Pathkind Labs

Client

Gurugram

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Processed By

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Name	:	**Mrs. PL02**	Billing Date	:	07/07/2023 12:30:22
Age	:	35 Yrs	Sample Collected on	:	10/07/2023 10:01:31
Sex	:	Female	Sample Received on	:	10/07/2023 11:02:13
P. ID No.	:	P1000100012902	Report Released on	:	20/07/2023 20:18:12
Accession No	:	**10002304958**	Barcode No.	:	10002304958-02
Referring Doctor	:	Self			
Referred By	:		Ref no.	:	

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
HAEMATOLOGY			
Ante Natal Profile Basic			
Complete Blood Count (CBC)			
Haemoglobin (Hb) *Sample: Whole Blood EDTA* *Method: Photometric measurement*	12.6	12.0 - 15.0	gm/dL
Total WBC Count / TLC *Sample: Whole Blood EDTA* *Method: Impedance*	5.4	4.0 - 10.0	thou/µL
RBC Count *Sample: Whole Blood EDTA* *Method: Impedance*	4.1	3.8 - 4.8	million/µL
PCV / Hematocrit *Sample: Whole Blood EDTA* *Method: Impedance*	36.8	36.0 - 46.0	%
MCV *Sample: Whole Blood EDTA* *Method: Calculated*	94.1	83.0 - 101.0	fL
MCH *Sample: Whole Blood EDTA* *Method: Calculated*	28.2	27.0 - 32.0	pg
MCHC *Sample: Whole Blood EDTA* *Method: Calculated*	32.5	31.5 - 34.5	g/dL
RDW (Red Cell Distribution Width) *Sample: Whole Blood EDTA* *Method: Calculated*	12.6	11.9 - 15.5	%
DLC (Differential Leucocyte Count) *Method: Flowcytometry/Microscopy*			
Neutrophils *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	60	40 - 80	%

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
Lymphocytes *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	30	20 - 40	%
Eosinophils *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	05	01 - 06	%
Monocytes *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	05	02 - 10	%
Basophils *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	00	00 - 02	%
Absolute Neutrophil Count *Sample: Whole Blood EDTA*	3240	2000 - 7000	/µL
Absolute Lymphocyte Count *Sample: Whole Blood EDTA*	1620	1000 - 3000	/µL
Absolute Eosinophil Count *Sample: Whole Blood EDTA*	270	20 - 500	/µL
Absolute Monocyte Count *Sample: Whole Blood EDTA*	270	200 - 1000	/µL
Absolute Basophil Count *Sample: Whole Blood EDTA*	**00** L	20 - 100	/µL
Platelet Count *Sample: Whole Blood EDTA* *Method: Impedance*	210	150 - 410	thou/µL
MPV (Mean Platelet Volume) *Sample: Whole Blood EDTA* *Method: Calculated*	8.9	6.8 - 10.9	fL

Sample: Whole Blood EDTA

Blood Group

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
Blood Grouping *Sample: Whole Blood EDTA* *Method: Column Agglutination*	A		
Rh (D) Typing *Sample: Whole Blood EDTA* *Method: Column agglutination*	Positive		
Fasting Plasma Glucose *Sample: Fluoride Plasma - F* *Method: Hexokinase*	88	74 - 99	mg/dL
Glucose Random *Sample: Fluoride Plasma - R* *Method: Hexokinase*	139	70 - 140	mg/dL
HIV Antibody, Rapid Card *Sample: Serum* *Method: Immunodot Assay*	Non Reactive	Non Reactive	
Hepatitis B Surface Antigen (HBsAg) Rapid Card *Sample: Serum* *Method: Immunochromatography*	Non Reactive	Non Reactive	
Hepatitis C Antibody (HCV), Rapid Card *Sample: Serum* *Method: Immunodot Assay*	**Reactive**	Non Reactive	
VDRL (RPR) *Sample: Serum* *Method: Slide flocculation*	**Reactive 1:64**	Non Reactive	NA
TSH 3rd Generation *Sample: Serum* *Method: ECLIA*	**5.600 H**	0.270 - 4.200	µIU/mL

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit

CLINICAL PATHOLOGY

Urine Routine & Microscopic Examination

Method: Reflectance Photometry

Physical Examination

Colour *Sample: Urine* *Method: Physical Examination*	Pale Yellow	Pale Yellow	
Appearance *Sample: Urine* *Method: Physical Examination*	Clear	Clear	
Specific Gravity *Sample: Urine* *Method: pKa change of pretreated polyelectrolytes*	1.015	1.003 - 1.035	
pH *Sample: Urine* *Method: Double indicator principle*	6.0	4.7 - 7.5	

Chemical Examination

Glucose *Sample: Urine* *Method: Glucose oxidase/peroxidase*	Not Detected	Not Detected	
Protein *Sample: Urine* *Method: Protein-error-of-indicators principle*	Not Detected	Not Detected	
Ketones *Sample: Urine* *Method: Sodium nitroprusside reaction*	Not Detected	Not Detected	
Blood *Sample: Urine* *Method: Peroxidase*	Not Detected	Not Detected	
Bilirubin *Sample: Urine* *Method: Diazo reaction*	Not Detected	Not Detected	

