

F 09 CHAND SOC NR ISKON JUHU

Mumbai...

8668861043 Tel No:

PIN No: 400049

PID NO: P40023519988929 Age: 20 Year(s) Sex: Male



Medical Laboratory Report Reference: DR.KIRAN GADRE

Sample Collected At:

Preventive Care(mhl)

303 Sunrise Business Park Kisan Nagar Road No 16 Wagle Estate Thane -

400604.

Processing Location:- Metropolis Healthcare Ltd, Unit No409-416,4th Floor, Commercial Building-1, Kohinoor

Mall, Mumbai-70

VID: 230330505340808

Registered On: 08/03/2024 01:47 PM Collected On: 08/03/2024 1:44PM Reported On:

08/03/2024 05:58 PM

Investigation	Observed Value	<u>Unit</u>	Biological Reference Interval
Prothrombin Time (PT) (Citrated plasma)			
Prothrombin Time	13.0	sec	11-16
Control (MNPT)	13.3	sec	
Ratio	0.98		
Index	102.31	%	
PT(INR) Value	0.98		Normal Population: 0.8 - 1.2 Standard Therapy: 2.0-3.0 High Dose Therapy: 3.0-4.5

Test done on Fully Automated Coagulometer (Clotting)

Kindly correlate with clinical and therapeutic history.

Interpretation:

- The prothrombin time (PT) and international normalized ratio (INR) are measures of the extrinsic pathway of coagulation.
- The INR is used only for patients on stable oral anticoagulant therapy. It makes no significant contribution to the diagnosis or treatment of patients whose PT is prolonged for other reasons.
- INR is the most commonly used parameters for monitoring oral anticoagulant treatment. Its therapeutic range varies with disease and treatment dosage.

Increased PT times may be due to:

Congenital or acquired factor deficiencies of (Factor II, V, VII, X, Fibrinogen), Coumadin (warfarin) therapy.

- Liver Diseases (Bile duct obstruction, Cirrhosis, Hepatitis).
- Hemmorhagic Disaease of the newborn.
- DIC.
- Malabsorption.
- Fibrinolysis.
- Vitamin K deficiency.

Interference in PT/INR

Alcohol, antibiotics, aspirin, cimetidine, thrombin Inhibitors (Increase PT) Barbiturates, oral contraceptives, hormone-replacement therapy (HRT), and vitamin K (Decrease PT).

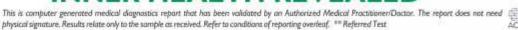


Tests marked with NABL symbol are accredited by NABL vide Certificate no MC-2139; Validity till 01-06-2024

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Dr. SANJAY GOHIL M.D. Pathologist **HOD Haematology** Reg No.2009/09/3391







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Routine Examination Urine

<u>Investigation</u>	Observed Value	<u>Unit</u>	Biological Reference Interval

General Examination

Colour		Pale Yellow	Pale Yellow	
_		01	01	

Transparency (Appearance) Clear Clear **Deposit** Absent Absent Reaction (pH) 6.0 4.5-8

Specific gravity 1.015 1.010-1.030

Chemical Examination (Automated Dipstick Method)

Urine Protein (Albumin)	Absent	Absent

(Protein Error Principle)

Urine Glucose Absent Absent

(Glucose Oxidase-Peroxidase)

Urine Ketones (Acetone) Absent Absent

(Legals test)

Absent Bile pigments Absent

(Fouchets method)

Bile salts Absent Absent

(Fouchets method)

Normal Urobilinogen Normal

(Diazonium ion Reaction)

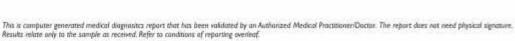
Nitrite Negative Negative

(Griess test)

Microscopic Examination

Red blood cells	Absent	/uL	Absent
Pus cells (WBCs)	2-3	/uL	0-5
Epithelial cells	0-2	/uL	0-4
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Absent		Absent
Trichomonas Vaginalis	Absent		Absent
Yeast cells	Absent		Absent

Dr. JULY MEHTA M.D. PATHOLOGY







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<u>Investigation</u> <u>Observed Value</u> <u>Unit</u> <u>Biological Reference Interval</u>

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Note:1. Pre-test conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight. 2. During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes, ascorbic acid and certain drugs.3. All urine samples are checked for adequacy and suitability before examination.



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CBC Haemogram

<u>Investigation</u>	Observed Value	<u>Unit</u>	Biological Reference Interval
<u>Erythrocytes</u>			
Haemoglobin (Hb)	15.2	gm/dL	14-18
Erythrocyte (RBC) Count	4.93	mill/cu.mm	4.4-6.0
PCV (Packed Cell Volume)	45.4	%	42-52
MCV (Mean Corpuscular Volume)	92.1	fL	82-101
MCH (Mean Corpuscular Hb)	30.8	pg	27-34
MCHC (Mean Corpuscular Hb Concn.)	33.5	g/dL	31.5-36
RDW (Red Cell Distribution Width)	13.1	%	11.5-14.0
RBC Morphology			
Remark	Normocytic Normochror	mic	
<u>Leucocytes</u>			
Total Leucocytes (WBC) count	7,380	cells/cu.mm	4300-10300
Absolute Neutrophils Count	4480	/c.mm	2000-7000
Absolute Lymphocyte Count	2170	/c.mm	1000-3000
Absolute Monocyte Count	509	/c.mm	200-1000
Absolute Eosinophil Count	111	/c.mm	20-500
Absolute Basophil Count	<u>111</u>	/c.mm	20-100
Neutrophils	60.7	%	40-80
Lymphocytes	29.4	%	20-40
Monocytes	6.9	%	2.0-10
Eosinophils	1.5	%	1-6
Basophils	1.5	%	0-2
<u>Platelets</u>			
Platelet count	345	10^3 / µl	140-440
MPV (Mean Platelet Volume)	9.0	fL	7.8-11
PCT (Platelet crit)	0.310	%	0.2-0.5
PDW (Platelet Distribution Width)	13.3	%	9-17

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Observed Value Unit **Biological Reference Interval Investigation**

Note:- Kindly note change in reference ranges.

EDTA Whole Blood - Test done on Automated five-part cell counter. (WBC, RBC, Platelet count by Impedance Method, WBC Differential by flowcytometry technology, Haemoglobin by Spectrophotometry, MCV and RDW are derived from RBC histogram. MPV and PDW are derived from Platelet histogram. Calculated Parameters are: HCT, MCH, MCHC, PCT and Absolute WBC counts). All abnormal hemogram are reviewed and confirmed microscopically. Differential count is based on approximately 10,000 cells.

Bleeding & Clotting Time*

(Blood)

Bleeding time by Ivy's method 2.18 1-9 min Clotting time 4.22 3-11 min

Interpretation:

- 1. Bleeding Time is an in vivo test which reflects platelet, vessel wall and some plasma factor participation in the formation of haemostatic plugs within the small blood vessels. In this test the time taken for a standard skin puncture to stop bleeding is measured. Cessation of bleeding indicates the formation of the haemostatic plug.
- 2. Bleeding time is increased in qualitative abnormalities of platelets, thrombocytopenia, von Willebrands disease and anticoagulant therapy with aspirin.
- 3. Clotting time measures the time required for clot formation.
- 4. An increased clotting time is seen in deficiencies of the clotting factors or depleted fibrinogen.
- 5. Prothrombin time (PT), activated partial thromboplastin time (APTT) and platelet count are a better primary screen for bleeding disorders.

-- End of Report --

Dr. JULY MEHTA M.D. PATHOLOGY





