Mr. DARSH THAKKAR
F 09 CHAND SOC NR ISKON JUHU Mumbai..
Tel No : 8668861043
PIN No: 400049
PID NO: P40023519988929
Age: 20 Year(s) Sex: Male

230330505340808

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	Unit	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)

Note:
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).

MC-2139

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

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

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Routine Examination Urine

Investigation	Observed Value	Unit	Biological Reference Interval
General Examination			
Colour	Pale Yellow		Pale Yellow
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) (Protein Error Principle)	Absent		Absent
Urine Glucose (Glucose Oxidase-Peroxidase)	Absent		Absent
Urine Ketones (Acetone) (Legals test)	Absent		Absent
Bile pigments (Fouchets method)	Absent		Absent
Bile salts (Fouchets method)	Absent		Absent
Urobilinogen (Diazonium ion Reaction)	Normal		Normal
Nitrite (Griess test)	Negative		Negative
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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Investigation	Observed Value	Unit	Biological Reference Interval

Investigation	Observed Value	Unit	Biological Reference Interval

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.

Jmehta

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CBC Haemogram

Investigation	Observed Value	Unit	Biological Reference Interval
Erythrocytes			
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 Normochromic		
Leucocytes			
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	**111**	/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
Platelets			
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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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	min	1-9
Clotting time	4.22	min	3-11

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
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