DIAGNOSTIC REPORT





CLIENT CODE: CO00119167 CLIENT'S NAME AND ADDRESS: SRL PSC GORAKHPUR (HOME COLLECTION) AKSHAYBAR SINGH BHAWAN, CIVIL LINES, 7 PARK ROAD, GORAKHPUR GORAKHPUR 273001

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PATIENT NAME: MS. SUMAN SRIVASTAVA PATIENT ID: MSSUF1405599

ACCESSION NO: 0009UE067137 AGE: 62 Years SEX: Female DATE OF BIRTH:

14/05/2021 21:02 DRAWN: 13/05/2021 00:00 RECEIVED: 14/05/2021 16:41 REPORTED:

REFERRING DOCTOR: SELF CLIENT PATIENT ID:

CLINICAL INFORMATION:

UTTAR PRADESH INDIA

8601366999 9311426484

0185UE001596

Test Report Status Final Results Biological Reference Interval Units

COAGULATION

QUANTITATIVE D-DIMER

D-DIMER 0.11< 0.243μg/mL

METHOD: IMMUNOLOGICAL UV ASSAY

Interpretation(s)

QUANTITATIVE D-DIMER-

The level of D-dimer (a degradation product from cross-linked fibrin) rises during the coagulation activation states. Increased levels of D-dimer have been reported in the following cases: deep vein thrombosis (DVT), embolisms, DIC, hemorrhages, surgery, cancers and cirrhosis of liver.

The D-dimer level generally rises in the first 2 to 3 days post operatively, and this is an evidence of the fibrinolytic activity directed against the enhanced levels of fibrin produced as a result of surgery. Thus, a high D-dimer level is expected immediately after surgery. If the elevated D-dimer level persists, or tends to rise further, then this is a warning sign of an impending or an ongoing thromboembolic episode.

In case of suspected venous thrombo-embolism (VTE), the triad of 'clinical evaluation, diagnostic imaging and D-dimer testing' forms the basis of diagnosis.

Reference for Paediatric range: Monagle P. et al. Thromb Haemost 2006 95: 362-372.

Summerthayes R. et al. Thromb Haemost, 2007 5, Supp 2: P-M-105. Summerthayes R. et al. Thromb Haemost, 2007 5, Supp 2: P-S-397.

* * End Of Report* *

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