Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
ELISA
GROWTH HORMONE\*
Investigation required Observed value Unit Biological reference interval
Growth hormone (ELISA) 1.10 ng/mL Adults <10
Children <20
Interpretation :
Increased levels are seen in acromegaly and gigantism. Mild increases are seen in exercise, stress, hypoglycemia, hyperthyroidism, renal failure and starvation.
Decreased levels are seen in hypothalamic defects, hypopituitarism, dwarfism, obesity and corticosteroid therapy.
Decreased levels may be seen if antibodies to growth hormone are present with longstanding growth hormone therapy.
In many growth disorders the levels may be normal to subnormal and suppression/induction tests are required for diagnosis.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

ANA (Anti Nuclear Antibody), IFA\* Serum

Anti-nuclear antibody (ANA) test report by IIFT

Pattern in HEp 20-10 cells

Description

Fluorescence intensity

Nuclear pattern

PCNA like

Moderate

Cytoplasmic pattern

Speckled

Weak

Mitotic pattern

Negative

Not applicable

Note: Sample dilution for test: 1:100.

Subjective interpretation of intensity of fluorescence (at sample dilution of 1:100)

Intensity of fluorescence

Interpretation

Weak

Positive in a dilution of 1:100

Moderate

Positive in a dilution of 1:320

Strong

Positive in a dilution of 1:1000 or higher

Disclaimer: ANA patterns and intensity of fluorescence by IIFT is a qualitative and subjective assessment that may vary between laboratory testing sites and the methodology used. Assay results should be interpreted only in the context of additional laboratory findings and the overall clinical status of the patient.

Specific autoantibody (Aab) titer estimation may be asked for separately

Method: Indirect immunofluorescence test (IIFT); HEp 20-10 cells and primate liver cell Biochip;

Test description: Antinuclear Antibodies are a unique group of auto antibodies that have ability to attack structures in the nucleus of cells including DNA, RNA and other nuclear proteins. Anti-nuclear antibody (ANA) testing is a cornerstone of autoimmune diagnostics. ANA are detected by indirect immunofluorescence test (IIFT). IIFT on human epithelial (HEp-20-10) cells is the gold standard for detection of ANA. Different types of ANA give rise to characteristic staining patterns on the HEp-20-10 cells, depending on the cellular location and properties of the antigenic target. Analysis of the fluorescence pattern enables classification of the antibody or antibodies present in the patient sample.

Nuclear pattern (True ANA) are defined as any staining of the HEp-2/ HEp 20-10 interphase nuclei. The nomenclature for nuclear patterns is primarily based on the reactivity observed in the nucleoplasm (e.g. homogeneous or speckled) and the nuclear subcomponents that are recognised (e.g. centromere or nucleolar).

Cytoplasmic pattern is defined as any staining of the HEp-2/ HEp 20-10 cytoplasm. The nomenclature is primarily based on the reactivity observed in the cytoplasm (e.g. fibrillar or speckled) and the cytoplasmic structure that is recognised (e.g. rods and rings).

Mitotic patterns are defined as patterns that address cell domains strongly related to mitosis.

Confirmation of IIFT results Positive results in the ANA IIFT screening assay should always be confirmed in additional specific testing like Monospecific ELISA or ANA Immunoblot assay.

Immunofluorescence pattern and their clinical associations:

Table 1. Target antigens and associated diseases for nuclear patterns

Pattern (ICAP)

Code

Antigen association

Clinical relevance

Homogenous

AC 1

dsDNA, histones, nucleosome

SLE, drug induced lupus, juvenile idiopathic arthritis

Speckled

AC 2,4,5

hnRNP, U1RNP, Sm,SS-A/Ro (Ro60) , SS-B/La, RNA polymerase III, Mi-2 , Ku

MCTD, SLE, SjS, DM, SSc/PM overlap

Dense Fine speckled (DFS)

AC 2

DFS 70/ LEDGF

Rare in SLE, SjS, SSc

Fine speckled

AC 4

SS-A/Ro (Ro-60), SS-B /La, Mi-2, TIF1y, TIF18, Ku, RNA helicase A, replication protein A

SJS, SLE, DM, SSc/Pm overlap

Large/Coarse speckled

AC 5

hnRNP, U1RNP, Sm, RNA polymerase III

MCTD, SLE, SSc

Centromere

AC 3

CENP-A/B(C)

Limited cutaneous SSc, PBC

Discrete Nuclear dots

AC 6,7

Multiple Nuclear dots

AC 6

Sp100, PML proteins, MJ/NXP-2

PBC, SARD, PM/DM

Few Nuclear dots

AC 7

p 80 - coilin, SMN

SJS, SLE, SSc, PM, asymptomatic individuals

Nucleolar

AC 8, 9, 10

Nucleolar homogeneous

AC 8

PM/Scl-75, PM/Scl-100, Th/to B23/nucleophosmin, nucleolin, No55/SC65

SSc, SSc/PM overlap

Nucleolar clumpy

AC 9

U3-snoRNP/fibrillarin

SSc

Nucleolar punctate

AC 10

RNA polymerase I, hUBF/NOR - 90

SjS, SSc

Nuclear envelope

AC 11, 12

Smooth nuclear envelope

AC 11

Laminis A, B, C or lamin associated proteins

SLE, Sjs, seronegative arthritis

Punctate nuclear envelope

AC 12

Nuclear pore complex proteins (i.e. gp 210)

PBC

Pleomorphic

AC 13, 14

PCNA -like

AC 13

PCNA

SLE, other conditions

CENP -like

AC 14

CENP-F

Cancer, other conditions

Table 2. Target antigens and associated diseases for cytoplasmic patterns

Pattern (ICAP)

Code

Antigen association

Clinical relevance

Fibrillar

AC- 15, 16, 17

Linear/ actin

Ac- 15

Actin, non-muscle myosin MCTD

MCTD, chronic active hepatitis liver cirrhosis myasthenia gravis, Crohn's disease, PBC long term hemodialysis, rare in SARD other than MCTD.

Filamentous / microtubules

Ac- 16

Vimentin, cytokeratins

Infectious or inflammatory conditions, long term haemodialysis alcoholic liver disease, SARD, psoriasis healthy controls

Segmental

Ac- 17

Alpha actinin, vinculin, tropomyosin

Myasthenia gravis, Crohn's disease, ulcerative colitis.

Speckled

AC- 18, 19, 20

Discrete dots

Ac- 18

SGW 182, Su/Ago2. Ge-1

PBC, SARD, neurological and autoimmune conditions

Dense fine speckled

Ac- 19

PL - 7, PL-12, ribosomal P Proteins

anti synthetase syndrome', PM/DM, SLE, juvenile SLE neuropsychiatric SLE

Fine speckled

Ac- 20

Jo- 1/histidyl- tRNA synthetase

Anti-synthetase syndrome, PM/DM, limited SSc, idiopathic pleural effusion

Reticular /AMA

AC - 21

PDC-E2 /M2, BCCADC-E2 OGDC -E2, E1a subunit of PDC E3BP/protein X

Common in PBC, SSc, rare in other SARD

Polar / Golgi - like

AC-22

Giantin/ macrogolgin, golgin - 95 / GM 130, golgin -160, golgin - 97, golgin 245

Rare in SjS, SLE, RA, MCTD, GPA, idiopathic cerebellar ataxia, paraneoplastic cerebellar degeneration viral infections

Rings and Rods

AC-23

IMPDH2, others

HCV infection, post IFN /ribavirin therapy, rare in SLE, Hashimoto`s and healthy controls

Table 3. Target antigens and associated diseases for mitotic patterns

Pattern (ICAP)

Code

Antigen association

Clinical relevance

Centrosome

AC-24

Pericentrin, ninein, Cep 250, Cep 110, enolase

Rare in SSc, Raynaud's phenomenon, infections (viral and mycoplasma)

Spindle fibers

AC-25

HsEg5

Rare in Sjs SLE, other SARD

NUMA - like

AC-26

Centrophilin

SjS, SLE, other

Intercellular bridge

AC-27

Aurora kinase B, CENP -E

MSA - 2, KIF - 14, MKLP - 1

Rare in SSc Raynaud's phenomenon, malignancy

Mitotic chromosome coat

AC-28

Modified histone H3, MCA -1

Rare in discoid lupus erythematosus chronic lymphocytic leukemia, SjS, and polymyalgia rheumatica

Abbreviations:

SLE: systemic lupus erythematosus, DM: dermatomyositis; dsDNA: double-stranded DNA, IM: inflammatory myopathies, JIA: juvenile idiopathic arthritis, MCTD: mixed connective tissue disease, PM/Scl: polymyositis/scleroderma, PBC: primary biliary cirrhosis, RA: rheumatoid arthritis, SRP: signal recognition particle, PSS: Progressive systemic sclerosis, CAH: chronic autoimmune hepatitis, CENP:centromere protein, NuMA: nuclear mitotic apparatus, SjS: sjogren's syndrome

References:

1.International recommendations for the assessment of autoantibodies to cellular antigens referred to as anti-nuclear antibodies; Agmon-Levin N, et al. Ann Rheum Dis 2014;73:17-23.

2.International consensus on ANA patterns; www.ANApatterns.org

3.Gosnik J, EUROIMMUNE AG, Luebeck Germany. The Quest for Standardised Laboratory Reporting. Diagnostics/ Anti-nuclear Antibody Patterns.

4.K.L. Chan, J. Damoiseaux, O.G. Carballo, K. Conrad, W. de Melo Cruvinel, P.L.C. Francescantonio, M.J. Fritzler, I. Garcia-De La Torre, M. Herold, T. Mimori, M. Satoh, C.A. von Mühlen, and L.E.C. Andrade. Report of the First International Consensus on Standardized Nomenclature of Antinuclear Antibody HEp-2 Cell Patterns (ICAP) 2014-2015 (Front. Immunol. 2015, Aug 20;6:412).

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

HCV Viral Genotype Assay (Qualitative) # ^

Real Time HCV Genotype Test

Specimen type: Plasma from EDTA P. Bld

RESULT :

HCV RNA Genotype

Genotype 3

Lower limit of detection 500 IU/ml

Genotype 3 of HCV was detected in the sample provided.

Interpretation:

The test was performed using Real Time HCV Genotyping assay and can identify the genotypes in samples with a viral load greater than 500 IU/ml. This Test is intended to be used in the management of HCV infection and should not be used as a screening test to confirm the presence of HCV infection. Six major HCV genotypes have been identified till date-Genotypes 1 to 6; with genotypes 1, 2 & 3 responsible for more than 90% of HCV infections. In general, HCV genotype 1 is considered to be more difficult to treat than genotypes 2 & 3 and may be present with more severe form of liver disease as compared to other genotypes. This Test can detect and identify HCV genotypes 1a, 1b, 2, 3, 4, 5a and 6.

Test Attributes and Limitations:

The analytical sensitivity of this Test returns a Positive/Detected result if at least 25 IU/ml of HCV RNA is present. Samples must be received at the laboratory under appropriate conditions within 48hrs of aspiration to ensure preservation of viral RNA.PCR is a highly sensitive technique; reasons for apparently contradictory results may be due to improper quality control during sample collection, selection of inappropriate specimen and/or presence of PCR inhibitors.

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
BIOCHEMISTRY
Gamma GT (GGT)\*
Test Description Observed value UNITS Reference range
Serum GGT (Enzymatic/semiautomated) 17.00 IU/L 5-32
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

SPECIMEN- PUS C/S

DATE OF RECEIVING- 10-08-2019

DATE OF CULTURE- 10-08-2019

MEDIA USED- N.A & M.A.

GRAM’S STAIN (Prior to culture)- Gram +ve cocci.

RESULT ON MEDIA- Culture Shows colonies of lactose fermenting Gram +ve cocci after 24 hours of incubation at 37C.

Organism identified- Staphylococcus aureus, Coagulase- Positive.

SENSITIVITY TEST

Antibiotics Sensitivity

Amoxyclav Resistant

Clindamycin Sensitive

Vancomycin Sensitive …..ingield= …..+++ (+

Linezolid Sensitive

Levofloxacin Sensitive

Ciprofloxacin Sensitive

Azithromycin Sensitive

Doxycycline Sensitive

Cefoxitin Sensitive

Cefuroxime Sensitive

Cefepime Sensitive

Cefotaxime Sensitive

Gentamicin Sensitive

Imipenem Sensitive

Meropenem Sensitive

CLINICO-PATH LABORATORY
Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Biopsy no : Date : test\_date
HISTOPATHOLOGY REPORT
Consultant Pathologist
(Dr. VANDANA GOYAL)
{MBBS, MD (PGIMS ROHTAK)}
This is only an opinion and not the final diagnosis. Clinical correlation is must. This report is not valid for medico-legal purpose

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

QUADRUPLE TEST

Chemiluminescent immunometric assay (CLIA)

Serum

PATIENT SPECIFICATIONS

ULTRA SOUND DETAILS

WEIGHT

Kg.

DATE OF ULTRASOUND

H/O SMOKING

METHOD FOR GESTATION

H/O DIABETES

FOETUS

H/O IVF

GA ON THE DAY OF SAMPLE COLLECTION

Wks+Days

ETHNIC ORIGIN

\*Graph enclosed

\*Result relate only to the sample, as received

\*The calculated risk by PRISCA depends on the accuracy of the information provided by the referring physician.

\*All the soft ware may not give similar risk factor for the similar data.

Test name

Result

Units

Reference range

Alpha Feto Protein (Maternal Screen)

Serum

64.70

ng/mL

Pregnancy:2nd Trimester

( 14+3 to 21+3 )(W+D)

( 27.20 – 139.00 )

Unconjugated Estriol (uE3\*)

Serum

2.190

ng/mL

Pregnancy , 2nd Trimester

Gest.Week ( 14 -19 ):( 0.14 - 3.02 )

Pregnancy, 3rd Trimester

Gest.Week ( 27 - 39 ):(2.3 – 11.2)

HCG, Quantitative (Maternal Screen)

Serum

36856.00

mlU/mL

Pregnancy Gest. Week

(14 - 21) : (6140 - 78100)

Inhibin A,Maternal marker

Serum (CLIA)

212.40

pg/mL

Interpretation of Inhibin A :

Gestational age in weeks

Medians in pg/mL

15

157.55

16

153.29

17

151.20

18

155.14

19

165.18

20

185.76

Clinical Use

Prenatal Risk assessment for down syndrome.

