



P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

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

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

| | | | |
|-----------------------|--|--------------------------|------------------------|
| NAME | : Mrs. SEERAT | PATIENT ID | : 1820450 |
| AGE/ GENDER | : 39 YRS/FEMALE | REG. NO./LAB NO. | : 122504070010 |
| COLLECTED BY | : | REGISTRATION DATE | : 07/Apr/2025 09:51 AM |
| REFERRED BY | : | COLLECTION DATE | : 07/Apr/2025 09:52AM |
| BARCODE NO. | : 12507934 | REPORTING DATE | : 07/Apr/2025 01:56PM |
| CLIENT CODE. | : P.K.R JAIN HEALTHCARE INSTITUTE | | |
| CLIENT ADDRESS | : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA | | |

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

HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC)

RED BLOOD CELLS (RBCS) COUNT AND INDICES

| | | | |
|---|-------------------|--------------|---|
| HAEMOGLOBIN (HB) <i>by CALORIMETRIC</i> | 10.9 ^L | gm/dL | 12.0 - 16.0 |
| RED BLOOD CELL (RBC) COUNT <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 3.68 | Millions/cmm | 3.50 - 5.00 |
| PACKED CELL VOLUME (PCV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 31.9 ^L | % | 37.0 - 50.0 |
| MEAN CORPUSCULAR VOLUME (MCV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 86.7 | fL | 80.0 - 100.0 |
| MEAN CORPUSCULAR HAEMOGLOBIN (MCH) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 29.7 | pg | 27.0 - 34.0 |
| MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 34.2 | g/dL | 32.0 - 36.0 |
| RED CELL DISTRIBUTION WIDTH (RDW-CV) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 12.6 | % | 11.00 - 16.00 |
| RED CELL DISTRIBUTION WIDTH (RDW-SD) <i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | 41.4 | fL | 35.0 - 56.0 |
| MENTZERS INDEX <i>by CALCULATED</i> | 23.56 | RATIO | BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0 |
| GREEN & KING INDEX <i>by CALCULATED</i> | 86.89 | 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> | 7020 | /cmm | 4000 - 11000 |
|---|------|------|--------------|

DIFFERENTIAL LEUCOCYTE COUNT (DLC)

| | | | |
|-------------|----|---|---------|
| NEUTROPHILS | 65 | % | 50 - 70 |
|-------------|----|---|---------|




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| <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | | | |
| LYMPHOCYTES | 26 | % | 20 - 40 |
| <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | | | |
| EOSINOPHILS | 4 | % | 1 - 6 |
| <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | | | |
| MONOCYTES | 5 | % | 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 | 4563 | /cmm | 2000 - 7500 |
| <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | | | |
| ABSOLUTE LYMPHOCYTE COUNT | 1825 ^L | /cmm | 800 - 4900 |
| <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | | | |
| ABSOLUTE EOSINOPHIL COUNT | 281 | /cmm | 40 - 440 |
| <i>by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY</i> | | | |
| ABSOLUTE MONOCYTE COUNT | 351 | /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) | 207000 | /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) | 12 | fL | 6.50 - 12.0 |
| <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | | | |
| PLATELET LARGE CELL COUNT (P-LCC) | 83000 | /cmm | 30000 - 90000 |
| <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | | | |
| PLATELET LARGE CELL RATIO (P-LCR) | 40.2 | % | 11.0 - 45.0 |
| <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | | | |
| PLATELET DISTRIBUTION WIDTH (PDW) | 16.3 | % | 15.0 - 17.0 |
| <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | | | |
| NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD | | | |




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ERYTHROCYTE SEDIMENTATION RATE (ESR)

| | | | |
|--------------------------------------|----|-----------|--------|
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 15 | mm/1st hr | 0 - 20 |
|--------------------------------------|----|-----------|--------|

by RED CELL AGGREGATION BY CAPILLARY PHOTOMETRY

INTERPRETATION:

1. ESR is a non-specific test because an elevated result often indicates the presence of inflammation associated with infection, cancer and autoimmune 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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CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC EXAMINATION

PHYSICAL EXAMINATION

| | | | |
|---|--------------|----|---------------|
| QUANTITY RECIEVED | 10 | ml | |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i> | | | |
| COLOUR | AMBER YELLOW | | PALE YELLOW |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i> | | | |
| TRANSPARANCY | CLEAR | | CLEAR |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i> | | | |
| SPECIFIC GRAVITY | <=1.005 | | 1.002 - 1.030 |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i> | | | |

CHEMICAL EXAMINATION

| | | | |
|--|----------------|-------|----------------|
| REACTION | ACIDIC | | |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i> | | | |
| PROTEIN | Negative | | NEGATIVE (-ve) |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i> | | | |
| SUGAR | Negative | | NEGATIVE (-ve) |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i> | | | |
| pH | 6 | | 5.0 - 7.5 |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i> | | | |
| BILIRUBIN | Negative | | NEGATIVE (-ve) |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i> | | | |
| NITRITE | Negative | | NEGATIVE (-ve) |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.</i> | | | |
| UROBILINOGEN | Normal | EU/dL | 0.2 - 1.0 |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i> | | | |
| KETONE BODIES | Negative | | NEGATIVE (-ve) |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i> | | | |
| BLOOD | Negative | | NEGATIVE (-ve) |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i> | | | |
| ASCORBIC ACID | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i> | | | |

MICROSCOPIC EXAMINATION



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| RED BLOOD CELLS (RBCs) <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i> | NEGATIVE (-ve) | /HPF | 0 - 3 |
| PUS CELLS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i> | 2-3 | /HPF | 0 - 5 |
| EPITHELIAL CELLS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i> | 3-4 | /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 |



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MICROBIOLOGY

CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: URINE

CULTURE AND SUSCEPTIBILITY: URINE

| | |
|-----------------------------------|--|
| DATE OF SAMPLE | 017-04-2025 |
| SPECIMEN SOURCE | URINE |
| INCUBATION PERIOD | 48 HOURS |
| <i>by AUTOMATED BROTH CULTURE</i> | |
| CULTURE | STERILE |
| <i>by AUTOMATED BROTH CULTURE</i> | |
| ORGANISM | NO AEROBIC PYOGENIC ORGANISM GROWN AFTER 48 HOURS OF |
| <i>by AUTOMATED BROTH CULTURE</i> | 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 **SENSITIVE** 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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