CID	: 2110205813	**SID**	: 177400128431
Name	: MR.NARAYAN R MALPANI	**Registered**	: 12-Apr-2021 / 15:41
Age / Gender	: 52 Years / Male	**Collected**	: 12-Apr-2021 / 15:53
Dr.	: G N NABAR	**Reported**	: 12-Apr-2021 / 19:17
Reg. Location	: Andheri West (Main Centre)	**Printed**	: 12-Apr-2021 / 19:19

REPORT

D-Dimer

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
D-Dimer	169	<500 ng/ml	Immunoturbidimetry

Kindly note change in reference range w.e.f. 22-02-2021

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REPORT

Clinical Significance:
D-Dimer is the terminal degradation product of cross-linked fibrin and requires sequential activity of thrombin, factor XIIIa and plasmin. The determination of D-Dimer is a tool for diagnosing thrombosis and is useful for monitoring thrombolytic therapy.

Intended use:
- A negative D-Dimer result when combined with a clinical assessment of low pre-test probability has been shown to have a high negative predictive value for Deep Vein Thrombosis & Pulmonary Embolism.
- Useful in patients with clinically suspected deep vein thrombosis with a high clinical probability score and negative imaging studies.
- For planning duration of anticoagulation in selected patients.
- Diagnosis and monitoring of disseminated intravascular coagulation and other hypercoagulable states associated with increased fibrinolysis.
- High D-Dimer level (4-5 time the upper limit of normal) has been shown to indicate poor prognosis in Covid-19 infection since it represents the extent and severity of microvascular thrombosis in these patients.

Interpretation:
Healthy individuals have low levels of circulating D-Dimer whereas elevated levels are seen in Deep Vein Thrombosis, Pulmonary Embolism and in other conditions associated with hypercoagulable state such as pregnancy, cancer, inflammation and post-operatively.
D-Dimer results are reported in ng/mL. These units correspond to ng/mL of FEU (Fibrinogen Equivalent Unit). D- Dimer results can also be reported in D-DU (D-Dimer Unit). The equivalence between these two measurement units is approximately 2 ng/mL FEU ~ 1 ng/mL D-DU.

Limitations:
- D-Dimer cannot be used safely in patients with symptoms of VTE for >14 days.
- Patients with hypofibrinolysis and with suspected VTE receiving therapeutic heparin or oral anticoagulants.
- Should be used in caution with patients presenting with recurrent VTE, Elderly patients and hospitalized patients

References:

- Testing Pack insert
- American Society of Hematology 2018 guidelines for management of venous thromboembolism: diagnosis of venous thromboembolism
- Karin Strandberg. The clinical use of a D-Dimer assay.Acute care testing. June 2017

Note: This test is not part of NABL scope.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***

CAP ACCREDITED

Dr.SHASHIKANT DIGHADE
M.D. (PATH)
PATHOLOGIST

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REPORT

COMPLETE BLOOD COUNT (CBC)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	14.9	13.0-17.0 g/dL	Spectrophotometric
RBC	5.01	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.6	40-50 %	Measured
MCV	87.0	80-100 fl	Calculated
MCH	29.7	27-32 pg	Calculated
MCHC	34.1	31.5-34.5 g/dL	Calculated
RDW	12.3	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6210	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	31.7	20-40 %	
Absolute Lymphocytes	1960	1000-3000 /cmm	Calculated
Monocytes	8.9	2-10 %	
Absolute Monocytes	550	200-1000 /cmm	Calculated
Neutrophils	57.0	40-80 %	
Absolute Neutrophils	3530	2000-7000 /cmm	Calculated
Eosinophils	1.9	1-6 %	
Absolute Eosinophils	120	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	30	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	303000	150000-400000 /cmm	Elect. Impedance
MPV	8.9	6-11 fl	Calculated
PDW	13.6	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		
Macrocytosis	-		
Anisocytosis	-		
Poikilocytosis	-		
Polychromasia	-		

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REPORT

Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic,Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***

MC-2111

Dr. AMAR DASGUPTA, MD,PhD
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Director - Medical Services

Dr.SHASHIKANT DIGHADE
M.D. (PATH)
PATHOLOGIST

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REPORT

BIOCHEMISTRY

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD SUGAR RANDOM, Fluoride Plasma	69.4	<200 mg/dl	Hexokinase
BLOOD UREA, Serum	16.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.69	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	128	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.6	3.5-7.2 mg/dl	Enzymatic

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*** End Of Report ***

MC-2111

Dr.ANUPA DIXIT
M.D.(PATH)
PATHOLOGIST

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REPORT

CRP-QUANTITATIVE TEST

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CRP-QUANTITATIVE, Serum	1.0	1-5 mg/l	Imm.Turbidimetry

Interpretation:
CRP elevations are nonspecific and may be useful for the detection of systemic inflammatory processes like;
1) To assess treatment of bacterial infections with antibiotics
2) To differentiate between active and inactive forms of disease with concurrent infection
3) Postoperative monitoring & to determine the presence of postoperative complications at an early stage, such as infected wounds, thrombosis, and pneumonia.

Clinical Significance:
1) C-reactive protein (CRP) is an acute phase reactant, a protein made by the liver and released into the blood within a few hours after tissue injury, the start of an infection, or other cause of inflammation.
2) The test measures the amount of CRP in the blood and can be valuable in detecting inflammation due to acute conditions or in monitoring disease activity in chronic conditions.
3) In normal healthy individuals CRP is a trace protein with a range up to 5 mg/L. After onset of an acute phase response the serum CRP concentration rises rapidly and extensively. Alterations are detectable within 6 to 8 hours and the peak value is reached within 24 to 48 hours.
4) Levels of up to thousand fold the normal value are associated with severe stimuli such as myocardial infarction, major trauma, surgery, or malignant neoplasms.
5) CRP has a half-life of only a few hours, making it an ideal tool for clinical monitoring. Postoperative monitoring of CRP levels of patients indicates either the normal recovery process (decreasing levels to normal) or unexpected complications (persisting high levels).
6) Persistence of a high serum CRP concentration is usually a grave prognostic sign which generally indicates the presence of an uncontrolled infection.
7) CRP determination may replace the classical determination of Erythrocytes Sedimentation Rate (ESR), due to its prompt response to changes in disease activity and its good correlation to ESR.

Reflex Tests:
1) Complement
2) Procalcitonin

Limitations of the test:
The CRP test is not diagnostic of any condition, but it can be used together with signs and symptoms and other tests to evaluate an individual for an acute or chronic inflammatory condition.

Reference:
1) Wallach's Interpretation of Diagnostic Tests 11th edition
2) CRP Kit Insert

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