Increased Levels

in down Syndrome pregnancies, Inhibin A levels are two fold higher then in unaffected pregnancies. addition of inhibin A testing to AFB,

beta HCG, and Free Estriol Improves the detection rate by approximately 10%.

Decreased Levels

Menopause

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

TEST NAME

VALUE

UNIT

REFERENCE RANGE

SSB-Antibody LaSerum

Negative (1.1)

RU/mL

Negative : <20

Positive : >=20

SSA-Antibody RoSerum

Negative (0.4)

RU/mL

Negative : <15

Borderline : 15-25

Positive : >25

Anti LA Anti RO\*

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
Primary Sample Type- Serum
Triple Screening Value Units Reference range
Serum HCG (CLIA/immulite-2000) 25068.00 mIU/ml
Serum AFP
(CLIA/immulite-2000) 68.80 ng/ml
Serum free Estriol (CLIA/imm-2000) 2.30 ng/ml 0.07-12.0
Risk assessment Graph attached
Trisomy 21 Low risk
Trisomy 13 & 18 Low risk
Neural tube defect Low risk
Remarks Graph attached
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

SPECIAL PATHOLOGY

IMMUNOGLOBULIN IgG (Serum)\*

Primary sample type : Serum

TEST NAME

VALUE

UNITS

BIO REF. INTERVAL

IgG Total (Serum, Nephelometry)

219

mg/dL

700-1600

Interpretation :

1. Decreased levels are seen in primary immunodeficiency conditions and in secondary immune insufficiencies like advanced malignant tumors, lymphatic leukemias, multiple myeloma and Waldenstrom`s disease.

2. Increased concentrations occur due to polyclonal or oligoclonal immunoglobulin proliferations seen in hepatic disease, acute/chronic infections and autoimmune disease.

NOTE : This test was processed and validated at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
SPECIMEN- BLOOD C/S
DATE OF RECEIVING- 10-03-2019
DATE OF CULTURE- 10-03-2019
MEDIA USED- N.A and M.A
RESULT ON MEDIA-
Culture Shows no growth on NA & MA after 24 hours & 72 hours of incubation at 37C.
A supplementary report will follow if the culture is positive after one week.
IMPRESSION: - Sterile.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
SPECIMEN- URINE C/S
DATE OF RECEIVING- 04-08-2019
DATE OF CULTURE- 04-08-2019
MEDIA USED- N.A & M.A
MICROSCOPY- Pus cell-Full field/hpf, RBCs-Nil/hpf, Epithelial cells-2-4/hpf.
GRAM’S STAIN (Prior to culture)- Gram –ve rods.
RESULT ON MEDIA- Culture Shows colonies of lactose fermenting Gram –ve rods after 24 hours of incubation at 37C.
Organism identified with C.F.U.- E.coli(>105 C.F.U.).
SENSITIVITY TEST
Antibiotics Sensitivity
Amikacin Sensitive
Amoxyclav Resistant
Cefuroxime Resistant
Cefotaxime Resistant
Levofloxacin Resistant
Nitrofurantoin Sensitive
Norfloxacin Resistant
Gentamicin Sensitive
Cefepime Sensitive
Ciprofloxacin Resistant
Polymyxin B Sensitive
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

Test Name

Value

UNITS

Serum Testosterone Total

(Chemiluminescence/DXI 800)

6.63

ng/ml

Biological reference range-

Male serum

1.75-7.81

Male plasma

1.68-7.58

Female serum

<0.1-0.75

Female plasma

<0.1-0.90

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

BIOCHEMISTRY

Gamma GT (GGT)\*

Test Description

Observed value

UNITS

Reference range

Serum GGT (Enzymatic/semiautomated)

17.00

IU/L

5-32

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

SPECIAL PATHOLOGY

FILARIAL ANTIBODY\*

Primary sample type : Serum

Test description

Observed Value

Ref. Range

Filarial Antibody Detection Serum

(Immunochromatography)

Negative

Negative

IgM suggests current infection IgG corresponds to late stage or past infection.

Interpretation :

Lymphatic filariasis also known as elephantiasis is caused mainly by Wuchereria bancrofti and brugia malayi.

Rapid test is a qualitative lateral flow immunoassay for simultaneous detection and differentiation of IgG and IgM antibodies to filarial parasites in human serum and plasma.

It is used as a screening test and as an aid in the diagnosis of infection with lymphatic filarial parasites.

Negative result does not preclude the possibility of exposure to W bancrofti and B malayi.

Associated Test : Peripheral blood smear/wet mount, filarial antigen.

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
SPECIMEN- URINE C/S
DATE OF RECEIVING- 22-01-2019
DATE OF CULTURE- 22-01-2019
MEDIA USED- N.A and M.A
Microscopy:-Pus cells- Nil/hpf, RBCs-Nil/hpf, Epithelial cells-1-2/hpf.
RESULT ON MEDIA-
Culture shows no growth on NA & MA after 24 hours & 48 hours of incubation at 37C.
IMP: - Sterile.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
ELISA
ANA IIF\*
TEST NAME VALUE
Serum ANA (Immunofluorescence Assay) NEGATIVE
Titer 1:80
Pattern Homogenous
Intensity +
Remarks Advised ANA profile by line immunoassay
Summary and interpretation :
Pattern Type of antibody/antigenic determinants Disease association
Homogenous dsDNA, Nucleosomes (chromatin), Histones SLE, Drug induced LE, other Rheumatic diseases
Speckled Sm, UI-RNP, SSA (Ro), SSB (La), Scl-70 SLE, Sjogren's Syndrome, Mixed connective tissue disease, evolving Rheumatic disease, Scleroderma
SSA SSA Sjogren's Syndrome, SLE, Neonatal lupus
Nucleolar Fibrillarin, Pm-Scl, RNA Polymerase, NOR90, Th-To Scleroderma, Scleroderma/Myositis
Centromere CENP A, B, C CREST form of Scleroderma
Nuclear dots Sp-100, MND, NSp-I Primary biliary cirrhosis
PCNA PCNA SLE
Nuclear membrane Nuclear Lamins Lupoid hepatitis, SLE, RA
Cytoplasmic Mitochondria, Actin, Vimentin, Golgi Apparatus, Jo-1, Ribosomes Autoimmune Hepatitis, myositis, Primary biliary cirrhosis, SLE
Note : ANA is reported in low titres in a significant proportion of healthy population and results need to be correlated clinically. Autoantibodies may not always correlate with the observed pattern and confirmatory tests for positive results are recommended where available. ANA results should only be interpreted by the clinician in light of patient's clinical information.
An ANA profile is suggested for ANA positive patients.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
ELISA
ANTIPHOSPHOLIPIDS ANTIBODIES IgG & IgM
TEST NAME VALUE UNIT REF. RANGE
Anti-Phospholipids Antibodies IgG By ELISA 3.0 U/mL Negative : <12
Equivocal : 12-18
Positive : >18
Anti-Phospholipids Antibodies IgM By ELISA 5.12 U/mL Negative : <12
Equivocal : 12-18
Positive : >18
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
HAEMATOLOGY
Test Name Result Unit Bio. Ref. Interval
Haemoglobin HPLC
High Performance Liquid Chromatography (HPLC)
Hb F Whole Blood EDTA 0.2 Area % 0.0 - 2.0
P2 Whole Blood EDTA 4.9 Area %
P3 Whole Blood EDTA 7.0 Area %
Hb A0 Whole Blood EDTA 84.1 Area %
Hb A2 Whole Blood EDTA 2.1 Area % 1.5 - 3.5
S window Whole Blood EDTA Absent Area % Absent
C window Whole Blood EDTA Absent Area % Absent
D Window Whole Blood EDTA Absent Area % Absent
Haemoglobin (Hb)@ Whole Blood EDTA Photometric 7.7 g/dL 12.0 - 15.0
HCT@ Whole Blood EDTA Calculated 28.3 % 36.0 - 46.0
RBC Count@ Whole Blood EDTA Electrical Impedance 4.29 millions/cu.mm 3.80 - 4.80
MCV@ Whole Blood EDTA Electrical Impedance 66.0 fL 80.0 - 100.0
MCH@ Whole Blood EDTA Calculated 17.9 pg 27.0 - 32.0
MCHC@ Whole Blood EDTA Calculated 27.2 gm/dL 32.0 - 35.0
RDW@ Whole Blood EDTA Calculated 22.2 % 11.5 - 14.5
\*Chromatogram enclosed
\*Results relate only to the sample, as received.
The Bio-Rad VARIANT II haemoglobin testing system, β-thalassemia Short Program provides an integrated method for the separation and determination of the relative percentage of specific haemoglobins e.g. A2, F, abnormal haemoglobin (if present) in whole blood. The separation is based on the principle of ion exchange high performance liquid chromatography.
Confirmation of the status of haemoglobinopathies requires molecular diagnosis.
Please note that the recent history of blood transfusion can change the interpretation.
HbA2 value may be decreased in iron deficiency anaemia; retesting should be performed after the iron deficiency is corrected. HbA2 value may be slightly elevated in megaloblastic anaemia and HIV. HbA2 values greater than 10% should be tested for possible presences of haemoglobin variant interference (HbS components, HbD, HbE). HbA2 values between 3.3% - 3.9% need careful assessment along with family studies and the assay should be repeated after ruling out interfering factors on fresh sample.Borderline HbA2 values (3.6% - 4.0%) could result due to some mild Beta-thalassemia alleles or co- inheritance of delta thalassemia. Some type of thalassemia trait has normal HbA2 values. HbA2 values for alpha thalassemia are usually low. For pregnant females consider testing partner. Some haemoglobin variants are clinically silent. Some Beta thalassemia mutant is phenotypically silent, show normal A2 values and will not be detected on this screening assay.This test does not detect Alpha thalassemia trait condition.
Note: Haemoglobin HbA2 may be normal in some Beta thalassemia trait states e.g. silent beta thalassemia trait,Delta beta thalassemia, coinheritance of beta thalassemia, alpha thalassemia trait and iron deficiency anaemia.
IMPRESSION: There is no abnormal haemoglobin peak.
Disclaimer Note:-
1. Results relate only to the sample, as received.
2. Chromatography gives only presumptive diagnosis of hemoglobinopathies. For definitive diagnosis, molecular studies and genetic testing are required.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
SPECIMEN- PUS C/S
DATE OF RECEIVING- 04-08-2019
DATE OF CULTURE- 04-08-2019
MEDIA USED- N.A and M.A
RESULT ON MEDIA-
Culture Shows no growth on NA & MA after 24 hours & 48 hours of incubation at 37C.
IMP: - Sterile.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

SPECIMEN- TISSUE C/S

DATE OF RECEIVING- 12-11-2019

DATE OF CULTURE- 12-11-2019

MEDIA USED- N.A & M.A

GRAM’S STAIN (Prior to culture): - Gram –ve rods.

RESULT ON MEDIA- Culture Shows colonies of non lactose fermenting Gram –ve rods after 24 hours of incubation at 37C.

Organism identified - Pseudomonas (103 C.F.U.).

SENSITIVITY TEST FOR PSEUDOMONAS

Antibiotics Sensitivity

Gentamicin Sensitive

Amikacin Sensitive

Polymyxin B Sensitive

Ciprofloxacin Sensitive

Levofloxacin Sensitive

Cefoparazone+Sulbactum Sensitive

Cefepime Sensitive

Pipracillin+Tazobactum Sensitive

Tobramycin Sensitive

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
Type of specimen : Skin scrapping
TEST REPORT
20 % KOH examination
for fungus No fungal hyphae or spores seen.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

SPECIMEN- PUS C/S

DATE OF RECEIVING- 10-08-2019

DATE OF CULTURE- 10-08-2019

MEDIA USED- N.A & M.A

GRAM’S STAIN (Prior to culture): - Gram –ve rods.

RESULT ON MEDIA- Culture Shows colonies of lactose fermenting Gram –ve rods after 24 hours of incubation at 37C

Organism identified with C.F.U. - E.coli(103C.F.U.)

SENSITIVITY TEST

Antibiotics Sensitivity

Amikacin Sensitive

Amoxyclav Resistant

Cefuroxime Resistant

Cefotaxime Sensitive

Levofloxacin Resistant

Gentamicin Sensitive

Cefepime Sensitive

Ciprofloxacin Resistant

Pipracillin+Tazobactum Sensitive

Imipenem Sensitive

Polymyxin B Sensitive

Aztreonam Resistant

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
IMMUNOASSAY
FERRITIN\*
TEST NAME RESULT UNITS REF. INTERVAL
Serum Ferritin 71 ng/ml Menstruating Females : 3.2-55.6
Non-menstruating Female : 7.3-182.6
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
SPECIMEN- Urine C/S
DATE OF RECEIVING- 01-04-2019
DATE OF CULTURE- 01-04-2019
MEDIA USED- N.A & M.A
MICROSCOPY - Pus cell- Nil/hpf, RBCs-Nil/hpf, Epithelial cells-2-4/hpf.
GRAM’S STAIN (Prior to culture): - Gram –ve rods.
RESULT ON MEDIA- Culture Shows colonies of lactose fermenting Gram –ve rods after 24 hours of incubation at 37C.
Organism identified - Pseudomonas and E.coli.
SENSITIVITY TEST FOR PSEUDOMONAS
Amikacin (+++)
Polymyxin B (R)
Levofloxacin (+++)
Cefoparazone+Sulbactum (+++)
Norfloxacin (+++)
Tobramycin (+++)
Pipracillin+Tazobactum (+++)
Gentamicin (+++)
Cefepime (+++)
SENSITIVITY TEST FOR E.COLI
Antibiotics Sensitivity
Amikacin (+++)
Amoxyclav (R)
Amoxycillin (R)
Cefuroxime (R)
Cefotaxime (++)…..ingield= …..+++ (+
Ciprofloxacin (+++)
Levofloxacin (+++)
Norfloxacin (+++)
Pipracillin+Tazobactum (++)
Gentamicin (+++)
Cefepime (+++)
Imipenem (+++)
Interpretation :
(+)= Low sensitive
(++)= moderately sensitive
(+++)= highly sensitive
R= Resistant.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
Pleural Fluid Study
Total count: 16900/cumm
Differential count :
Neutrophiles : 90 %
Lymphocytes : 08 %
Monocytes : 00 %
Eosinophils : 00 %
Basophils : 00 %
Mesothelial cells : 02 %
Serum protein : 6.2 gm/dL
Fluid protein : 4.0 gm/dL
Pleural fluid protein to serum protein ratio : 0.6 g/dL
Blood glucose : 110 mg/dl
Fluid glucose : 14 mg/dl
ADA : 22.3 IU/L
LDH : 500 IU/L
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

24 hours Urine Protein

-24 Hours Urine volume- 2600ml

- Urine Micro protein- 63.3mg/dl

- 24 hours Urine Micro Protein= 1645.8mg/24 hours.

