

CLINICAL PATHOLOGY URINE ROUTINE & MICROSCOPIC EXAMINATION

PHYSICAL EXAMINATION

CLIENT CODE.

QUANTITY RECIEVED ml by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

PALE YELLOW AMBER YELLOW by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

TRANSPARANCY **HAZY CLEAR**

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

SPECIFIC GRAVITY <=1.005 1.002 - 1.030

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

CHEMICAL EXAMINATION **ACIDIC** REACTION

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

NEGATIVE (-ve) Negative by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

SUGAR NEGATIVE (-ve) Negative

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

рН 5.0 - 7.5by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

BILIRUBIN NEGATIVE (-ve) Negative

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY **NITRITE** NEGATIVE (-ve)

Negative by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.

EU/dL **UROBILINOGEN** 0.2 - 1.0Normal

NEGATIVE (-ve) KETONE BODIES Negative

BLOOD NEGATIVE (-ve) Negative

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

ASCORBIC ACID NEGATIVE (-ve) NEGATIVE (-ve)

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	2-3	/HPF	0 - 5
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
EPITHELIAL CELLS	4-5	/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			



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Value Unit **Biological Reference interval Test Name**

MICROBIOLOGY

CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: URINE

CULTURE AND SUSCEPTIBILITY: URINE

DATE OF SAMPLE 27-02-2025 SPECIMEN SOURCE URINE INCUBATION PERIOD 48 HOURS by AUTOMATED BROTH CULTURE

CULTURE

by AUTOMATED BROTH CULTURE

by AUTOMATED BROTH CULTURE

NO AEROBIC PYOGENIC ORGANISM GROWN AFTER 48 HOURS OF **ORGANISM**

STERILE

INCUBATION AT 37*C

AEROBIC SUSCEPTIBILITY: URINE

INTERPRETATION:

1. In urine culture and sensitivity, presence of more than 100,000 organism per mL in midstream sample of urine is considered clinically significant. However in symptomatic patients, a smaller number of bacteria (100 to 10000/mL) may signify infection.

2. Colony count of 100 to 10000/ mL indicate infection, if isolate from specimen obtained by suprapubic aspiration or "in-and-out"

catheterization or from patients with indwelling catheters.

SUSCEPTIBILITY:

1. A test interpreted as SENSTITIVE implies that infection due to isolate may be appropriately treated with the dosage of an antimicrobial agent

recommended for that type of infection and infecting species, unless otherwise indicated..

2. A test interpreted as **INTERMEDIATE** implies that the" Infection due to the isolate may be appropriately treated in body sites where the drugs are

physiologically concentrated or when a high dosage of drug can be used".

3.A test interpreted as **RESISTANT** implies that the "isolates are not inhibited by the usually achievable concentration of the agents with normal dosage, schedule and/or fall in the range where specific microbial resistance mechanism are likely (e.g. beta-lactamases), and clinical efficacy has not been reliable in treatment studies.

CAUTION:

Conditions which can cause a false Negative culture:

- 1. Patient is on antibiotics. Please repeat culture post therapy.
- 2. Anaerobic bacterial infection.
- 3. Fastidious aerobic bacteria which are not able to grow on routine culture media.
- 4. Besides all these factors, at least in 25-40 % of cases there is no direct correlation between in vivo clinical picture.
- 5. Renal tuberculosis to be confirmed by AFB studies.

*** End Of Report ***



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