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Test Name	Result	Biological Ref. Interval	Unit
Urobilinogen *Sample: Urine* *Method: Ehrlich's reaction*	Normal	Normal	
Nitrite *Sample: Urine* *Method: Nitrite Test*	Not Detected	Not Detected	
Microscopic Examination *Method: Microscopy*			
Pus Cells *Sample: Urine*	0 - 5	0 - 5	/hpf
RBC *Sample: Urine*	Not Detected	Not Detected	/hpf
Epithelial Cells *Sample: Urine*	2 - 3	0 - 5	/hpf
Casts *Sample: Urine*	Not Detected	Not Detected	/hpf
Crystals *Sample: Urine*	Not Detected	Not Detected	/hpf
Bacteria *Sample: Urine*	Not Detected	Not Detected	/hpf
Remarks *Sample: Urine*			

Remarks : Microscopic Examination is performed on urine sediment

Complete Blood Count (CBC)

Clinical Significance :

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CBC comprises of estimation of the cellular componenets of blood including RBCs, WBCs and Platelets. Mean corpuscular volume (MCV) is a measure of the size of the average RBC, MCH is a measure of the hemoglobin cointent of the average RBC and MCHC is the hemoglobin concentration per RBC. The red cell distribution width (RDW) is a measure of the degree of variation in RBC size (anisocytosis) and is helpful in distinguishing between some anemias. CBC examination is used as a screening tool to confirm a hematologic disorder, to establish or rule out a diagnosis, to detect an unsuspected hematologic disorder, or to monitor effects of radiation or chemotherapy. Abnormal results may be due to a primary disorder of the cell-producing organs or an underlying disease. Results should be interpreted in conjunction with the patient's clinical picture and appropriate additional testing performed.

HIV Antibody, Rapid Card

Clinical Significance :

HIV Rapid test is a qualitative test used to screen for antibodies against HIV 1 and 2 viruses. As per NACO guidelines, all positive samples should be tested by using 3 different types of kits before report is released.

Hepatitis B Surface Antigen (HBsAg)

Clinical Significance :

Hepatitis B surface antigen (HBsAg) is the first serologic marker appearing in the serum at 6 to 16 weeks following exposure to HBV. In acute infection, HBsAg usually disappears in 1 to 2 months after the onset of symptoms. Persistence of HBsAg for more than 6 months in duration indicates development of either a chronic carrier state or chronic HBV infection.

In case of negative results:

Please note that while rapid test is a sensitive and reliable screening test, it should not be used as a sole criterion for diagnosis. It is recommended to use molecular testing (PCR) for confirmation.

In case of positive results:

The test has been performed on two different rapid technologies. Please note that while rapid test is a sensitive and reliable screening test, it should not be used as a sole criterion for diagnosis. It is recommended to use molecular testing (PCR) for confirmation.

Hepatitis C Antibody (HCV), Rapid Card

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Test Name	Result	Biological Ref. Interval	Unit

Clinical Significance :

HCV rapid test is a qualitative test used to screen for antibodies against Hepatitis C Virus.

In case of negative results:

Please note that while rapid test is a sensitive and reliable screening test, it should not be used as a sole criterion for diagnosis. It is recommended to use molecular testing (PCR) for confirmation.

In case of positive results:

The test has been performed on two different rapid technologies. Please note that while rapid test is a sensitive and reliable screening test, it should not be used as a sole criterion for diagnosis. It is recommended to use molecular testing (PCR) for confirmation.

-

VDRL (RPR)

1. This is a screening test for syphilis based on principal of flocculation which measures antibodies produced by the body when it comes in contact with the bacteria Treponema pallidum
2. This test is helpful in the initial diagnosis and following the progression of disease and response to therapy
3. Titers >1:8 are considered REACTIVE and SIGNIFICANT
4. Titers < 1:8 are considered NON REACTIVE and could be due to Biological False Positive reaction which may be seen in conditions like Malaria, HIV, SLE, Autoimmune disorders, Viral fever, Pregnancy etc.
5. Confirmation of diagnosis should be done by TPHA / FTA-ABS

TSH 3rd Generation

Clinical Significance :

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TSH levels are elevated in primary hypothyroidism and low in primary hyperthyroidism. Evaluation of TSH is useful in the differential diagnosis of primary from secondary and tertiary hypothyroidism. In primary hypothyroidism, TSH levels are elevated, whil secondary and tertiary hypothyroidism, TSH levels are low or normal. High TSH level in the presence of normal FT4 is subclinical hypothyroidism and low TSH with normal FT4 is called subclinical hyperthyroidism. Sick, hospitalized patients may have falsely low or transiently elevated TSH. Significant diurnal variation is also seen in TSH levels.

Guidelines for TSH levels in pregnancy, as per American Thyroid Association, are as follows:

PREGNANCY TRIMESTER	BIOLOGICAL REFERENCE INTERVAL	UNIT
FIRST TRIMESTER	0.100 - 2.500	µIU/mL
SECOND TRIMESTER	0.200 - 3.000	µIU/mL
THIRD TRIMESTER	0.300 - 3.000	µIU/mL

Urine Routine & Microscopic Examination

Clinical Significance :

Urine routine examination and microscopy comprises of a set of screening tests that can detect some common diseases like urinary tract infections, kidney disorders, liver problems, diabetes or other metabolic conditions. Physical characteristics (colour and appearance), chemical composition (glucose, protein, ketone, blood, bilirubin and urobilinogen) and microscopic content (pus cells, epithelial cells, RBCs, casts and crystals) are analyzed and reported.

** End of Report**

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