Reference range :- 10-140mg/24hours

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

Test Name

Value

UNIT

Serum Progesterone (ELFA/Minividas)

0.79

ng/mL

CLINICAL CHEMISTRY

Serum progesterone

Expected values : (ng/ml)

Males : </=2.64-13.13

Biological reference range :

Mid-Follicular Phase

<0.25-0.54

Mid-Luteal Phase

1.5-20

Postmenopausal

<0.41

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
PERIPHERAL BLOOD FILM-
-RBCs are decreased in density and show normocytes, microcytes, elliptocytes and few target cells. RBCs are predominantly normochromic to mildly hypochromic.
-1nRBCs/100WBCs seen.
-TLC is markedly raised with 96% of mature lymphocytes having coarsely clumped nuclear chromatin.
-Smudge cells (++).
-Platelets are markedly reduced in number.
-No hemoparasite seen.
IMPRESSION-
Chronic lymphoproliferative disorder with thrombocytopenia.
Advised clinical correlation and immunophenotyping of the patient.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
PTI :
Prothrombin Time of Control = 14.6 sec
Prothrombin Time of Patient = 14.6 sec
Prothrombin Time Index ( P.T.I) = 100%
Patient Ratio = 1.0
I.S.I Value = 1.1
I N R = 1.0
APTT :
Control = 32.2 Normal Value = 22-35 sec
Patient value = 32.4
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
Anti Cardiolipin IgA- ELISA\*
TEST NAME VALUE UNIT REFERENCE RANGE
Cardiolipin Antibody ACL-IgA Negative (1.5) APLU/mL Negative : <10
Positive : >=10
Summary and interpretation :
Anti-cardiolipin antibody (ACA) are antibody often directed against cardiolipin and found in several diseases :
1. The presence of anti cardiolipin antibodies in systemic lupus Erythematosus (SLE) can be related to the development Thrombosis and Thrombocytopenia.
2. In Gynecology practice they are associated with Intrauterine Death or recurrent abortions and unexplained fertility.
3. They are also found in some non thrombotic neurological disorders e.g. Cerebrovascular insufficiency, cerebral ischemia or chorea. Transient elevation can be seen in other autoimmune and intercurrent diseases
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

IMMUNOASSAY

Triple marker (Prenatal Second Trimester Screening)

(Chemiluminescence Immunoassay)

\*PATIENT SPECIFICATIONS\*

\* ULTRA SOUND DETAILS\*

WEIGHT

Kg.

DATE OF ULTRASOUND

H/O SMOKING

METHOD FOR GESTATION

AGE ESTIMATION

H/O DIABETES

FOETUS (NO'S)

H/O IVF

GA ON THE DAY OF

SAMPLE COLLECTION

ETHNIC ORIGIN

\*Graph enclosed

\*Results relate only to the sample, as received

\*The calculated risk by PRISCA depends on the accuracy of the information provided by the referring physician.

\*All software may not give similar risk factor for the similar data.

Test name

Result

Unit

Biological ref. interval

Alpha Feto Protein (Maternal screen)

28.40

ng/mL

Pregnancy : 2nd Trimester

(14+3 to 21+3)(W+D) (27.20-139.00)

Unconjugated Estriol (uE3)

0.343

ng/mL

Pregnancy, 2nd Trimester gest. Week (14-19) (0.14-3.02)

Pregnancy, 3rd Trimester Gest. Week (27-39): (2.3-11.2)

HCG, Quantitative (Maternal screen)

27849.00

mIU/mL

Pregnancy Gest. Week

(14-21) : (6140-78100)

This is a screening test, not a diagnostic test. This risk assessment report is based in part on demographic data provided by the ordering physician. Please notify the laboratory promptly is any data is incorrect.

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
MOLECULAR BIOLOGY
Mycobacterium Tuberculosis, Polymerase Chain Reaction (PCR)
TYPE OF SAMPLE Knee fluid
MYCOBACTERIUM TUBERCULOSIS COMPLEX NOT DETECTED
NON TUBERCULOUS MYCOBACTERIUM NOT DETECTED
Interpretation-
RESULT COMMENTS
Mycobacterium tuberculosis- if detected Infection likely with any of the following species: M.tuberculosis, M.bovis, M.microti and M.africanum.
Non Tuberculous Mycobacteria- if detected Infection likely with Mycobacterium other than tuberculosis complex.
Mycobacterium tuberculosis complex and non Tuberculosis mycobacteria- NOT DETECTED Mycobacteria not detected in the sample provided.
Indeterminate Inhibitors detected in the sample provided.
Repeat sample is recommended.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

ELISA

Dual marker (Prenatal First Trimester Screening)\*

Dual marker

Value

Units

Serum HCG Free Beta (CLIA/immulite-2000)

60.70

ng/ml

Serum PAPP-A

(CLIA/immulite-2000)

2.61

mIu/ml

Risk assessment

Graph attached

Trisomy 21

Low risk

Trisomy 13 & 18

Low risk

Remarks

Correlate clinically

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

IMMUNOASSAY

Investigation

Observed Value

Unit

Biological Ref. Interval

IgG4 Sub class

(Serum, Nephelometry)

0.50

g/L

0.03-2.0

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
HBV Quest Duo,Serum
Chemiluminescence Immunoassay (CLIA)
Test name Result Unit Biological ref. interval
HBeAg Serum
Chemiluminescence Microparticle Immunoassay(CMIA) 0.43 S/CO Non Reactive <1.0
Reactive =>1.0
Note:
\* Discrepant results may be observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
\* For heparinized patients, draw specimen prior to heparin therapy as presence of fibrin leads to erroneous results
\* False negativity about 15% in USA and > 50% in Asia, Africa & Southern Europe is observed in patients infected with HBV
mutants where HBeAg is negative, but HBV DNA is positive.
Comment:
\* HBeAg assay is used as an aid to monitor the progress of Hepatitis B viral infection.
\* HBeAg is detectable in early phases of hepatitis B infection, after appearance of HBsAg.
\* Titres rise rapidly during viral replication and presence of HBeAg correlates with
- increased numbers of infectious virus (Dane particles)
- occurance of core particles in nucleus of hepatocytes
- presence of Hepatitis B virus specific DNA and DNA polymerase in serum
\* HBeAg may persist together with HBsAg in chronic hepatitis.
\* It is the best predictor of maternal infectivity (90%) to untreated neonates at the time of delivery.
Uses:
\* Indicator of highly infectious state
\* Predictor of maternal infectivity
\* Indicator of resolution of infection
Please note test values may vary depending on the assay method used.
Test name Result Unit Biological ref. interval
Anti HBe or HBeAb\* Serum
Chemiluminescent Microparticle Immunoassay(CMIA) 0.02 S/CO Non Reactive >1.0 Reactive <= 1.0
Rechecked with given sample.
The value should be read in conjunction with the clinical picture and other relevant parameters.
Result(index) Remarks Comments
> 1.00 Non Reactive Not detected
< =1.00 Reactive Resolution of infectious state
Note:
\* Discrepant results may be observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
\* For heparinized patients, draw specimen prior to heparin therapy as presence of fibrin leads to erroneous results
Comment:
\* Anti HBe appears after HBeAg disappears and remains detectable for several years.
\* Seroconversion from HBe Ag to Anti HBe during acute hepatitis B infection is usually indicative of resolution of infection and reduced levels of infectivity.
\* Anti HBe levels aid in distinguishing early stage of infection from early convalescence.
Uses:
Indicator for resolution of acute infection and reduced level of infectivity
\* Please note test values may vary depending on the assay method used.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
SPECIMEN- Sputum culture
DATE OF RECEIVING : 06-03-2019
DATE OF CULTURE : 06-03-2019
MEDIA USED : N.A and M.A
RESULT ON MEDIA : Normal flora of upper respiratory tract grown. No
pathogenic organism grown.
.

CLINICO-PATH LABORATORY
Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Biopsy no : Date : test\_date
HISTOPATHOLOGY REPORT
Consultant Pathologist
(Dr. VANDANA GOYAL)
{MBBS, MD (PGIMS ROHTAK)}
This is only an opinion and not the final diagnosis. Clinical correlation is must. This report is not valid for medico-legal purpose

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
IMMUNOASSAY
TEST NAME RESULTS UNITS REF. INTERVAL
FSH 1.65 mIU/mL Mid-follicular phase : 3.85-8.78
Mid-cycle phase : 4.54-22.51
Mid-Luteal phase : 1.79-5.12
Postmenopausal : 16.74-113.59
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

Test Name

Value

Unit

Ref.Interval

Beta-2 Microglobulin, Serum (CLIA)

2661.00

ng/mL

609.00-2366.00

Clinical use :

1. Prognostic indicator of multiple myeloma and other hematopoietic malignancies.

2. An aid in the management of patients with renal dysfunction and rheumatic arthritis.

Increased levels :

1. Lymphoproliferative disorders like multiple myeloma, B cell lymphoma and chronic lymphocytic leukemia.

2. Inflammatory disorders like Rheumatoid arthritis, SLE, Sjogren’s syndrome and Crohn’s disease.

3. Renal dysfunction.

Note :

False negative/positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.

Beta 2 microglobulin values regardless of levels should not be interpreted as absolute evidence of the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations.

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
CLINICAL CHEMISTRY
Anti Hepatitis A Virus IgM Antibodies
TEST NAME VALUE UNIT REFERENCE RANGE
Hepatitis A Virus (IgM) Antibodies Quantitative(ELFA/Mini VIDAS) 0.01 OD Ratio Negative : <0.4
Equivocal : 0.4-0.5
Positive : >0.5
Summary and interpretation :
HAV is a non enveloped, single stranded RNA virus which has four major structural polypeptides and localizes exclusively in hepatocytes. The infection with HAV induces strong immunological response and elevated levels of IgM and later IgG are detectable few days after the onset of symptoms. Increasing levels of anti HAV IgM are detectable about three weeks after exposure. Within six months it declines to non-detectable levels.
Positive results should be interpreted in conjunction with clinical condition. Antibodies may undetectable during early stage of diseases and in immunocompromised individuals.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

HCV RQPCR Assay

Whole Blood/Serum

HCV Viral Load Assay (Quantitative) # ^

Real Time RT-PCR Assay

Specimen type: Plasma/Serum from EDTA P. Bld

Investigation required

Result

Log value

Detection limit

Hepatitis C virus RNA

38314

4.58

50 IU/ml 1.7 log

38,314 IU/ml or 4.58 log of HCV RNA were detected in the specimen provided.

Interpretation: The Test was performed on Qiagen RGQ platform. HCV viral load assay is based on realtime PCR technology, for the detection and quantification of HCV specific RNA. The assay includes a heterologous amplification system (Internal Control) to identify possible PCR inhibition and to confirm the integrity of the reagents of the kit. This test can quantitate Hepatitis C Virus RNA (genotypes 1 to 6) over the range 50-5\*106IU/ml. The test is intended for use in conjunction with clinical presentation and other markers as an aid in assessing viral response to antiviral treatment as measured by change in HCV RNA levels. Early changes in plasma/ serum HCV RNA levels may predict long term response to Interferon therapy.

A negative result does not preclude the presence of HCV infection because results depend on adequate specimen storage and transportation as RNA is fragile and thermolabile, absence of inhibitors and sufficient RNA to be detected.

Patients suffering from chronic HCV infection typically have intermittent viraemia. Samples collected during the non- viraemic phase may test negative despite the presence of active infection. Hence, in case where HCV PCR is negative despite strong clinical suspicion, a repeat sample collected at an interval of two weeks from the initial sample is strongly recommended torule out active disease. Patients on dialysis should submit the sample before dialysis.

Conversion factor: 1IU/ml = 1copy/ml

Test Attributes and Limitations: The analytical sensitivity of this Test returns a Positive/Detected result if at least 50 IU/ml of HCV RNA is present. Samples must be received at the laboratory under appropriate conditions within 48hrs of aspiration to ensure preservation of viral RNA.PCR is a highly sensitive technique; reasons for apparently contradictory results may be due to improper quality control during sample collection, selection of inappropriate specimen and/or presence of PCR inhibitors.

