CLIENT CODE.





PKR JAIN HEALTHCARE INSTITUTE NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

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

: 08/Apr/2025 01:42PM

NAME : Mr. NIRMALA

AGE/ GENDER : 65 YRS/MALE **PATIENT ID** :1769380

COLLECTED BY : 122504080006 REG. NO./LAB NO.

REFERRED BY **REGISTRATION DATE** : 08/Apr/2025 08:41 AM BARCODE NO. : 12507949 **COLLECTION DATE** :08/Apr/2025 10:16AM

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

: P.K.R JAIN HEALTHCARE INSTITUTE

Unit Value **Biological Reference interval** Test Name

HAEMATOLOGY COMPLETE BLOOD COUNT (CBC)

REPORTING DATE

RED BLOOD CELLS (RBCS) COUNT AND INDICES

HAEMOGLOBIN (HB) by CALORIMETRIC	11.5 ^L	gm/dL	12.0 - 17.0
RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	4.6	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	37.1 ^L	%	40.0 - 54.0
MEAN CORPUSCULAR VOLUME (MCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	80.8	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	25.1 ^L	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	31 ^L	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	16.8 ^H	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	50.7	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED	17.57	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX by CALCULATED	95.37	RATIO	BETA THALASSEMIA TRAIT: <= 74.1 IRON DEFICIENCY ANEMIA: >= 74.1
WHITE BLOOD CELLS (WBCS)			
TOTAL LEUCOCYTE COUNT (TLC) by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	15620 ^H	/cmm	4000 - 11000
NUCLEATED RED BLOOD CELLS (nRBCS) by AUTOMATED 6 PART HEMATOLOGY ANALYZER	NIL		0.00 - 20.00
NUCLEATED RED BLOOD CELLS (nRBCS) %	NIL	%	< 10 %



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY)





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Test Name	Value	Unit	Biological Reference interval
by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER			
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHILS	75 ^H	%	50 - 70
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
LYMPHOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	18 ^L	%	20 - 40
EOSINOPHILS	0^{L}	%	1 - 6
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	02	/0	1 - 0
MONOCYTES	7	%	2 - 12
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
BASOPHILS	0	%	0 - 1
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
ABSOLUTE LEUKOCYTES (WBC) COUNT			
ABSOLUTE NEUTROPHIL COUNT	11715 ^H	/cmm	2000 - 7500
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
ABSOLUTE LYMPHOCYTE COUNT	2812	/cmm	800 - 4900
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE EOSINOPHIL COUNT	0^{L}	/cmm	40 - 440
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	012	/CIIIII	40 - 440
ABSOLUTE MONOCYTE COUNT	1093 ^H	/cmm	80 - 880
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	1073		
ABSOLUTE BASOPHIL COUNT	0	/cmm	0 - 110
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
PLATELETS AND OTHER PLATELET PREDICTIV	<u>VE MARKERS.</u>		
PLATELET COUNT (PLT)	316000	/cmm	150000 - 450000
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			
PLATELETCRIT (PCT)	0.47^{H}	%	0.10 - 0.36
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	TT	ca.	6.50 12.0
MEAN PLATELET VOLUME (MPV) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	15 ^H	fL	6.50 - 12.0
PLATELET LARGE CELL COUNT (P-LCC)	191000 ^H	/cmm	30000 - 90000
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	191000	, 5	23000 70000
PLATELET LARGE CELL RATIO (P-LCR)	60.4^{H}	%	11.0 - 45.0
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			
PLATELET DISTRIBUTION WIDTH (PDW)	16.3	%	15.0 - 17.0



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Value Unit Test Name **Biological Reference interval**

by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD



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

Value Unit Test Name **Biological Reference interval**

CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE FASTING (F)

GLUCOSE FASTING (F): PLASMA mg/dL 268.12^{H}

by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)

NORMAL: < 100.0

PREDIABETIC: 100.0 - 125.0 DIABETIC: > 0R = 126.0

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A fasting plasma glucose level below 100 mg/dl is considered normal.

2. A fasting plasma glucose level between 100 - 125 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 fasting plasma glucose level of above 125 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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Value Unit Test Name **Biological Reference interval**

IMMUNOPATHOLOGY/SEROLOGY

WIDAL SLIDE AGGLUTINATION TEST

SALMONELLA TYPHI O	1:20	TITRE	1:80
by SLIDE AGGLUTINATION			
SALMONELLA TYPHI H	1:20	TITRE	1:160
by SLIDE AGGLUTINATION			
SALMONELLA PARATYPHI AH by SLIDE AGGLUTINATION	NIL	TITRE	1:160
SALMONELLA PARATYPHI BH by SLIDE AGGLUTINATION	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.

- 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 repitition 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 Oagglutinins indicate recent infection.

*** End Of Report ***



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