Sample Collection Date	22-04-2021 12:31	**DDL Center**	Dr.Dangs Lab
Lab Ref. No.	210102117		
Name	MRS. RENU AGARWAL	**Age / Sex**	51 Years / FEMALE

Test (Methodology)	Result	Biological Reference Interval
HAEMATOLOGY		
D-DIMER (QUANTITATIVE)		
D-Dimer, Citrate plasma [Immunoturbidmetric Assay]	0.33 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 ****

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DR. SONAL JAIN
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Test (Methodology)	Result	Biological Reference Interval
BIOCHEMISTRY & IMMUNOTURBIDIMETRY		
® **INTERLEUKIN-6 (IL-6) LEVELS, EDTA Plasma** [ECLIA]	**9.62 pg/mL**	< 7.0

SUMMARY AND EXPLANATION OF THE TEST:

Interleukin-6 (IL-6) is a cytokine (protein) produced by various cells in the body. It helps regulate immune responses, which makes it potentially useful as a marker of immune system activation. IL-6 can be elevated with inflammation, sepsis, infections, autoimmune disorders, cardiovascular diseases and some cancers. The test measures the amount of IL-6 in the blood. Elevated levels have been associated in some cases with an increased risk of disease development or worsening prognosis.

NOTE: Interleukin-6 (IL-6) is a nonspecific marker associated with an inflammatory response and is not **diagnostic** for any specific disease or disease process. Elevated concentrations of IL-6 must be interpreted within the clinical context of the patient.

Normal concentrations of IL-6 do not exclude the possibility of an ongoing inflammatory process.

Lower detection limit: 1.5 pg/mL

**** End of BIOCHEMISTRY & IMMUNOTURBIDIMETRY Report ****

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Test (Methodology)	Result	Biological Reference Interval

IMMUNO ASSAYS

®	**PARATHYROID HORMONE LEVEL, Serum** [ECLIA]	**70.21 pg/mL**	15 - 65

• Parathyroid hormone (PTH), is produced and secreted by the parathyroid glands. It regulates serum calcium concentration through its effects on bone, kidney and intestine.

• Useful for diagnosis of hypercalcemia, primary, secondary and tertiary hyperparathyroidism, hypoparathyroidism, monitoring end-stage renal failure patients for possible renal osteodystrophy.

• Elevated PTH with normal serum calcium levels may be indicative of secondary causes of hyperparathyroidism like Vitamin D deficiency. It may not always be indicative of primary hyperparathyroidism.

• Test results should be interpreted in conjunction with serum calcium and phosphorus levels and clinical findings.

• PTH is secreted in a pulsatile manner with an overall circadian rhythm characterized by a nocturnal rise.

• The determination of PTH intraoperatively during adenoma resection in the parathyroid gland play an important role in hyperparathyroidism, due to its short half-life of 3-5 minutes. Significant drop after resection of the abnormal gland/s help to assess whether entire hyperfunctioning gland has been successfully removed.

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

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Test (Methodology)	Result	Biological Reference Interval
HAEMATOLOGY		
Thrombin Time, Citrated blood	15.80 Seconds	10.3-16.6
CONTROL	16.20 Seconds	

Common causes of prolonged Thrombin Time
Afibrinogenaemia or hypofibrinogenaemia., Dysfibrinogenaemia, Disseminated Intravascular Coagulation, Liver disease. The test is being performed on fully automated coagulation analyser (ACL TOP 300).

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

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Test (Methodology)	Result	Biological Reference Interval
HAEMATOLOGY		
PROTHROMBIN TIME STUDIES, CITRATED BLOOD		
PLASMA TEST[Coagulation Assay]	11.10 Seconds	10.34-13.27
CONTROL	11.60 Seconds	
INR	0.94	

Common causes of prolonged PT
Vitamin K deficiency, Vitamin K antagonists (e.g. warfarin, phenindione, rodenticides), Liver disease, Disseminated Intravascular Coagulation, Factor VII deficiency. The test is being performed on fully automated coagulation analyser (ACL TOP 300).

P.T.T.K., CITRATED BLOOD		
PLASMA TEST[Coagulation Assay]	35.10 Seconds	25.57-36.71
CONTROL	29.40 Seconds	

Common causes of prolonged APTT
Vitamin K deficiency, Liver disease, Disseminated Intravascular Coagulation, Lupus Anticoagulant, Intrinsic Pathway Defect. The test is being performed on fully automated coagulation analyser (ACL TOP 300).