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
SPECIMEN- URINE C/S
DATE OF RECEIVING- 13-03-2019
DATE OF CULTURE- 13-03-2019
MEDIA USED- N.A & M.A
MICROSCOPY- Pus cell-Nil/hpf, RBCs-Nil/hpf, Epithelial cells-1-2/hpf.
GRAM’S STAIN (Prior to culture)- Gram –ve rods and Gram +ve cocci.
RESULT ON MEDIA- Culture Shows colonies of lactose fermenting Gram –ve rods and Gram +ve cocci after 24 hours of incubation at 37C.
Organism identified with C.F.U.- E.coli and Enterococcus (>105 C.F.U.).
Sensitivity test of E.coli :
Antibiotics Sensitivity
Amikacin Sensitive
Amoxyclav Resistant
Amoxycillin Resistant
Cefuroxime Resistant
Cefotaxime Resistant
Levofloxacin Resistant
Nitrofurantoin Sensitive
Norfloxacin Resistant
Gentamicin Sensitive
Cefepime Sensitive
Ciprofloxacin Resistant
Sensitivity test of Enterococcus :
Antibiotics Sensitivity
Amoxyclav Resistant
Clindamycin Sensitive
Vancomycin Sensitive…..ingield= …..+++ (+
Linezolid Sensitive
Azithromycin Resistant
Ciprofloxacin Sensitive
Nitrofurantoin Sensitive
Norfloxacin Sensitive
Doxycycline Sensitive
Amoxycillin Resistant
Gentamicin Sensitive
Levofloxacin Sensitive
Cefoxitin Resistant
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

ELISA

ANCA PROFILE\*

Test description

Observed value

Unit

Reference range

C-ANCA (ELISA)

0.11

U/ml

Negative : <12

Equivocal : 12-18

Positive : >18

P-ANCA (ELISA)

1.07

U/ml

Negative : <12

Equivocal : 12-18

Positive : >18

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
Anti Mullerian Hormone (AMH)
TEST NAME Value UNIT
Serum Anti Mullerian Hormone (ELISA) 3.46 ng/mL
SUMMARY AND INTERPRETATION :
AMH levels in ng/mL Remarks
<=0.75 Predictive of poor response
0.75-2.6 Predictive of normal response
2.7-7.0 Predictive of good response
>7.0 Predictive of ovarian hyperstimulation syndrome/PCOS
AMH value as per reproductive age group :
Age in years AMH levels in ng/ml
18-25 0.96-13.34
26-30 0.17-7.37
31-35 0.07-7.35
36-40 0.03-7.15
41-45 0.00-3.27
>46 0.00-1.15
Comments : AMH is a dimeric glycoprotein belonging to the transforming growth factor-beta superfamily, which acts on tissue growth and differentiation. AMH is expressed in granulosa cells from pre-antral and small antral follicles and continues to be expressed in the growing follicles in the ovary until they have reached the size and differentiation state at which they are to be selected for dominance.
Optimal evaluation of women and proper treatment are essential for successful outcome of assisted reproductive technology. To obtain good results, it is necessary to assess ovarian reserve before planning treatment. The identification of both low and high responders before treatment may decrease cycle cancellation rate and side effects such as ovarian hyperstimulation syndrome.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
PERIPHERAL BLOOD FILM-
-RBCs are normal in density and show normocytic normochromic to mild microcytic hypochromic picture.
-TLC and DLC are normal. No toxic granulations or atypical cells seen.
-Platelets are normal in number.
-No hemoparasite seen.
IMPRESSION-
Normocytic normochromic to mild microcytic hypochromic picture.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
SPECIMEN- FLUID C/S
DATE OF RECEIVING- 25-02-2019
DATE OF CULTURE- 25-02-2019
MEDIA USED- N.A and M.A
RESULT ON MEDIA-
Culture shows no growth on NA & MA after 24 hours & 48 hours of incubation at 37C.
IMP: - Sterile.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

SPECIMEN- Blood C/S

DATE OF RECEIVING- 28-07-2019

DATE OF CULTURE- 29-07-2019

MEDIA USED- N.A & M.A

GRAM’S STAIN (Prior to culture)- Gram +ve cocci.

RESULT ON MEDIA- Culture Shows colonies of lactose fermenting Gram +ve cocci after 24 hours of incubation at 37C.

Organism identified - Staphylococcus, coagulase : Negative.

SENSITIVITY TEST

Antibiotics Sensitivity

Vancomycin Sensitive

Azithromycin Resistant

Clindamycin Resistant

Levofloxacin Sensitive

Ciprofloxacin Sensitive

Amoxyclav Sensitive

Amoxycillin Sensitive

Gentamicin Sensitive

Doxycycline Resistant

Linezolid Resistant

Cefoxitin Resistant

Cefuroxime Resistant

Cefepime Resistant

Cefotaxime Resistant

Imipenem Resistant

Meropenem Resistant

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

Primary Sample Type- Serum

Triple Screening

Value

Units

Reference range

Serum HCG (CLIA/immulite-2000)

25068.00

mIU/ml

Serum AFP

(CLIA/immulite-2000)

68.80

ng/ml

Serum free Estriol (CLIA/imm-2000)

2.30

ng/ml

0.07-12.0

Risk assessment

Graph attached

Trisomy 21

Low risk

Trisomy 13 & 18

Low risk

Neural tube defect

Low risk

Remarks

Graph attached

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
Test Name Value UNITS
Serum Testosterone Total (Chemiluminescence/DXI 800) 6.63 ng/ml
Biological reference range-
Male serum 1.75-7.81
Male plasma 1.68-7.58
Female serum <0.1-0.75
Female plasma <0.1-0.90
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

Serum Hepatitis E Virus IgM Antibody

Test Name

Value

Unit

Reference Range

Anti Hepatitis E Virus IgM Quantitative by ELISA

0.150

OD Ratio

Non-reactive : <0.9

Equivocal : 0.9-1.1

Reactive : >1.1

Summary and Interpretation :

HEV is a non enveloped, single stranded RNA virus, infection of which causes acute or subclinical liver diseases similar to hepatitis A. Positive results should be interpreted in conjunction with clinical condition. Antibodies may be undetectable during early stage of disease and in immunocompromised individual.

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

SPECIMEN- URINE C/S

DATE OF RECEIVING- 04-08-2019

DATE OF CULTURE- 04-08-2019

MEDIA USED- N.A & M.A

MICROSCOPY- Pus cell-Full field/hpf, RBCs-Nil/hpf, Epithelial cells-2-4/hpf.

GRAM’S STAIN (Prior to culture)- Gram –ve rods.

RESULT ON MEDIA- Culture Shows colonies of lactose fermenting Gram –ve rods after 24 hours of incubation at 37C.

Organism identified with C.F.U.- E.coli(>105 C.F.U.).

SENSITIVITY TEST

Antibiotics Sensitivity

Amikacin Sensitive

Amoxyclav Resistant

Cefuroxime Resistant

Cefotaxime Resistant

Levofloxacin Resistant

Nitrofurantoin Sensitive

Norfloxacin Resistant

Gentamicin Sensitive

Cefepime Sensitive

Ciprofloxacin Resistant

Polymyxin B Sensitive

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

PERIPHERAL BLOOD FILM-

-RBCs are decreased in density and show moderate anisopoikilocytosis showing normocytes, macrocytes, macro-ovalocytes, microcytes and few target cells. RBCs are predominantly normochromic to mildly hypochromic.

-2n RBCs/WBCs seen.

-Cabot ring (+).

-TLC and DLC are normal. No toxic granulation or atypical cells seen.

-Hypersegmented neutrophils (+).

-Platelets are normal in number.

-No hemoparasite seen.

Impression- Dimorphic picture.

Advised serum ferritin, folic acid and vitamin B12 levels.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

CLINICAL CHEMISTRY

Investigation

Observed Value

Unit

Biological Ref. Interval

Serum Procalcitonin (BRAHMS/Lumipulse G)

0.02

ng/ml

<0.5

Summary and interpretation :

Procalcitonin is a 116 amino acid prohormone expressed by neuroendocrine cells and successively enzymatically cleaved into calcitonin, katacalcin and an N-terminal region. PCT increases during bacterial infection. Increased PCT level are often found in patients suffering from bacterial sepsis, especially severe sepsis patients. In acute pancreatitis PCT was found to be a reliable indicator of severity and of major complications. In patients suffering from community acquired respiratory tract infections or ventilator induced pneumonia PCT has been proposed as a guide for the decision of antibiotic treatment necessity and to monitor treatment success.

Diagnosis of sepsis :

PCT level (ng/ml)

Interpretation

<0.1

Healthy individual

<0.5

Low risk or local bacterial infection

>0.5

Sepsis should be considered

>2.0

High risk for progression to severe sepsis or sepsis shock

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
IMMUNOASSAY
PSA TOTAL\*
TEST NAME RESULTS UNITS REF. INTERVAL
Serum PSA Total 3.19 ng/ml 0-4
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
Protein Electrophoresis, Serum
Capillary Electrophoresis
Test name Results Unit Normal range
Protein Electrophoresis
Protein Total 6.2 g/dL 6.0-8.3
Albumin 3.3 g/dL 3.5-5.2
Alpha 1 Globulin 0.5 g/dL 0.2-0.4
Alpha 2 Globulin 0.9 g/dL 0.5-0.9
Beta 1 Globulin 0.4 g/dL 0.3-0.5
Beta 2 Globulin 0.3 g/dL 0.2-0.5
Gamma Globulin 0.8 g/dL 0.8-1.4
A:G Ratio 1.14 1.20-2.00
Comment Hypoalbuminemia present.
Increased in Alpha-1, alpha-2 globulin. Please rule acute/subacute inflammation.No "M" spike seen..
Advised Kindly correlate with clinical and radiological findings.
Interpretation :
1. Serum protein electrophoresis is commonly used to identify multiple myeloma and related disorders.
2. Electrophoresis is a method of separating proteins based on their physical properties and the pattern is dependent on the fractions of 2 types of protein: Albumin and Globulin (alpha1, alpha2, beta and gamma).
Component Compositions Interferences
Albumin Albumin Lipoproteins, drugs, bilirubin, radiological contrast
Alpha1-Globulins Alpha1 antitrypsin, Alpha-1 acid glycoprotein -
Alpha 2 Globulins Alpha-2 macroglobulin, haptoglobulin Haptoglobin-hemoglobin complex
Beta Globulins Transferrin, Beta-lipoprotein, IgA, IgM and sometimes IgG with complement protein. Fibrinogen
Gamma Globulins IgG, IgA, IgM, IgD, IgE CRP
Remarks :
1.The following conditions require serum immunofixation to differentiate monoclonal and polyclonal :
i. A well defined 'M' band, faint band.
ii. Chronic inflammatory pattern (decreased albumin, increased alpha, increased Gamma region), which may mask the monoclonal band.
iii. Isolated increase in any region, with otherwise normal pattern.
2. Shouldering of albumin peak along anodal or cathodal side may be seen with lipoproteins, drugs, bilirubin or radiological contrast.
3. Presence of an abnormal peak, of generally gamma mobility, but sometimes beta or alpha2 (exceptionally alpha1).
Please note Se protein electrophoresis does not detect all cases of multiple myeloma. Free light chain assay is recommended along with serum protein electrophoresis to improve detection rate.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

IMMUNOASSAY

PSA TOTAL\*

TEST NAME

RESULTS

UNITS

REF. INTERVAL

Serum PSA Total

3.19

ng/ml

0-4

NOTE : This test was processed at third party lab.

CLINICO-PATH LABORATORY

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no : Cyto no :

Date : test\_date

CYTOLOGY REPORT

Consultant Pathologist

(Dr. VANDANA GOYAL)

{MBBS, MD (PGIMS ROHTAK)}

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

Protein Electrophoresis, Serum

Capillary Electrophoresis

Test name Results Unit Normal range

Protein Electrophoresis

Protein Total 6.2 g/dL 6.0-8.3

Albumin 3.3 g/dL 3.5-5.2

Alpha 1 Globulin 0.5 g/dL 0.2-0.4

Alpha 2 Globulin 0.9 g/dL 0.5-0.9

Beta 1 Globulin 0.4 g/dL 0.3-0.5

Beta 2 Globulin 0.3 g/dL 0.2-0.5

Gamma Globulin 0.8 g/dL 0.8-1.4

A:G Ratio 1.14 1.20-2.00

Comment

Hypoalbuminemia present.

Increased in Alpha-1, alpha-2 globulin. Please rule acute/subacute inflammation.

No "M" spike seen..

Advised

Kindly correlate with clinical and radiological findings.

Interpretation :

1. Serum protein electrophoresis is commonly used to identify multiple myeloma and related disorders.

2. Electrophoresis is a method of separating proteins based on their physical properties and the pattern is dependent on the fractions of 2 types of protein: Albumin and Globulin (alpha1, alpha2, beta and gamma).

Component

Compositions

Interferences

Albumin

Albumin

Lipoproteins, drugs, bilirubin, radiological contrast

Alpha1-Globulins

Alpha1 antitrypsin, Alpha-1 acid glycoprotein

-

Alpha 2 Globulins

Alpha-2 macroglobulin, haptoglobulin

Haptoglobin-hemoglobin complex

Beta Globulins

Transferrin, Beta-lipoprotein, IgA, IgM and sometimes IgG with complement protein.

Fibrinogen

Gamma Globulins

IgG, IgA, IgM, IgD, IgE

CRP

Remarks :

1.The following conditions require serum immunofixation to differentiate monoclonal and polyclonal :

i. A well defined 'M' band, faint band.

ii. Chronic inflammatory pattern (decreased albumin, increased alpha, increased Gamma region), which may mask the monoclonal band.

iii. Isolated increase in any region, with otherwise normal pattern.

2. Shouldering of albumin peak along anodal or cathodal side may be seen with lipoproteins, drugs, bilirubin or radiological contrast.

3. Presence of an abnormal peak, of generally gamma mobility, but sometimes beta or alpha2 (exceptionally alpha1).

Please note Se protein electrophoresis does not detect all cases of multiple myeloma. Free light chain assay is recommended along with serum protein electrophoresis to improve detection rate.

