



IMMUNO-DIAGNOSTIC &amp; PATHOLOGY LABORATORY

Halar Road Cross Lane, Besides L.I.C. Bldg.  
Valsad-396 001. Ph.: (02632) 243280. Mo.: 99250 49280**AMIT KUMAR PAUL****Male/32 Years**Reg. Date : **19/05/2021**Lab. No **52701-18**

Sample No

\*7853\*

Ref. Dr.

**Dr. POOJA D TANDEL M D MEDICINE****VIBRANT HOSPITAL VAP1**

## ACTIVATED PARTIAL THROMBOPLASTIN TIME

Test	Result	Unit	Ref. Range
<b>Activated Partial Thromboplastin Time ( APTT ) :</b>			
Patient's Value :	<b>34.75</b>	Seconds	
Mean Value:	28.0	Seconds	
Ratio :		Seconds	

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**Dr. Mehul SOLANKY**  
**M.D.(Path & Bact)**

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## H E M A T O L O G Y   R E P O R T

Test	Result	Unit	Ref. Range
<b>Haemoglobin:</b>	14.6	g/dL	13.0 - 17.0 g/dL
<b>Total Leucocyte Count:</b>	<b><u>19470</u></b>	X 10 <sup>3</sup> / $\mu$ L	4000 - 10000 /uL
<b>Differential Count</b>			
Neutrophils:	78	%	40-80
Eosinophils:	02	%	1.0-6.0
Basophils:	00	%	<1-2
Lymphocytes:;	<b><u>13</u></b>	%	M: 20-40; F: 20-40
Monocytes:	07	%	2-10
Neutrophils Absolute Count:	15.22	X 10 <sup>3</sup> / $\mu$ L	2.0-7.0
Eosinophils Absolute Count:	0.41	X 10 <sup>3</sup> / $\mu$ L	0.02-0.50
Basophils Absolute Count:	0.02	X 10 <sup>3</sup> / $\mu$ L	0.02-0.10
Lymphocytes Absolute Count:	2.53	X 10 <sup>3</sup> / $\mu$ L	1.0-3.0
Monocytes Absolute Count:	1.29	X 10 <sup>3</sup> / $\mu$ L	0.2-1.0
<b>Total RBC Count:</b>	<b><u>4.66</u></b>	X 10 <sup>6</sup> / $\mu$ L	M: 4.5-5.5; F: 3.9-4.8
<b>Hematocrit (HCT):</b>	43.6	%	42 - 52 %
MCV:	93.5	fL	83 - 101
MCH:	<b><u>31.2</u></b>	pg	27-32
MCHC:	33.4	g/dL	31.5 - 34.5
RDW-SD:	<b><u>50.7</u></b>	fL	39 - 46
RDW-CV:	13.1	%	11.6 - 14.0
<b>Platelets Count:</b>	221000	/ $\mu$ L	150000 - 400000
Plateletcrit (PCT):	0.277	%	
Mean Platelet Volume	12.6	fL	
Malariaial Parasite	M.P. are not seen		

**Method:** Fully automated bidirectional interfaced analyser (6 Part Differential **SYSMEX XN-1000**).

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## C - REACTIVE PROTEIN TITRE

Test	Result	Unit	Ref. Range
CRP :	1.40	mg/L	Adult < 6.0 mg/L Newborn upto 3 weeks < 4.1 mg/L Infants & Children < 2.8 mg/L
Method	BY IMMUNOTURBIDOMETRIC METHOD.		

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## **D - DIMER**

Test	Result	Unit	Ref. Range
D - Dimer Level:	390	ng/mL FEU	Up to 500 Fibrinogen Equivalent units

### INTERPRETATION

Method - Immunoturbidimetry on Cobas 400 ,Flouroscent Immunoassay on Minividas/Ichroma 2

Concentrations of approximately ng/mL or more are considered pthological.  
Increased levels of D-Dimer in plasma indicaates that excessive amounts of fibrin have formed in the vascular tree. Through Activated Fibrinolytic system,fibrin is degraded by plasmin to various slouble fragments in which the D-DImer configuration occurs.

Eleveted levels are seen in.

- Deep vein thromobosis
- pulmonary embolism
- Disseminated intravascular coagulation (DIC) disorder.
- Evaluation of acute myocardial infarction and unstable angina.
- Presence of D - Dimer in pre eclampsia suggest a severe disease.

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## **PROCALCITONIN REPORT**

<b><u>Test</u></b>	<b><u>Result</u></b>	<b><u>Unit</u></b>	<b><u>Normal Range</u></b>
PROCALCITONIN: Sepsis	<0.30	ng/mL	Less then 0.5 ng/mL - Low Risk for

Method :- BRAHMS PCT Immunoassay on ROCHE COBAS e 411

Notes :- Procalcitonin is a 116 aminoacid prohormone secreted by neuroendocrine cells(c cells of thyroid gland, pulmonary and pancreatic tissues) an excellent PROGNOSTIC marker for sepsis & septic shock.  
PCT levels are increased in bacterial infections resulting in sepsis and septic shock.  
Cut off for healthy individuals is less then 0.5 ng/mL, which indicates low risk for sepsis & shock.  
Levels of more then 2.0 ng/mL Indicates high risk for sepsis & shock.  
PCT levels may also be increased in certain non infectious conditions like prolonged cardiogenic shock, severe perfusion anomalies, small cell lung carcinoma or C cell carcinoma of thyroid.

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## BIOCHEMISTRY REPORT

Test	Result	Unit	Ref. Range
S.G.P.T. (ALT):	<b><u>184.1</u></b>	IU/L	10 - 40 IU/L
S.Creatinine:	0.65	mg/dL	0.60 - 1.30 mg/dL

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