



Client: MG  
Name : Ms.TANIYA PAUL  
Age/Gender: 46 YRS/FEMALE  
Ref.By : Dr. J. BASU MD  
Refer Lab:

Lab No. : 012205310524  
Registered on: 31/May/2022  
Sample Rec:  
Reported on: 31-May-2022  
Barcode No: 0105310524



### HAEMATOLOGY

Test Name	Result	Unit	Status	Ref. Range	Method
<b>Bleeding Time &amp; Cloting Time</b>					
Bleeding Time	2 MIN 05 SEC	Min.	N	1-5 Min	Manual
Clotting Time	4 MIN 45 SEC	Min.	N	2-7 Min	

\*\*\* End Of Report \*\*\*

Note : \* Scope of NABL accreditation

Abbreviation N = Normal, L = Low, H = High Printed By: ABHIJIT JANA

Checked By

Dr. R. K. Mondal  
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Consultant Pathologist

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PHD(Biochemistry)  
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Lab Director





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### BIOCHEMISTRY

Blood Glucose Post Prandial	166	mg/dL	H	70 - 140	G-POD.
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#### Interpretation:-

Fasting Plasma Glucose (mg/dl)	2nd hr plasma Glucose (mg/dl)	Diagnosis
110 or below	139 or below	Normal
110 to 125	140 to 180	Pre-Diabetes (IGT)
126 or above	180 or above	Diabetes

\* Confirm by repeating the test on a different day

Impaired glucose tolerance (IGT) fasting, means a person has an increased risk of developing type 2 diabetes but does not have it yet. A level of 126 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes.

IGT (2 hrs Post meal ), means a person has an increased risk of developing type 2 diabetes but does not have it yet. A 2-hour glucose level of 200 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes.

Blood Glucose Goals	For people with Diabetes
Before meal	70-130 mg/dL
2 Hours after meal	Less than 180 mg/dL
HbA1c	Less than 7%

Ref : American Diabetes association standards of medical care.

Note : Glycocyted Hemoglobin (HbA1c) by HPLC test is more specific & Reliable for Diabetics.

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### SEROLOGY

#### PROTHROMBIN TIME WITH INR

Patient Time	15.00	Sec		12.0 - 20.0	Clot Based
Control Time	13.00	Sec		12.0 - 20.0	Clot Based
International Normalised Ratio (INR)	1.17				
P Time Index	86.67				
Ratio	1.15				

REAGENT USED:- P.T (Uniplastin reagent with ISI - 1.00- (Tulip)

#### INTERPRETATION:

##### 1. PROLONGED PT

The most common causes of prolonged one-stage PTs are as follows:

- Administration of oral anticoagulant drugs (Vitamin K antagonists)
- Liver disease, particularly obstructive.
- Vitamin K deficiency.
- Disseminated intravascular coagulation.
- Rarely, a previously undiagnosed factor VII, X, V or Prothrombin deficiency defect.
- Thrombocytopenia, hyperthyroidism, Vitamin K deficiency & excess dose of anticoagulants.

##### 2. SHORTENED PT

- Shortening of P.T may occur due to inhibition of coumarin action (Barbiturates, Rifampicin, estyramine, Antihistaminics, Vitamin K, isoeufulin, Colchicine & many others) or missed/inadequate dosage of anticoagulants.
- Acute inflammatory conditions may shorten P.T by several seconds due to increase in fibrinogen content of plasma.
- Intake of food/drinks within one hour (before or after) of oral anticoagulant drug ingestion, affects P.T results greatly, due to interference with drug absorption.

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