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
MOLECULAR BIOLOGY
HCV RNA QUANTITATIVE\*
Primary sample type : whole blood EDTA
TEST NAME VALUE
Hepatitis C viral Load 4,492,691
Summary and Interpretation :
Results (IU/ml) Interpretation
Target not detected HCV RNA not detected.
Below 20 HCV RNA detected, less than 20 IU/ml.
Between 20 to 5.5x 1010 HCV RNA detected, within linear range of assay.
Hepatitis C is an infectious disease caused by HCV, when can lead to inflammation and significant damage in the liver. It is estimated that 74 to 86% of individuals with the acute infection develop persistent viremia, which subsequently leads to chronic infection and possibly to cirrhosis or hepatocellular carcinoma.
This test is a quantitative assay used for monitoring of the patients on therapy and involves the selective amplification of a target sequence while monitoring the progress of amplification in real time through a visualizing agent such as a fluorescent dye.
Target sequence- HCV:5'UTR.
Limit of detection: 20 IU/ml
Linearity : 5.5x1010 IU/ml
Limitation-
Since PCR is a highly sensitive technique, contaminated samples or inherent inhibitors in the sample can lead to paradoxical result.
Confirmed HCV cases may have viral load below detection level.
All result should be correlated with clinical status.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
PERIPHERAL BLOOD FILM-
-RBCs are normal in density and show predominantly normocytic normochromic to mild microcytic picture.
-TLC and DLC are normal. No toxic granulations or atypical cells seen.
-Platelets are normal in number.
-No hemoparasite seen.
IMPRESSION-
Predominantly normocytic normochromic to mild microcytic picture.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

Semen Analysis

Method of collection - Manual

Time of collection - 10.50 A.M.

Physical Examination : Reference range

Odour – Seminal

Viscosity- Viscous

Volume – 3.0 ml >=1.5 ml

Liq. Time- 15min

Reaction – Alkaline

Color - Whitish

Microscopic examination :

Total Sperm Concentration : 20million/ml >15 million/ml

Total Sperm count : v x conc million >39 million

Motility :

- Progressively Motile 40 % >32 %

- Non-progressively motile 23 %

-Total motile 63 % >40 %

- Non-motile 37 % <22 %

Morphology : Reference range

Normal 28 % >4 %

Abnormal 72%

Head abnormality- 52% (Small round head, elongated head, )

Neck abnormality- 19% (Bend neck, webbed neck)

Tail abnormality- 01% (Coiled tail)

Other-

Epithelial cell- Nil/HPF

Granular debris- Nil

Crystals- Nil

RBC’s- Nil/ HPF

Round cells- 7-8/HPF

Agglutination- Grade-I

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
SPECIAL PATHOLOGY
THYROGLOBULIN\*
TEST NAME RESULTS UNITS REF. INTERVAL
THYROGLOBULIN (Serum CLIA) 0.23 ng/mL 1.6-60
1.Thyroglobulin levels are increased in papillary carcinoma of thyroid as well as metastatic disease.
2.Thyroglobulin levels are physiologically raised in newborn babies, in the third trimester of pregnancy, in all forms of hyperthyroidism except factitious hyperthyroidism.
3.Thyroglobulin levels should be done before administering I-131; or needing the thyroid as these procedures cause transient elevation of the iodoglycoprotein; levels also stay raised for upto 6 weeks after initial therapy with radioisotopes or surgery.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
Semen Analysis
Method of collection - Manual
Time of collection - 10.50 A.M.
Physical Examination : Reference range
Odour – Seminal
Viscosity- Viscous
Volume – 3.0 ml >=1.5 ml
Liq. Time- 15min
Reaction – Alkaline
Color - Whitish
Microscopic examination :
Total Sperm Concentration : 20million/ml >15 million/ml
Total Sperm count : v x conc million >39 million
Motility :
- Progressively Motile 40 % >32 %
- Non-progressively motile 23 %
-Total motile 63 % >40 %
- Non-motile 37 % <22 %
Morphology : Reference range
Normal 28 % >4 %
Abnormal 72%
Head abnormality- 52% (Small round head, elongated head, )
Neck abnormality- 19% (Bend neck, webbed neck)
Tail abnormality- 01% (Coiled tail)
Other-
Epithelial cell- Nil/HPF
Granular debris- Nil
Crystals- Nil
RBC’s- Nil/ HPF
Round cells- 7-8/HPF
Agglutination- Grade-I
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

Spot urine Albumin Creatinine ratio

-Urine albumin- 39.1mg/dl

- Urine creatinine- 15.4mg/dl

-Urine albumin creatinine ratio- 2538.9mg/g

Reference range:- 0-30mg/g

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref

Date : test\_date

USG - CHEST

Findings:

Both pleural spaces are clear.

No evidence of effusion.

No evidence of collapse consolidation.

Impression:

 Normal Chest sonography.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

Investigation required : Iron Study

Test name Result Units Reference range

Serum Iron 755 µg/dl 60-170

UIBC 242 µg/dl 255-450

Iron Saturation 75.7 % 20-50

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
IMMUNOASSAY
TEST NAME VALUE UNITS BIO REF. INTERVAL
Vitamin D3(CLIA/Beckman DXI 800) 31.0 pg/mL Deficient: <20
Insufficient : 20-30
Sufficient : 30-100
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

SPECIMEN- Urine C/S

DATE OF RECEIVING- 10-08-2019

DATE OF CULTURE- 10-08-2019

MEDIA USED- N.A & M.A

MICROSCOPY - Pus cell- 4-5/hpf, RBCs-Nil/hpf, Epithelial cells-1-2/hpf.

GRAM’S STAIN (Prior to culture): - Gram -ve cocco bacilli

RESULT ON MEDIA- Culture Shows lactose fermenting colonies of gram negative cocco bacilli after 24 hours of incubation at 37C.

Organism identified- Acenitobacter (>105 C.F.U.)

SENSITIVITY TEST FOR ACENITOBACTER

Antibiotics Sensitivity

Polymyxin B Sensitive

Cotrimaxazole Resistant

Levofloxacin Resistant

Ciprofloxacin Resistant

Ampicillin Resistant

Colistin Resistant

Cefoparazone+Sulbactum Resistant

Cefotaxime Resistant

Netillin Resistant

Pipracillin+Tazobactum Resistant

Amikacin Resistant

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
SPECIMEN- TISSUE C/S
DATE OF RECEIVING- 04-08-2019
DATE OF CULTURE- 04-08-2019
MEDIA USED- N.A and M.A
RESULT ON MEDIA-
Culture Shows no growth on NA & MA after 24 hours & 48 hours of incubation at 37C.
IMP: - Sterile.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
TEST NAME VALUE UNIT REFERENCE RANGE
Serum HBsAG(Chemiluminescene) 0.07 OD Ratio Negative : <0.9
Equivocal : 0.9-1.0
Positive : >1.0
Interpretation and summary :
Infection with HBV results in a wide spectrum of acute and chronic liver diseases and also is clearly linked with the development of hepatocellular carcinoma. HBV infection produces an array of unique antigens and antibodies which follow distinct and individual serological patterns. By monitoring these makers, it is possible not only to diagnose infection, but also to determine the stage of the disease and probable prognosis. HbsAg is the first marker to appear following infection and is the best indirect indicator of potentially infectious sera.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

SPECIMEN- URINE C/S

DATE OF RECEIVING- 12-04-2019

DATE OF CULTURE- 12-04-2019

MEDIA USED- N.A & M.A

GRAM’S STAIN (Prior to culture)- Gram –ve rods.

RESULT ON MEDIA- Culture Shows colonies of non lactose fermenting Gram –ve rods after 24 hours of incubation at 37C.

Organism identified - E.coli

SENSITIVITY TEST

Antibiotics Sensitivity

Amikacin Sensitive

Amoxyclav Resistant

Amoxycillin Resistant

Cefuroxime Resistant

Pipracillin+Tazobactum Sensitive

Levofloxacin Resistant

Gentamicin Sensitive

Cefepime Sensitive

Ciprofloxacin Resistant

Imipenem Sensitive

CLINICO-PATH LABORATORY
Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Biopsy no : Date : test\_date
HISTOPATHOLOGY REPORT
Consultant Pathologist
(Dr. VANDANA GOYAL)
{MBBS, MD (PGIMS ROHTAK)}
This is only an opinion and not the final diagnosis. Clinical correlation is must. This report is not valid for medico-legal purpose

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

ELISA

ANTIPHOSPHOLIPIDS ANTIBODIES IgG & IgM

TEST NAME

VALUE

UNIT

REF. RANGE

Anti-Phospholipids Antibodies IgG By ELISA

3.0

U/mL

Negative : <12

Equivocal : 12-18

Positive : >18

Anti-Phospholipids Antibodies IgM By ELISA

5.12

U/mL

Negative : <12

Equivocal : 12-18

Positive : >18

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
SPECIAL PATHOLOGY
IMMUNOGLOBULIN IgG (Serum)\*
Primary sample type : Serum
TEST NAME VALUE UNITS BIO REF. INTERVAL
IgG Total (Serum, Nephelometry) 219 mg/dL 700-1600
Interpretation :
1. Decreased levels are seen in primary immunodeficiency conditions and in secondary immune insufficiencies like advanced malignant tumors, lymphatic leukemias, multiple myeloma and Waldenstrom`s disease.
2. Increased concentrations occur due to polyclonal or oligoclonal immunoglobulin proliferations seen in hepatic disease, acute/chronic infections and autoimmune disease.
NOTE : This test was processed and validated at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
IMMUNOASSAY
Investigation Observed Value Unit Biological Ref. Interval
IgG4 Sub class(Serum, Nephelometry) 0.50 g/L 0.03-2.0
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
BIOCHEMISTRY
TEST NAME RESULT UNIT REFRANCE RANGE
Fasting Blood Sugar 97.4 mg/dl 70-110
2nd SAMPLE (1hr. After Breakfast) 135 mg/dl 80-140
3rd SAMPLE (1hr. After Lunch) 103 mg/dl 80-140
4th SAMPLE(1hr. After Dinner) 92 mg/dl 80-140
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

HBV RQPCR Assay (Whole Blood/Serum)

HBV Viral Load Assay (Quantitative) # ^

Real Time PCR Assay

Specimen type: Plasma/Serum from EDTA P. Bld

Investigation required

Result (IU/ml)

Log value

Detection limit

Hepatitis B virus DNA

52918

4.72

3 IU/ml or 0.47 log

52,918 IU/ml or 4.72 log of HBV DNA were detected in the specimen provided.

Interpretation:

The Test was performed on Qiagen RGQ platform. HBV viral load assay is based on real-time PCR technology, for the detection and quantification of HBV specific DNA. The assay includes a heterologous amplification system (Internal Control) to identify possible PCR inhibition and to confirm the integrity of the reagents of the kit. The test is based on real-time PCR technology, utilizing polymerase chain reaction (PCR) for the amplification of specific target sequences and target specific probes for the detection of the amplified DNA. The probes are labeled with fluorescent reporter and quencher dyes. This test can quantitate Hepatitis B virus DNA (genotypes A to G) over the range 3 to 1X107 IU/ml. The test is intended for use in conjunction with clinical presentation and other laboratory markers as aid in assessing viral response to antiviral treatment as measured by change in HBV DNA levels. A rapid & sustained drop in HBV DNA levels in patients receiving treatment with Interferon-alpha, Lamivudine or Ganciclovir has been shown to be a predictive factor for a favorable treatment outcome. Conversion factor: 1IU/ml = 1copy/ml

Test Attributes and Limitations: The analytical sensitivity of this test gives a Positive/Detected result if at least 3 IU/ml of HBV DNA is present in the sample submitted and processed in the lab. Samples must be received at the laboratory under appropriate conditions within 48hrs of aspiration to ensure preservation of viral DNA. PCR is a highly sensitive technique; reasons for apparently contradictory results may be due to improper quality control during sample collection, selection of inappropriate specimen and/or presence of PCR inhibitors.

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

ELISA

Serum Anti HIV I and II Antibodies\*

Test Description

Value

Unit

Reference Range

Serum Anti HIV I and II Antibodies (Chemiluminescence)

30.00

OD Ratio

Non-reactive : <0.90

Borderline : 0.90-1.0

Reactive : >1.0

Method 2- Dot Blot Assay

Anti HIV 1 Antibody Reactive

Anti HIV 2 Antibody Non Reactive

Summary & Interpretation :

HIV dot blot assay test uses recombinant antigens gp 41, & gp120 for HIV 1 & gp 36 for HIV2. These antigens detect antibodies to HIV -1 and antibodies to HIV-2 separately. HIV dot blot assay test uses recombinant antigens gp 41, & gp120 for HIV 1 & gp 36 for HIV2.

These antigens detect antibodies to HIV -1 and antibodies to HIV-2 separately.

Method 3- Immunoconcentration

Anti HIV 1 Antibody Reactive

Anti HIV 2 Antibody Non Reactive

Summary & Interpretation :

This test is an immunoconcentration test which uses HIV antigens gp41, gp120 & gp36 . These antigens detect antibodies to HIV -1 and antibodies to HIV-2 separately. The use of these recombinant antigens improves test specificity by avoiding nonspecific reactions due to cross reaction with human cells proteins which are present in cells lysates.

Final Result : Reactive for HIV Antibody 1

Non-Reactive for HIV Antibody 2

Remarks:

1. All reactive samples should be confirmed by Western Blot or PCR.

2. Repeat Testing is advised after 2 weeks in case of indeterminate result.

3. HIV-1 and HIV-2 viruses share many morphological and biological characteristics. It is likely that due to this, their antibodies have a cross reactivity of 30-70%. Appearance of dots for HIV-1 and HIV-2 antibodies on the test device does not necessarily imply co-infection from HIV-1 & HIV-2.

4. Some samples show cross reactivity for HIV antibodies. Following factors are found to cause false positive HIV antibody test results: Naturally occurring antibodies, Passive immunization, Leprosy, Renal Disorders, Tuberculosis, Mycobacterium avium, Herpes simplex, hypergammaglobulinemia, Malignant neoplasms, Rheumatoid arthritis, Tetanus vaccination, Autoimmune diseases, Blood Transfusion, Multiple myeloma, Haemophelia, Heat treated specimens, Lipemic serum, Antinuclear antibodies, T-cell leukocyte antigen antibodies, Epstein Barr virus, HLA antibodies and other retroviruses.

