



PKR JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

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

: 08/Apr/2025 01:35PM

NAME : Mrs. RUPINDER KAUR

AGE/ GENDER : 30 YRS/FEMALE **PATIENT ID** : 1822306

COLLECTED BY REG. NO./LAB NO. : 122504080019

: 08/Apr/2025 11:20 AM REFERRED BY **REGISTRATION DATE** BARCODE NO. : 12507962 **COLLECTION DATE** : 08/Apr/2025 12:50PM

CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE REPORTING DATE **CLIENT ADDRESS** : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

Unit Value **Biological Reference interval** Test Name

HAEMATOLOGY COMPLETE BLOOD COUNT (CBC)

RED BLOOD CELLS (RBCS) COUNT AND INDICES

HAEMOGLOBIN (HB)	12	gm/dL	12.0 - 16.0
by CALORIMETRIC	4.20	V 4.11.	2.50 5.00
RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	4.38	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	37.5	%	37.0 - 50.0
MEAN CORPUSCULAR VOLUME (MCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	85.6	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	27.5	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	32.2	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	12.9	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	41.6	fL	35.0 - 56.0
MENTZERS INDEX	19.54	RATIO	BETA THALASSEMIA TRAIT: <
by CALCULATED			13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX by CALCULATED	78.77	RATIO	BETA THALASSEMIA TRAIT: <= 65.0 IRON DEFICIENCY ANEMIA: > 65.0
WHITE BLOOD CELLS (WBCS)			03.0
TOTAL LEUCOCYTE COUNT (TLC) by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	5270	/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 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	60	%	50 - 70				
LYMPHOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	28	%	20 - 40				
EOSINOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	2	%	1 - 6				
MONOCYTES by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	10	%	2 - 12				
BASOPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY		%	0 - 1				
ABSOLUTE LEUKOCYTES (WBC) COUNT							
ABSOLUTE NEUTROPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	3162	/cmm	2000 - 7500				
ABSOLUTE LYMPHOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	1476	/cmm	800 - 4900				
ABSOLUTE EOSINOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	105	/cmm	40 - 440				
ABSOLUTE MONOCYTE COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	527	/cmm	80 - 880				
ABSOLUTE BASOPHIL COUNT by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	0	/cmm	0 - 110				
PLATELETS AND OTHER PLATELET PREDICTIV	<u>E MARKERS.</u>						
PLATELET COUNT (PLT) by hydro dynamic focusing, electrical impedence	229000	/cmm	150000 - 450000				
PLATELETCRIT (PCT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	0.32	%	0.10 - 0.36				
MEAN PLATELET VOLUME (MPV) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	14 ^H	fL	6.50 - 12.0				
PLATELET LARGE CELL COUNT (P-LCC) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	124000^{H}	/cmm	30000 - 90000				
PLATELET LARGE CELL RATIO (P-LCR) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	54.4 ^H	%	11.0 - 45.0				
PLATELET DISTRIBUTION WIDTH (PDW)	15.9	%	15.0 - 17.0				



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DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST



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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Value Unit Test Name **Biological Reference interval**

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



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Value Unit **Biological Reference interval** Test Name

PERIPHERAL BLOOD SMEAR FOR MALARIA

REPORTING DATE

PERIPHERAL BLOOD SMEAR FOR MALARIAL PARASITE (MP) by MICROSCOPY

NO MALARIA PARASITE (MP) SEEN IN SMEAR EXAMINED



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Value Unit Test Name **Biological Reference interval**

IMMUNOPATHOLOGY/SEROLOGY WIDAL SLIDE AGGLUTINATION TEST

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

INTERPRETATION:

CLIENT CODE.

- 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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