

Sample Collection Date	24-04-2021 10:50	DDL Center	Dr.Dangs Lab
Lab Ref. No.	210104296		
Name	MRS. MANJEET KAUR	Age / Sex	62 Years / FEMALE

Test (Methodology)	Result	Biological Reference Interval
HAEMATOLOGY		
COMPLETE BLOOD COUNT		
HAEMOGLOBIN	14.2 g/dL	11 - 15
RED BLOOD CELL COUNT	4.87 mill/cu.mm	4.2 - 5.5
TOTAL LEUCOCYTE COUNT	6620 Cells/cu.mm	4000 - 11000
PACKED CELL VOLUME	42.50 %	36 - 46
MCV (MEAN CORPUSCULAR VOLUME)	87.27 fL	79 - 98
MCH (MEAN CORPUSCULAR HB)	29.16 pg	26 - 32
MCHC (MEAN CORPUSCULAR HB CONC)	33.41 g/dL	30 - 36
PLATELET COUNT	283000 /cu.mm	150000 - 450000
DIFFERENTIAL LEUCOCYTE		
SEGMENTED NEUTROPHILS	74 %	40 - 80
LYMPHOCYTES	22 %	20 - 40
MONOCYTES	4 %	2 - 10
EOSINOPHILS	0 %	1 - 6
BASOPHILS	0 %	0 - 2

Sample Type: K2 EDTA Whole blood
Methodology: Automated cell counter, Sysmex XN-1000 based on Optical / Fluorescence / Flow Cytometry / SLS.

**** End of HAEMATOLOGY Report ****



DR. BISWAJIT SEN
M.D. (Path, PGI, Chandigarh)
(Authorised Signatory)



DR. SONAL JAIN
D.M. (Hematology, A.I.I.M.S.)
(Head Hematology)

Authentication : 24-04-2021 12:12
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HAEMATOLOGY**D-DIMER (QUANTITATIVE)**

D-Dimer, Citrate plasma [Immuno-turbidimetric Assay]

0.54 mg FEU/L


< 0.5

D-Dimer is a sensitive marker for the activation of coagulation. When D-Dimer values below the cut off are obtained, deep venous thrombosis (DVT) of the lower limb and pulmonary embolism (PE) can be excluded with high sensitivity.

In disseminated intravascular coagulation (DIC)/consumptive coagulopathy, fibrin degradation products are a sensitive marker. Monitoring the fibrin-specific degradation products can be used to

- confirm or refute a tentative diagnosis
- estimate the potential risk for patients with existing DIC
- monitor an initiated therapy

Apart from DVT, PE, and DIC, D-Dimer may reflect other causes associated with fibrin formation such as trauma, pregnancy complications, malignant disease or vascular abnormalities. Elevated D-Dimer levels therefore have to be interpreted in the context of possible underlying diseases and clinical symptoms.

**** End of HAEMATOLOGY Report ****

DR. MANAVI DANG
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DR. SONAL JAIN
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Sample Collection Date	24-04-2021 10:50	DDL Center	Dr.Dangs Lab
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Test (Methodology)	Result	Biological Reference Interval
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BIOCHEMISTRY & IMMUNOTURBIDIMETRY

Procalcitonin [ECLIA]

0.13 ng/mL

Clinical cut-off

<0.5 ng/mL- Low risk of severe sepsis and/or septic shock.
> 2.0 ng/mL- High risk of severe sepsis and/or septic shock.

Clinician should use the PCT results in conjunction with other laboratory findings and clinical signs of the patient and interpret the concrete values in reference with the clinical presentation of the patient.

The below given ranges can be used for point of reference purpose.

1. PCT <0.5 ng/mL- Healthy individuals- Normal value to be below 0.5 ng/mL.
2. PCT <0.5 ng/mL- Systemic infection (sepsis) is not likely, Local bacterial infection is possible- Low risk for progression to severe systemic infection (severe sepsis), PCT level below 0.5 ng/mL do not exclude an infection, because localized infections (without systemic signs) may be associated with such low levels, Also if the PCT measurement is done very early following bacterial challenge (usually <6 hours), these values may still be low. In these cases, PCT should be re-assessed 6-24 hours later.
3. PCT 0.5 to < 2 ng/mL- Systemic infection (sepsis) is possible, but various conditions are known to induce PCT as well- Moderate risk for progression to severe systemic infection (severe sepsis). The patient should be closely monitored both clinically and by re-assessing PCT within 6-24 hours.
4. PCT >2 to <10 ng/mL-Systemic infection (sepsis) is likely, unless other causes are known-High risk for progression to severe systemic infection (severe sepsis).
5. PCT >10 ng/mL-Important systemic inflammatory response, almost exclusively due to severe bacterial sepsis or septic shock-High likelihood of severe sepsis or septic shock.