Summary & Interpretation :

Anti HIV 1+2 Chemiluminescence test uses 4 recombinant antigens derived from HIV-1 core (p24), HIV-1 envelope (env 10 and env 13) and HIV-2 envelope (env AI). These antigens detect antibodies to HIV -1 and antibodies to HIV-2 in the same test. The use of these recombinant antigens improves test specificity by avoiding nonspecific reactions due to cross reaction with human cells proteins which are present in cells lysates This test and is only a screening test. Non reactive samples does not mean that HIV infection is absent because of the window period in the appearance of antibody. All results should be interpreted with the patients clinical history, symptomatology as well as serological data.

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

SPECIMEN- Urine C/S

DATE OF RECEIVING- 01-04-2019

DATE OF CULTURE- 01-04-2019

MEDIA USED- N.A & M.A

MICROSCOPY - Pus cell- Nil/hpf, RBCs-Nil/hpf, Epithelial cells-2-4/hpf.

GRAM’S STAIN (Prior to culture): - Gram –ve rods.

RESULT ON MEDIA- Culture Shows colonies of lactose fermenting Gram –ve rods after 24 hours of incubation at 37C.

Organism identified - Pseudomonas and E.coli.

SENSITIVITY TEST FOR PSEUDOMONAS

Amikacin (+++)

Polymyxin B (R)

Levofloxacin (+++)

Cefoparazone+Sulbactum (+++)

Norfloxacin (+++)

Tobramycin (+++)

Pipracillin+Tazobactum (+++)

Gentamicin (+++)

Cefepime (+++)

SENSITIVITY TEST FOR E.COLI

Antibiotics Sensitivity

Amikacin (+++)

Amoxyclav (R)

Amoxycillin (R)

Cefuroxime (R)

Cefotaxime (++)…..ingield= …..+++ (+

Ciprofloxacin (+++)

Levofloxacin (+++)

Norfloxacin (+++)

Pipracillin+Tazobactum (++)

Gentamicin (+++)

Cefepime (+++)

Imipenem (+++)

Interpretation :

(+)= Low sensitive

(++)= moderately sensitive

(+++)= highly sensitive

R= Resistant.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
TEST NAME VALUE UNIT REFERENCE RANGE
SSB-Antibody LaSerum Negative (1.1) RU/mL Negative : <20
Positive : >=20
SSA-Antibody RoSerum Negative (0.4) RU/mL Negative : <15
Borderline : 15-25
Positive : >25
Anti LA Anti RO\*
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

IMMUNOASSAY

TEST NAME

RESULT

UNITS

REFERENCE RANGE

Sample time : 9:30 A.M.

Serum Cortisol

(CLIA/ Beckman DXI 800)

11.7

μg/dL

8am to 10am : 6.7-22.6

4pm to 8pm : 2.3-12.3

4pm to 8pm : <10

Summary and interpretation : Cortisol is synthesized from the common precursor cholesterol in the zona faciculata of the cortex of the adrenal gland. The most important physiological effects of cortisol are the increase of blood glucose levels (enhancement of glycogenesis, catabolic action), its anti-inflammatory and immunosuppressive action. Serum cortisol concentration normally shows a diurnal variation. Maximum concentration (25.4 ug/dl) are usually reached early in the morning and then concentration decline throughout the day to an evening level that is about half of the morning concentration. The cortisol status of a patient is used to diagnose the function or malfunction of the adrenal gland, pituitary and the hypothalamus. Thereby cortisol serum concentration are used for monitoring of several diseases with an overproduction (Cushing's syndrome) or underproduction (Addison's disease ) of cortisol. The determination of cortisol in 24-hour is the method of choice for the detection of Cushing's syndrome

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
IMMUNOASSAY
CA-19.9\*
TEST NAME RESULTS UNITS REF. INTERVAL
Serum CA-19.9 226.2 U/mL 0-35
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
SPECIMEN- PUS C/S
DATE OF RECEIVING- 25-02-2019
DATE OF CULTURE- 25-02-2019
MEDIA USED- N.A & M.A.
GRAM’S STAIN (Prior to culture)- Gram +ve cocci in clusters and Gram -ve rods.
RESULT ON MEDIA- Culture Shows colonies of lactose fermenting Gram +ve cocci in clusters and gram -ve rods after 24 hours of incubation at 37C.
Organism identified- Staphylococcus and E.coli.
Sensitivity test for Staphylococcus
Antibiotics Sensitivity
Amoxyclav (R)
Clindamycin (R)
Cefuroxime (R)
Cefotaxime (R)
Vancomycin (+)
Linezolid (+)
Levofloxacin (+)
Azithromycin (+)
Ciprofloxacin (+)
Sensitivity test for E.coli
Antibiotics Sensitivity
Amoxyclav (R)
Cefuroxime (R)
Amikacin (R)
Amoxycillin (R)
Colistin (+)
Levofloxacin (+)
Ciprofloxacin (+)
Cefoparazone (R)
Polymyxin B (+)
Cefotaxime (R)
Pipracillin+Tazobactum (+)
Interpretation :
(+)= Low sensitive
(++)= moderately sensitive
(+++)= highly sensitive
R= Resistant.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

SPECIAL PATHOLOGY

ASPERGILLUS ANTIBODY IgG\*

Test description

Observed value

Units

Reference range

Aspergillus antibody IgG

(Enzyme Immunoassay)

4.83

(Negative)

U/mL

Negative : <8

Borderline : 8-12

Positive : >12

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

SPECIMEN- PUS C/S

DATE OF RECEIVING- 04-08-2019

DATE OF CULTURE- 04-08-2019

MEDIA USED- N.A and M.A

RESULT ON MEDIA-

Culture Shows no growth on NA & MA after 24 hours & 48 hours of incubation at 37C.

IMP: - Sterile.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

Clinical chemistry

Test Name

Value

Units

Ref. Interval

Serum CPK Total (enzymatic/semiautomated)

69.09

IU/L

25-170

Summary and interpretation :

Creatinine kinase is a cellular enzyme with wide tissue distribution in the body. Its physiological role is associated with adenosine triphosphate (ATP) generation for contractile or transport systems.

Elevated CK values are observed in disease of skeletal muscles and after myocardial infarction.

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
PERIPHERAL BLOOD FILM-
-RBCs are decreased in density and show moderate anisopoikilocytosis showing normocytes, macrocytes, macro-ovalocytes, microcytes and few target cells. RBCs are predominantly normochromic to mildly hypochromic.
-2n RBCs/WBCs seen.
-Cabot ring (+).
-TLC and DLC are normal. No toxic granulation or atypical cells seen.
-Hypersegmented neutrophils (+).
-Platelets are normal in number.
-No hemoparasite seen.
Impression- Dimorphic picture.
Advised serum ferritin, folic acid and vitamin B12 levels.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

Test Name

Value

UNITS

Prolactin

29.2

ng/ml

Biological reference range-

Males

3.6-16.3ng/dl

Females

4.1-28.9ng/dl

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
ELISA
DHEAS (Dehydroepiandrostenedione Sulphate)
Test Name Value UNIT Reference range
Serum DHEAS (ELISA) 0.92 μg/ml Premenopausal : 0.8-3.9
Postmenopausal : 0.1-0.6
Interpretation And Reference Range :
DHEAS is produced by the adrenal and gonads. As a result, the determination of the level of DHEAS in serum is important in the evaluation of the function state of these glands. DHEAS is a precursor of testosterone and estrone. Besides the adrenal in females, the ovaries have been shown to be an important source of DHEAS. It has been reported that there is a fluctuation day by day of DHEAS in women during the ovulatory cycle. An abnormal testosterone level in women should be accompanied by the estimation of serum DHEAS. The use of serum testosterone determination in conjunction with ELISA of DHEAS can be used to determine if the source of excess androgen production is ovarian or adrenal.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

SPECIMEN- URINE C/S

DATE OF RECEIVING- 13-03-2019

DATE OF CULTURE- 13-03-2019

MEDIA USED- N.A & M.A

MICROSCOPY- Pus cell-Nil/hpf, RBCs-Nil/hpf, Epithelial cells-1-2/hpf.

GRAM’S STAIN (Prior to culture)- Gram –ve rods and Gram +ve cocci.

RESULT ON MEDIA- Culture Shows colonies of lactose fermenting Gram –ve rods and Gram +ve cocci after 24 hours of incubation at 37C.

Organism identified with C.F.U.- E.coli and Enterococcus (>105 C.F.U.).

Sensitivity test of E.coli :

Antibiotics Sensitivity

Amikacin Sensitive

Amoxyclav Resistant

Amoxycillin Resistant

Cefuroxime Resistant

Cefotaxime Resistant

Levofloxacin Resistant

Nitrofurantoin Sensitive

Norfloxacin Resistant

Gentamicin Sensitive

Cefepime Sensitive

Ciprofloxacin Resistant

Sensitivity test of Enterococcus :

Antibiotics Sensitivity

Amoxyclav Resistant

Clindamycin Sensitive

Vancomycin Sensitive…..ingield= …..+++ (+

Linezolid Sensitive

Azithromycin Resistant

Ciprofloxacin Sensitive

Nitrofurantoin Sensitive

Norfloxacin Sensitive

Doxycycline Sensitive

Amoxycillin Resistant

Gentamicin Sensitive

Levofloxacin Sensitive

Cefoxitin Resistant

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

IMMUNOASSAY

TEST NAME

RESULTS

UNITS

REF. INTERVAL

Free T3

4.41

ng/mL

2.25-3.45

Free T4

0.65

ng/dL

0.60-1.02

TSH

17.40

μIU/ml

0.85-3.43

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
Thrombophille profile
Prothrombin (Factor II) Mutation Assay (Qualitative) ^
PCR and Gel Electrophoresis
Specimen type: EDTA P. Blood
RESULT :
Prothrombin Mutation 20210G>A IN RANGE OUT OF RANGE
No Mutation Detected \*\*\*\*\*\*
Result:
Prothrombin 20210G>A mutation was not detected in the leukocytes of the specimen
Interpretation:
Factor II (RefSeq NM\_000506) codes for Prothrombin, which is a vitamin K dependent proenzyme that functions in the blood coagulation cascade. Prothrombin G20210A mutation occurs in the noncoding region of the Factor II gene and is the second most common cause of inherited thrombophilia after FVL mutations. It results in elevated levels of plasma prothrombin leading to hypercoagulability. Heterozygous individuals have a 2-4 fold increase in thrombotic risk. The test may be used for evaluation of patients with early onset VTE, as a thrombosis risk factor in patients prior to major surgery, to determine the cause of recurrent second or third trimester pregnancy loss, screening for risk of thrombosis before Oral contraceptive use and estrogen replacement therapy.
Test Attributes and Limitations:
Samples must be received at the laboratory under appropriate conditions within 72hrs of aspiration to ensure preservation of high molecular weight DNA. PCR is a highly sensitive technique; reasons for apparently contradictory results may be due to improper quality control during sample collection, selection of inappropriate specimen and/or presence of PCR inhibitors.
MTHFR Mutation Assay (Qualitative) ^
PCR and Gel Electrophoresis
Specimen type: EDTA P. Blood
RESULT :
MTHFR Mutation 677C>T IN RANGE OUT OF RANGE
No Mutation Detected \*\*\*\*\*\*
Result:
MTHFR 677C>T mutation was not detected in the leukocytes of the specimen
Interpretation:
MTHFR gene (RefSeq NM\_005957) codes for the enzyme Methylenetetrahydrofolate reductase. A genetic polymorphism in MTHFR gene (677C>T) results in the formation of the enzyme that has reduced activity and causes decreased metabolism of Homocysteine. Eleveated plasma Homocysteine has been associated with Venous Thromboembolism (VTE) and atherosclerotic vascular disease. Testing for MTHFR mutation may be useful for determining genetic causes for early onset hyperhomocysteinemia and for predicting sensitivity to Methotrexate and antifolate medications. Homozygosity for 677C>T predicts increased risk for atherosclerotic vascular disease and VTE. Such patients are also at risk for Methotrexate intolerance and may require dosage adjustment.
Test Attributes and Limitations:
Samples must be received at the laboratory under appropriate conditions within 72hrs of aspiration to ensure preservation of high molecular weight DNA. PCR is a highly sensitive technique; reasons for apparently contradictory results may be due to improper quality control during sample collection, selection of inappropriate specimen and/or presence of PCR inhibitors.
Factor V Leiden Mutation Assay (Qualitative) ^
PCR and Gel Electrophoresis
Specimen type: EDTA P. Blood
Specimen type: EDTA P. Blood
RESULT :
Factor V Leiden Mutation 1691G>A IN RANGE OUT OF RANGE
No Mutation Detected \*\*\*\*\*\*
Result:
Factor V Leiden (1691G>A) mutation was not detected in the leukocytes of the specimen
Interpretation:
Factor V is a protein of the Coagulation system. It is coded by the gene FV (RefSeq NM\_000130). A mutational defect in Factor V (R506Q) causes APC (Activated Protein C) resistance which can be homozygous or heterozygous. Factor V Leiden increases the relative risk of thrombosis by 5-10 fold in the heterozygous condition and by 50-100 fold in the homozygous individual. The lifetime risk for DVT is 12-20% for Heterozygotes and 80% for Homozygotes. Factor V Leiden Mutation is a risk factor for venous as well as arterial thrombosis. It is the most common genetic risk factor for thrombosis and accounts for >90 percent of APC resistance. The Test may be used as a thrombosis risk factor in patients prior to major surgery, to determine the cause of recurrent second or third trimester pregnancy loss, screening for risk of thrombosis before Oral contraceptive use, estrogen replacement therapy and for presymptomatic evaluation of individuals with a family history of thrombosis or a family member identified to have FVL.
Test Attributes and Limitations:
Samples must be received at the laboratory under appropriate conditions within 72hrs of aspiration to ensure preservation of high molecular weight DNA. PCR is a highly sensitive technique; reasons for apparently contradictory results may be due to improper quality control during sample collection, selection of inappropriate specimen and/or presence of PCR inhibitors.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
SPECIMEN- PUS C/S
DATE OF RECEIVING- 10-08-2019
DATE OF CULTURE- 10-08-2019
MEDIA USED- N.A & M.A
GRAM’S STAIN (Prior to culture): - Gram –ve rods.
RESULT ON MEDIA- Culture Shows colonies of lactose fermenting Gram –ve rods after 24 hours of incubation at 37C
Organism identified with C.F.U. - E.coli(103C.F.U.)
SENSITIVITY TEST
Antibiotics Sensitivity
Amikacin Sensitive
Amoxyclav Resistant
Cefuroxime Resistant
Cefotaxime Sensitive
Levofloxacin Resistant
Gentamicin Sensitive
Cefepime Sensitive
Ciprofloxacin Resistant
Pipracillin+Tazobactum Sensitive
Imipenem Sensitive
Polymyxin B Sensitive
Aztreonam Resistant
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

TEST NAME

RESULT

UNIT

REFERENCE RANGE

C3 (complement-3) (Serum, nephelometry)

C4 (complement-4) (Serum, nephelometry)

High sensitivity CRP Serum

((Serum, nephelometry)

149

38

8.76

mg/dL

mg/dL

mg/L

90-180

10-40

<=3

Interpretation :

High sensitivity CRP measurements may be used as an independent risk marker for the identification of individual at risk for future cardiovascular disease.