COMPLETE BLOOD COUNT		
HAEMOGLOBIN	11.8 g/dL	11 - 15
TOTAL LEUCOCYTE COUNT	9420 Cells/cu.mm	4000 - 11000
RED BLOOD CELL COUNT	4.20 mill/cu.mm	4.2 - 5.5
PACKED CELL VOLUME	36.10 %	36 - 46
MCV (MEAN CORPUSCULAR VOLUME)	85.95 fL	79 - 98
MCH (MEAN CORPUSCULAR HB)	28.10 pg	26 - 32
MCHC (MEAN CORPUSCULAR HB CONC)	32.69 g/dL	30 - 36
RED CELL DISTRIBUTION WIDTH	13.60 %	11.5 - 15.5
PLATELET COUNT	255000 /cu.mm	150000 - 450000
DIFFERENTIAL LEUCOCYTE COUNT		
SEGMENTED NEUTROPHILS	59 %	40 - 80
LYMPHOCYTES	30 %	20 - 40
MONOCYTES	8 %	2 - 10
EOSINOPHILS	3 %	1 - 6
BASOPHILS	0 %	0 - 2
ABSOLUTE LEUCOCYTE COUNT		
NEUTROPHIL	5558 cells/mm3	1800-7700

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Test (Methodology)	Result	Biological Reference Interval
LYMPHOCYTE	2826 cells/mm3	1000-4800
MONOCYTE	754 cells/mm3	0-800
EOSINOPHIL	283 cells/mm3	0-450

BLOOD PICTURE

RBCs are predominantly normocytic normochromic. WBC series is essentially unremarkable. Platelets appear adequate on smear.

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

NEUTROPHIL TO LYMPHOCYTE RATIO [Calculated]	1.97	

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

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Test (Methodology)	Result	Biological Reference Interval
BIOCHEMISTRY & IMMUNOTURBIDIMETRY		
ANGIOTENSIN CONVERTING ENZYME LEVEL, Serum [Kinetic Method]	21.00 U/L	20 - 70
LIVER FUNCTION TEST		
BILIRUBIN (TOTAL),Serum [Diazo Method]	0.50 mg/dL	0.2 - 1.00
BILIRUBIN (DIRECT),Serum [Diazo Method]	0.11 mg/dL	0-0.30
BILIRUBIN (INDIRECT),Serum [Calculated]	0.39 mg/dL	0.1 - 0.8
S.G.O.T.Serum [Kinetic Method]	16.00 U/L	5 - 32
® S.G.P.T. Serum [Kinetic Method]	**38.00 U/L**	5 - 33
ALKALINE PHOSPHATASE,Serum [Kinetic (PNP)]	104.00 U/L	35 - 104
® G.G.T.P. Serum [Enzymatic Assay]	**72.00 U/L**	6 - 42
TOTAL PROTEIN,Serum [Biuret method]	6.50 g/dL	6 - 8.5
ALBUMIN,Serum [Colorimetric BCG]	4.20 g/dL	3.5 - 5
GLOBULIN,Serum [Calculated]	2.30 g/dL	
ALBUMIN/GLOBULIN,Serum [Calculated]	1.83	1.1 - 2.2
KIDNEY FUNCTION TEST		
UREA,Serum [Kinetic Method]	25.20 mg/dL	10 - 50
BUN (BLOOD UREA NITROGEN),Serum	11.77 mg/dL	4.7 - 23.4
CREATININE ,Serum [Kinetic Jaffe's method]	0.81 mg/dL	0.5-1.3
URIC ACID,Serum [Enzymatic Assay]	5.80 mg/dL	2 - 7
PHOSPHORUS,Serum [Molybdate UV]	3.90 mg/dL	2.5-4.5
SODIUM,Serum [Ion selective electrode]	135.00 mmol/L	132 - 150
POTASSIUM,Serum [Ion selective electrode]	4.30 mmol/L	3.5 - 5
CHLORIDE,Serum [Ion selective electrode]	100.00 mmol/L	98 - 107
IONIZED CALCIUM, Serum [BAPTA Method]	1.16 mmol/L	1.1-1.25
TOTAL CALCIUM, Serum [BAPTA Method]	9.28 mg/dL	8.6-10
L.D.H.,Serum [U.V.Assay]	194.00 IU/L	135 - 214
C- Reactive Protein, Serum [Immunoturbidimetry]	**13.10 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.

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Test (Methodology)	**Result**	**Biological Reference Interval**

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.