® **C - Reactive Protein, Serum [Immunoturbidimetry]**

40.30 mg/l

0-5.0

INTERPRETATION:

Biological Reference range: 0 - 5 mg/L

1. C- Reactive Protein (CRP) is the most sensitive acute phase reactant for inflammation.
2. After onset of an acute phase response, the serum CRP concentration rises rapidly (within 6-12 hours and peaks at 24-48 hours) and extensively. Concentrations above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).
3. Measurements of CRP in blood are used to detect infections, inflammatory diseases, malignant neoplasms, severe trauma and to differentiate between active and inactive forms of disease with concurrent infections.
4. CRP has a half-life of only a few hours, making it an ideal tool for clinical monitoring.
5. Increase in CRP values are non-specific for many disease processes and should not be interpreted without a complete clinical evaluation.

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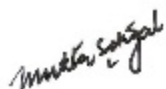
6. There are two different tests for CRP. The standard CRP test measures a much wider range of CRP levels. hs-CRP test is more sensitive and can accurately detect lower concentrations of CRP. The hs-CRP is an independent marker of Cardiovascular disease risk, and may be useful as a prognostic indicator for recurrent events in patients with acute coronary syndrome.

Note: Conversion factor: mg/L X 0.1 = mg/dL

® L.D.H., Serum [U.V. Assay]	303.00 IU/L	135 - 214
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**** End of BIOCHEMISTRY & IMMUNOTURBIDIMETRY Report ****

® MARKED RESULT IS RECHECKED AND VERIFIED



DR. MUKTA SEHGAL
H.O.D. (BIOCHEMISTRY)
(Authorised Signatory)



DR. MANAVI DANG
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IMMUNO ASSAYS

FERRITIN LEVEL, Serum [ECLIA]
566.40 ng/mL

- Ferritin test is used to assess body's current store of iron and to evaluate the severity of anemia or iron overload.
- Ferritin is also an acute phase reactant.
- The concentration of serum ferritin corresponds with that of tissue ferritin and correlates with body iron stores in the absence of inflammation.
- This assay is clinically useful in distinguishing between Iron deficiency anemia (low level) and anemia of chronic disease (normal or high level).
- It is elevated in inflammation and infections, in iron overload states and also in some malignancies.
- A low serum ferritin reflects depleted iron stores but not necessarily the severity of depletion, as it progresses.
- Serum ferritin is of limited usefulness in diagnosing iron deficiency during pregnancy, as concentration falls during late pregnancy, even when bone marrow iron is present.
- Reference ranges updated. Please correlate results clinically.

Biological reference Interval:

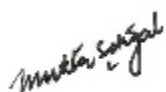
Adults:

Males: 20 - 250 ng/mL
Females: 10 - 120 ng/mL

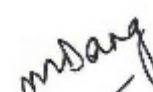
Children:

Newborn: 25 - 200 ng/mL
1 Month: 200 - 600 ng/mL
2 - 5 Months: 50 - 200 ng/mL
6 Months - 15 yr: 07 - 140 ng/mL

**** End of IMMUNO ASSAYS Report ****



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CONDITIONS OF REPORTING

- ▶ In case of alarming or unexpected test results you are advised to contact the laboratory immediately for further discussions and action. Laboratory results are meant to be correlated with the patient's clinical history.
- ▶ The report will carry the name and age provided at the time of registration.
- ▶ Reporting of tests will be as per defined laboratory turn around time for each test. The same will be informed to the patient during first point of contact i.e. registration or phlebotomy as the case may be.
- ▶ Test results & reference ranges vary depending on the technology and methodology used.
- ▶ Rarely a second sample may be requested for an indeterminate result or any other pre-analytical / analytical reason.
- ▶ Reports can be received either as a hard copy or an email on your personal ID. Reports can also be delivered via courier. Payments can be made online on our website. Only reports with no pending payments are mailed, uploaded or dispatched.
- ▶ Reports can also be accessed via Dr. Dangs lab website or through the Dr. Dangs mobile application on IOS and android using the unique ID and password provided to you during registration or received by you via SMS.
- ▶ Home collection sample facility is provided with prior appointment. Request for same to be given on 999-999-2020, booked online on www.drdangslab.com or through the Dr. Dangs mobile application on IOS and android.
- ▶ A digital invoice for tests performed is available on our website and can be accessed by using the unique I.D. and password provided.
- ▶ To maintain confidentiality, certain reports may not be mailed at the discretion of the management.
- ▶ In case of any queries pertaining to your test results or to provide feedback/suggestions please call us on 01145004200 or mail us at info@drdangslab.com.
- ▶ 48 hour notice is required for the issuing of slides and blocks.
- ▶ Test results are not valid for medico legal purposes.
- ▶ The courts (forums) at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the tests and/or results of the tests.
- ▶ * For any change in timings, please visit our website.



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