High sensitivity CRP when used in conjunction with traditional risk factors may by useful as an independent marker for prognosis of recurrent events in patients with stable coronary disease or acute coronary syndromes.

Patients with evidence of active infection, systemic inflammatory processes or trauma should not be tested for cardiovascular risk assessment until these conditions are abated.

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

Anti Cardiolipin IgA- ELISA\*

TEST NAME

VALUE

UNIT

REFERENCE RANGE

Cardiolipin Antibody ACL-IgA

Negative (1.5)

APLU/mL

Negative : <10

Positive : >=10

Summary and interpretation :

Anti-cardiolipin antibody (ACA) are antibody often directed against cardiolipin and found in several diseases :

1. The presence of anti cardiolipin antibodies in systemic lupus Erythematosus (SLE) can be related to the development Thrombosis and Thrombocytopenia.

2. In Gynecology practice they are associated with Intrauterine Death or recurrent abortions and unexplained fertility.

3. They are also found in some non thrombotic neurological disorders e.g. Cerebrovascular insufficiency, cerebral ischemia or chorea. Transient elevation can be seen in other autoimmune and intercurrent diseases

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

IMMUNOASSAY

FERRITIN\*

TEST NAME

RESULT

UNITS

REF. INTERVAL

Serum Ferritin

71

ng/ml

Menstruating Females : 3.2-55.6

Non-menstruating Female : 7.3-182.6

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
SPUTUM EXAMINATION-
TEST REPORT
Gross Received 4ml of thin watery saliva sample.
Microscopic examination No acid fast bacilli seen.
.

CLINICO-PATH LABORATORY

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no : Biopsy no :

Date : test\_date

HISTOPATHOLOGY REPORT

Consultant Pathologist

(Dr. VANDANA GOYAL)

{MBBS, MD (PGIMS ROHTAK)}

CLINICO-PATH LABORATORY

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no : Biopsy no :

Date : test\_date

HISTOPATHOLOGY REPORT

Consultant Pathologist

(Dr. VANDANA GOYAL)

{MBBS, MD (PGIMS ROHTAK)}

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

IMMUNOASSAY

PROLACTIN\*

TEST NAME

RESULTS

UNITS

REF. INTERVAL

Serum Prolactin

12.7

ng/ml

3.34-26.71

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

TEST NAME

VALUE

UNITS

REF. RANGE

Serum Immunoglobulin E (Chemiluminometry/centaur XPT)

40.7

IU/mL

<378

Summary and interpretation :

IgE plays an important role in immunological protection against parasitic infections and in allergy. As IgE is of importance in allergies, elevated IgE concentrations can be found in patients with allergic diseases such as hay fever, atopic bronchitis and dermatitis. Normal IgE values do not, however, mean that an allergic disease can be ruled out. For this reason the quantitative determination of serum IgE concentrations for clinical differentiation between atopic and non-atopic diseases is only useful in combination with other clinical findings. Elevated serum IgE concentration can also occur in non-allergic diseases, e.g. Bronchopulmonary aspergillosis, Wiskott-Aldrich syndrome, hyper-IgE syndrome, IgE myeloma and parasitic infections.

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

TORCH COMPLETE ANTIBODIES PANEL IgG AND IgM

TORCH IgG EVALUATION

VALUE

UNITS

NORMAL RANGE

TOXOPLASMA IgG ANTIBODIES (ELISA)

0.05

IU/mL

Negative:<0.7

Equivocal:0.7-1.3

Positive:>1.3

RUBELLA IgG ANTIBODIES (ELISA)

0.89

IU/mL

Negative:<0.7

Equivocal:0.7-1.3

Positive:>1.3

CYTOMEGALOVIRUS IgG ANTIBODIES (ELISA)

1.20

IU/ML

Negative:<0.8

Equivocal:0.8-1.2

Positive:>1.2

HERPES SIMPLEX VIRUS 1& 2 IgG ANTIBODIES (ELISA)

1.19

Index

Non-reactive:<0.80

Equivocal:0.80-1.20

Reactive:>1.20

TORCH IgM EVALUATION

VALUE

UNITS

NORMAL RANGE

TOXOPLASMA IgM ANTIBODIES (ELISA)

0.37

IU/mL

Negative:<0.8

Equivocal:0.8-1.2

Positive:>1.2

RUBELLA IgM ANTIBODIES (ELISA)

0.35

IU/mL

Non-reactive:<0.8

Equivocal:0.8-1.2

Reactive:>1.2

CYTOMEGALOVIRUS IgM ANTIBODIES (ELISA)

0.14

IU/ML

Non-reactive:<0.80

Equivocal:0.80-1.20

Reactive:>1.20

HERPES SIMPLEX VIRUS 1 & 2 IgM ANTIBODIES

0.23

Index

Non-reactive:<0.80

Equivocal:0.80-1.20

Reactive:>1.20

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
IMMUNOASSAY
TEST NAME RESULTS UNITS REF. INTERVAL
Free T3 4.41 ng/mL 2.25-3.45
Free T4 0.65 ng/dL 0.60-1.02
TSH 17.40 μIU/ml 0.85-3.43
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
SPECIAL PATHOLOGY
FILARIAL ANTIBODY\*
Primary sample type : Serum
Test description Observed Value Ref. Range
Filarial Antibody Detection Serum
(Immunochromatography) Negative Negative
IgM suggests current infection IgG corresponds to late stage or past infection.
Interpretation :
Lymphatic filariasis also known as elephantiasis is caused mainly by Wuchereria bancrofti and brugia malayi.
Rapid test is a qualitative lateral flow immunoassay for simultaneous detection and differentiation of IgG and IgM antibodies to filarial parasites in human serum and plasma.
It is used as a screening test and as an aid in the diagnosis of infection with lymphatic filarial parasites.
Negative result does not preclude the possibility of exposure to W bancrofti and B malayi.
Associated Test : Peripheral blood smear/wet mount, filarial antigen.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
ELISA
Dual marker (Prenatal First Trimester Screening)\*
Dual marker Value Units
Serum HCG Free Beta (CLIA/immulite-2000) 60.70 ng/ml
Serum PAPP-A
(CLIA/immulite-2000) 2.61 mIu/ml
Risk assessment Graph attached
Trisomy 21 Low risk
Trisomy 13 & 18 Low risk
Remarks Correlate clinically
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

Pleural Fluid Study

Total count: 16900/cumm

Differential count :

Neutrophiles : 90 %

Lymphocytes : 08 %

Monocytes : 00 %

Eosinophils : 00 %

Basophils : 00 %

Mesothelial cells : 02 %

Serum protein : 6.2 gm/dL

Fluid protein : 4.0 gm/dL

Pleural fluid protein to serum protein ratio : 0.6 g/dL

Blood glucose : 110 mg/dl

Fluid glucose : 14 mg/dl

ADA : 22.3 IU/L

LDH : 500 IU/L

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

PERIPHERAL BLOOD FILM-

-RBCs are decreased in density and show normocytes, microcytes, elliptocytes and few target cells. RBCs are predominantly normochromic to mildly hypochromic.

-1nRBCs/100WBCs seen.

-TLC is markedly raised with 96% of mature lymphocytes having coarsely clumped nuclear chromatin.

-Smudge cells (++).

-Platelets are markedly reduced in number.

-No hemoparasite seen.

IMPRESSION-

Chronic lymphoproliferative disorder with thrombocytopenia.

Advised clinical correlation and immunophenotyping of the patient.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
HBV RQPCR Assay (Whole Blood/Serum)
HBV Viral Load Assay (Quantitative) # ^
Real Time PCR Assay
Specimen type: Plasma/Serum from EDTA P. Bld
Investigation required Result (IU/ml) Log value Detection limit
Hepatitis B virus DNA 52918 4.72 3 IU/ml or 0.47 log
52,918 IU/ml or 4.72 log of HBV DNA were detected in the specimen provided.
Interpretation:
The Test was performed on Qiagen RGQ platform. HBV viral load assay is based on real-time PCR technology, for the detection and quantification of HBV specific DNA. The assay includes a heterologous amplification system (Internal Control) to identify possible PCR inhibition and to confirm the integrity of the reagents of the kit. The test is based on real-time PCR technology, utilizing polymerase chain reaction (PCR) for the amplification of specific target sequences and target specific probes for the detection of the amplified DNA. The probes are labeled with fluorescent reporter and quencher dyes. This test can quantitate Hepatitis B virus DNA (genotypes A to G) over the range 3 to 1X107 IU/ml. The test is intended for use in conjunction with clinical presentation and other laboratory markers as aid in assessing viral response to antiviral treatment as measured by change in HBV DNA levels. A rapid & sustained drop in HBV DNA levels in patients receiving treatment with Interferon-alpha, Lamivudine or Ganciclovir has been shown to be a predictive factor for a favorable treatment outcome. Conversion factor: 1IU/ml = 1copy/ml
Test Attributes and Limitations: The analytical sensitivity of this test gives a Positive/Detected result if at least 3 IU/ml of HBV DNA is present in the sample submitted and processed in the lab. Samples must be received at the laboratory under appropriate conditions within 48hrs of aspiration to ensure preservation of viral DNA. PCR is a highly sensitive technique; reasons for apparently contradictory results may be due to improper quality control during sample collection, selection of inappropriate specimen and/or presence of PCR inhibitors.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
SPECIMEN- Pus C/S
DATE OF RECEIVING- 10-08-2019
DATE OF CULTURE- 10-08-2019
MEDIA USED- N.A & M.A
GRAM’S STAIN (Prior to culture): - Gram –ve rods.
RESULT ON MEDIA- Culture Shows colonies of non lactose fermenting Gram –ve rods after 24 hours of incubation at 37C.
Organism identified - Pseudomonas.
SENSITIVITY TEST FOR PSEUDOMONAS
Antibiotics Sensitivity
Gentamicin Sensitive
Amikacin Sensitive
Polymyxin B Sensitive
Ciprofloxacin Sensitive
Levofloxacin Sensitive
Cefoparazone+Sulbactum Resistant
Cefepime Sensitive
Pipracillin+Tazobactum Sensitive
Tobramycin Sensitive
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

TEST NAME

VALUE

UNIT

REFERENCE RANGE

Serum HBsAG

(Chemiluminescene)

0.07

OD Ratio

Negative : <0.9

Equivocal : 0.9-1.0

Positive : >1.0

Interpretation and summary :

Infection with HBV results in a wide spectrum of acute and chronic liver diseases and also is clearly linked with the development of hepatocellular carcinoma. HBV infection produces an array of unique antigens and antibodies which follow distinct and individual serological patterns. By monitoring these makers, it is possible not only to diagnose infection, but also to determine the stage of the disease and probable prognosis. HbsAg is the first marker to appear following infection and is the best indirect indicator of potentially infectious sera.

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
SPECIMEN- URINE C/S
DATE OF RECEIVING- 12-04-2019
DATE OF CULTURE- 12-04-2019
MEDIA USED- N.A & M.A
GRAM’S STAIN (Prior to culture)- Gram –ve rods.
RESULT ON MEDIA- Culture Shows colonies of non lactose fermenting Gram –ve rods after 24 hours of incubation at 37C.
Organism identified - E.coli
SENSITIVITY TEST
Antibiotics Sensitivity
Amikacin Sensitive
Amoxyclav Resistant
Amoxycillin Resistant
Cefuroxime Resistant
Pipracillin+Tazobactum Sensitive
Levofloxacin Resistant
Gentamicin Sensitive
Cefepime Sensitive
Ciprofloxacin Resistant
Imipenem Sensitive
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

ABG ANALYSIS

GASES:-

TEST

VALUE

UNITS

REFERENCE RANGE

pH

7.277

mmHg

7.35-7.45

pCO2

71.9

mmHg

35.0-48.0

pO2

62.3

mmHg

83.0-108.0

cHCO3-

33.6

mmol/l

21.0-28.0

BE(ecf)

6.8

mmol/l

-2.0-3.0

cSO2

87.0

%

94.0-98.0

CHEM:-

TEST

VALUE

UNITS

REFERENCE RANGE

Na+

141

mmol/l

138-146

K+

3.3

mmol/l

3.5-4.5

Ca++

0.41

mmol/l

1.15-1.33

Cl-

112

mmol/l

98-107

cTCO2

35.8

mmol/l

22.0-29.0

AGap

-5

mmol/l

7-16

AGapK

-1

mmol/l

10-20

Hct

52

%

38-51

cHgb

17.8

g/dl

12.0-17.0

BE(b)

3.5

mmol/l

-2.0-3.0

META:-

TEST

VALUE

UNITS

REFERENCE RANGE

Glucose

160

mg/dl

74-100

Lac

1.12

mmol/l

0.56-1.36

Creatinine

0.66

mg/dl

0.51-1.19

eGFR

>60

mL/m/1.73m2

eGFR-a

>60

mL/m/1.73m2

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
IMMUNOASSAY
BETA HCG (QUANTITATIVE)\*
Test Name Value Unit Ref.Interval
Serum Beta HCG (CLIA/Beckman DXI 800) 0.20 mIU/ml <5
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
IMMUNOASSAY
CEA-CARCINO EMBRYONIC ANTIGEN\*
TEST NAME RESULT UNITS REF. INTERVAL
Serum CEA 1.6 ng/ml Non smokers : <3.0
Smokers : <5.0
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
SPECIAL PATHOLOGY
ASPERGILLUS ANTIBODY IgG\*
Test description Observed value Units Reference range
Aspergillus antibody IgG
(Enzyme Immunoassay) 4.83
(Negative) U/mL Negative : <8
Borderline : 8-12
Positive : >12
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

IMMUNOASSAY

TEST NAME

VALUE

UNITS

REF. INTERVAL

Serum Anti TPO Antibody (CLIA)

7.6

IU/mL

1.0-16.0

Summary and interpretation :

TPO is present on the microsomes of thyrocytes and is expressed at its apical cell surface. Elevated serum titers of antibodies to TPO are found in several forms of thyroiditis caused by autoimmunity. High anti-TPO are found in up to 90%of patients with chronic Hashimoto's thyroiditis. In Graves disease, 70% of the patients have an elevated titer. The magnitude of the antibody titer does not correlate with clinical activity of the disease. Initially elevated titers can becomes negative after lengthy periods of illness or during remission. If antibodies re-appear following remission, then a relapse is probable.