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

**** End of BIOCHEMISTRY & IMMUNOTURBIDIMETRY Report ****

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Test (Methodology)	Result	Biological Reference Interval
IMMUNO ASSAYS		
IgE LEVEL, Serum [ECLIA]	6.06 IU/mL	5 - 100

• This assay is useful for evaluation of patients suspected with allergic disease, primary immunodeficiency, infections, malignancies, other inflammatory diseases and allergic bronchopulmonary aspergillosis.

• IgE is the most important trigger molecule for allergic information. The level of IgE is low during the first year of life, gradually increases with age and reaches adult levels after 10 years.

• IgE is a mediator of allergic response. Quantitative measurement can provide useful information for differential diagnosis of atopic and non-atopic disease. Patients with atopic diseases like allergic asthma, allergic rhinitis & atopic dermatitis have moderately elevated IgE levels.

• An elevated/normal concentration does not indicate presence or absence of an allergic disease and must be interpreted in the clinical context of the patient, including age, gender, travel history, potential allergen exposure and family history.

• The total IgE test measures the overall quantity of immunoglobulin E in the blood, not the amount of a specific type. It can be used to detect an allergic response in the body rather than a specific allergy. This test may compliment the information provided by allergy tests that detect allergen-specific IgE

COMMENT: For testing options to specific allergies (food/respiratory), kindly contact front office for details.

DEHYDRO-EPIANDROSTERONE SULPHATE, Serum [ECLIA]	43.12 µg/dL	35.4-256

This assay is useful in identification of androgen secreting adrenal tumours. It is an adjunct in the diagnosis of Congenital adrenal hyperplasia. It is also useful in the diagnosis of Premature adrenarche. In women, DHEAS levels are often measured, along with other hormones to help diagnose polycystic ovary syndrome (PCOS) and to help rule out other causes of infertility, amenorrhea, and hirsutism.

NT-proBNPII, Serum [ECLIA]	134.90 pg/mL	5 - 192

COMMENTS

The N-terminal Pro-Brain Natriuretic (pro-BNP) is an assay used as an aid in the diagnosis of individuals suspected of having congestive heart failure. The test is further indicated for the risk stratification of patients with acute coronary syndrome and coronary heart disease. The test may also be used as an aid in the assessment of increased risk of cardiovascular events and mortality in patients at risk for heart failure who have stable coronary artery disease. When used with the recommended cut off values, the assay yields negative predictive values ranging from 97% to 100% depending on age and gender.
For diagnostic purposes, the results should always be assessed in conjuction with the patients medical history, clinical findings and other information (e.g. imaging, laboratory findings, accompanying disorders, treatment effects). This test has no single number that identifies an abnormal result. The levels decrease in most patients who have been taking therapies for heart failure, such as ACE inhibitors, beta blockers and diuretics. Levels tend to increase with age and in persons with kidney disease. For chronic heart failure patients the NT-proBNP levels should be correlated with the NYHA Functional Class.

FERRITIN LEVEL, Serum [ECLIA]	79.04 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

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Test (Methodology) **Result** **Biological Reference Interval**

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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Test (Methodology)	Result	Biological Reference Interval

SEROLOGY & IMMUNOLOGY

®	**C-REACTIVE PROTEIN [High Sensitivity], Serum** [Immunoturbidimetry]	**1.35 mg/dL**	0 - 0.5

Biological reference value: < 0.5 mg/dL

Note: Persistent elevation of hs-CRP levels above 1.0 mg/dL may be associated with infection and inflammation.

Interpretation:

1. The hs-CRP test accurately detects lower levels than the standard CRP test and is more precise when measuring baseline (i.e. normal) concentrations and enables a measure of chronic inflammation.

2. This test is a non-specific marker of inflammation and is used for evaluation of inflammatory disorders and associated diseases, infections and tissue injury. It's concentrations increase rapidly and dramatically in response to tissue injury or inflammation.

3. hs-CRP is useful for assessment of risk of developing myocardial infarction in individuals, presenting with acute coronary syndrome.

Relative cardiovascular risk is Low if hs-CRP value is <0.1 mg/dL, Moderate if 0.1 - 0.3 mg/dL and High if >0.3 mg/dL

4. hs-CRP is also useful for assessment of risk of developing cardiovascular disease or ischemic events in individuals who do not manifest disease at present.

5. Increase in CRP values are non-specific for many disease processes and should not be interpreted without a complete clinical evaluation.

6. It is important to monitor the CRP concentration during the acute phase of illness.

Note: Conversion factor: mg/dL X 10 = mg/L

**** End of SEROLOGY & IMMUNOLOGY 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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