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

Test Name

Value

Units

Ref. Range

Serum Angiotensin Converting Enzyme

(Enzymatic / Semiautomated)

44.00

U/L

66-114

CLINICAL CHEMISTRY

Summary and interpretation :

ACE is peptidyl dipeptidase that catalyses the conversion of active angiotension I to biologically active angiotension II. ACE is an important enzyme in the Renin-Angiotension-Anldosterone cycle. A number of ACE inhibitors are used in the control of hypertension. ACE is most frequently measuresd in patients with suspected cases of Sarcoidosis in which, levels of three times the upper normal limit can be found. Successful sabsequent treatment of this condition correlates well to declining ACE levels. Elevated ACE levels are also encountered in a number of other conditions including histoplasmosis, alcoholic cirrhosis, idiopathic pulmonary fibrosis, Hodgkin`s disease and hyperthyroidism

Factors affecting ACE levels:-

· Smoking - ACE activity is 30% lower in smokers

· Thyroid hormone- Stimulates ACE synthesis

· Postmenopausal estrogen replacement - ACE activity is 20% lower

Increased levels:-

· Sarcoidosis - ACE levels are used in the diagnosis and monitoring of this disease and are directly related to the number of organs affected and activity of granulomas. Mature granulomas produce less ACE than developing ones. ACE is more likely to be elevated with pulmonary involvement than with purely hilar adenopathy.

· Pulmonary causes like Emphysema, Asthma, Small cell carcinoma & Squamous cell carcinoma

· Renal diseases - patients on hemodialysis show high ACE levels as compared to patients who are not on dialysis.

· Other causes - Multiple sclerosis, Addisons disease, Hyperthyroidism, Diabetes, Alcoholic hepatitis & Peptic ulcer.

Decreased levels:-

· Chronic liver disease

· Anorexia nervosa

· Hypothyroidism

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

SPECIMEN- Pus C/S

DATE OF RECEIVING- 25-02-2019

DATE OF CULTURE- 25-02-2019

MEDIA USED- N.A & M.A

GRAM’S STAIN (Prior to culture): Gram –ve rods.

RESULT ON MEDIA- Culture Shows lactose fermenting and non lactose fermenting colonies after 24 hours of incubation at 37C.

Organism identified- Pseudomonas and Kleibsella.

SENSITIVITY TEST FOR PSEUDOMONAS

Colistin (++)

Amikacin (+++)

Ciprofloxacin (+++)

Polymyxin B (++)

Levofloxacin (++)

Cefoparazone+Sulbactum (++)

Tobramycin (+++)

SENSITIVITY TEST FOR KLEIBSELLA

Colistin (++)

Amoxycillin (R)

Amikacin (+++)

Ciprofloxacin (+)

Polymyxin B (++)

Levofloxacin (+)

Cefotaxime (R)

Amoxyclav (R)

Cefoparazone (R)

Cefuroxime (R)

Pipracillin+Tazobactum (++)

INTERPRETATION :

(+)= Low sensitive

(++)= moderately sensitive

(+++)= highly sensitive

R= Resistant.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

ANTI TISSUE TRANSGLUTAMINASE (tTG) Antibodies IgA

TEST NAME

VALUE

UNITS

TTG IgA by ELISA

1.20

U/mL

Interpretation :

<12

Negative

12-18

Equivocal

>18

Positive

Antibodies against tTg of the class IgA are rarely detected in the healthy individuals, their prevelance in cases of untreated gluten-sensitive enteropathies is almost 100%. This test provides confirmation of a clinical diagnosis and is also suitable for use in monitoring the course of therapy and for control of gluten-free diet or a gluten-loading test.

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

SPECIMEN- Pus C/S

DATE OF RECEIVING- 10-08-2019

DATE OF CULTURE- 10-08-2019

MEDIA USED- N.A & M.A

GRAM’S STAIN (Prior to culture): - Gram –ve rods.

RESULT ON MEDIA- Culture Shows colonies of non lactose fermenting Gram –ve rods after 24 hours of incubation at 37C.

Organism identified - Pseudomonas.

SENSITIVITY TEST FOR PSEUDOMONAS

Antibiotics Sensitivity

Gentamicin Sensitive

Amikacin Sensitive

Polymyxin B Sensitive

Ciprofloxacin Sensitive

Levofloxacin Sensitive

Cefoparazone+Sulbactum Resistant

Cefepime Sensitive

Pipracillin+Tazobactum Sensitive

Tobramycin Sensitive

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

SPECIMEN- Urine C/S

DATE OF RECEIVING- 29-01-2019

DATE OF CULTURE- 29-01-2019

MEDIA USED- N.A & M.A

MICROSCOPY - Pus cell- 4-5/hpf, RBCs-Nil/hpf, Epithelial cells-1-2/hpf.

GRAM’S STAIN (Prior to culture): - Gram –ve rods and Gram -ve cocci.

RESULT ON MEDIA- Culture Shows lactose fermenting colonies of Kleibsella and non lactose fermenting colonies of Acenitobacter after 24 hours of incubation at 37C.

Organism identified- Kleibsella and Acenitobacter.

SENSITIVITY TEST FOR ACENITOBACTER

Antibiotics Sensitivity

Polymyxin B (++)

Colistin (+)

Levofloxacin (R)

Amikacin (R)

Ampicillin (R)

Cefoparazone+Sulbactum (R)

Cefotaxime (R)

Netillin (R)

Ciprofloxacin (R)

SENSITIVITY TEST FOR KLEIBSELLA

Antibiotics Sensitivity

Colistin (+)

Amoxycillin (R)

Amikacin (R)

Ciprofloxacin (R)

Polymyxin B (++)

Levofloxacin (R)

Cefotaxime (R)

Amoxyclav (R)

Cefoparazone (R)

Cefuroxime (R)

Norfloxacin (R)

Nitrofurantoin (R)

INTERPRETATION:-

(+)= Low sensitive

(++)= moderately sensitive

(+++)= highly sensitive

R= Resistant.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

Test Name

Value

UNIT

Reference range

Serum Free Testosterone (ELISA)

11.33

pg/ml

Male : 5-30

Female : 0-3

Children : 0.1-1.25

NOTE : This test was processed at third party lab.

CLINICO-PATH LABORATORY
Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Biopsy no : Date : test\_date
HISTOPATHOLOGY REPORT
Consultant Pathologist
(Dr. VANDANA GOYAL)
{MBBS, MD (PGIMS ROHTAK)}
This is only an opinion and not the final diagnosis. Clinical correlation is must. This report is not valid for medico-legal purpose

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
SPECIMEN- Urine C/S
DATE OF RECEIVING- 10-08-2019
DATE OF CULTURE- 10-08-2019
MEDIA USED- N.A & M.A
MICROSCOPY - Pus cell- 20-24/hpf, RBCs-Nil/hpf, Epithelial cells-1-2/hpf.
GRAM’S STAIN (Prior to culture): - Gram –ve rods.
RESULT ON MEDIA- Culture Shows colonies of lactose fermenting Gram –ve rods after 24 hours of incubation at 37C.
Organism identified - Klebsiella (>105 C.F.U.)
SENSITIVITY TEST FOR KLEIBSELLA
Antibiotics Sensitivity
Amikacin Resistant
Ciprofloxacin Resistant
Levofloxacin Resistant
Cefotaxime Resistant
Amoxyclav Resistant
Cefuroxime Resistant
Nitrofurantoin Sensitive
Norfloxacin Resistant
Gentamicin Resistant
Cefepime Sensitive
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
TEST NAME VALUE UNIT REFERENCE RANGE
Plasma G6PD
by UV kinetic/semiautomated 9.46 U/g of Hb 4.6-13.5
CLINICAL CHEMISTRY
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

ELISA

GAMMA INTERFERON (TB PLATINUM)\*

Test description

Observed value

Unit

Interferon Gamma, Antigen tube (T) (IGRA)

34.91

pg/ml

Interferon Gamma, Nil tube (N) (IGRA)

8.63

pg/ml

Interferon Gamma, Antigen tube-Nil tube (T-N)

26.27

pg/ml

Final result

POSITIVE

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
Test Name Value Units Ref. Range
Serum Angiotensin Converting Enzyme(Enzymatic / Semiautomated) 44.00 U/L 66-114
CLINICAL CHEMISTRY
Summary and interpretation :
ACE is peptidyl dipeptidase that catalyses the conversion of active angiotension I to biologically active angiotension II. ACE is an important enzyme in the Renin-Angiotension-Anldosterone cycle. A number of ACE inhibitors are used in the control of hypertension. ACE is most frequently measuresd in patients with suspected cases of Sarcoidosis in which, levels of three times the upper normal limit can be found. Successful sabsequent treatment of this condition correlates well to declining ACE levels. Elevated ACE levels are also encountered in a number of other conditions including histoplasmosis, alcoholic cirrhosis, idiopathic pulmonary fibrosis, Hodgkin`s disease and hyperthyroidism
Factors affecting ACE levels:-
· Smoking - ACE activity is 30% lower in smokers
· Thyroid hormone- Stimulates ACE synthesis
· Postmenopausal estrogen replacement - ACE activity is 20% lower
Increased levels:-
· Sarcoidosis - ACE levels are used in the diagnosis and monitoring of this disease and are directly related to the number of organs affected and activity of granulomas. Mature granulomas produce less ACE than developing ones. ACE is more likely to be elevated with pulmonary involvement than with purely hilar adenopathy.
· Pulmonary causes like Emphysema, Asthma, Small cell carcinoma & Squamous cell carcinoma
· Renal diseases - patients on hemodialysis show high ACE levels as compared to patients who are not on dialysis.
· Other causes - Multiple sclerosis, Addisons disease, Hyperthyroidism, Diabetes, Alcoholic hepatitis & Peptic ulcer.
Decreased levels:-
· Chronic liver disease
· Anorexia nervosa
· Hypothyroidism
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
BIOCHEMISTRY
One hour oral glucose challenge test (GCT)
TEST VALUE UNITS
Amount of glucose- 50gm
Plasma Glucose after one hour 133.0 mg/dl
Interpretation :
The one hour oral glucose challenge test (GCT) is a screening test for gestational diabetes that measures plasma or serum glucose concentration one hour after a 50gm oral glucose load. A blood sugar value >140mg/dl identifies approximately80% of women with gestational diabetes (GDM), a cutoff of >130mg/dl identifies 90% of women with GDM.
A glucose challenge test is not necessary in patients with a fasting plasma glucose level >126mg/dl or a casual plasma glucose >200mg/dl , since these values meet the threshold for the diagnosis of diabetes.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
SPECIAL PATHOLOGY
ERYTHROPOITIN\*
Primary Sample Type:Serum
Test Name Value Unit Reference Range
Erythropoietin (Serum,CLIA) 18.90 mIU/mL 4.3-29
Summary and Interpretation :
1. EPO levels are raised in Primary anemia i.e., iron deficiency anemia and also in some anemia of chronic disease such as arthritis and secondary polycythemia such as due to smoking, pulmonary diseases and cardiac disease.
2. EPO levels are decreased in chronic renal failure, anephric individuals, polycythemia vera.
3. Erythropoietin levels show diurnal variation. Most consistent results are seen during 7.30 am to 12 noon.
NOTE : This test was processed at third party lab.
.

CLINICO-PATH LABORATORY

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no : Biopsy no :

Date : test\_date

HISTOPATHOLOGY REPORT

Consultant Pathologist

(Dr. VANDANA GOYAL)

{MBBS, MD (PGIMS ROHTAK)}

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

SPECIMEN- Pus C/S

DATE OF RECEIVING- 01-05-2019

DATE OF CULTURE- 01-05-2019

MEDIA USED- N.A & M.A

GRAM’S STAIN (Prior to culture): - Gram +ve cocci and Gram –ve rods.

RESULT ON MEDIA- Culture Shows lactose fermenting colonies after 24 hours of incubation at 37C.

Organism identified- Staphylococcus aureus and Kleibsella.

SENSITIVITY TEST FOR STAPHYLOCOCCUS

Antibiotics Sensitivity

Amoxyclav Resistant

Clindamycin Sensitive

Vancomycin Sensitive …..ingield= …..+++ (+

Linezolid Sensitive

Levofloxacin Resistant

Ciprofloxacin Resistant

Azithromycin Sensitive

Amoxycillin Resistant

Doxycycline Sensitive

Cefoxitin Sensitive

Cefuroxime Sensitive

Cefepime Sensitive

Cefotaxime Sensitive

Imipenem Sensitive

Meropenem Sensitive

SENSITIVITY TEST FOR KLEIBSELLA

Antibiotics Sensitivity

Amoxycillin Resistant

Amikacin Resistant

Ciprofloxacin Resistant

Levofloxacin Resistant

Cefotaxime Resistant

Amoxyclav Resistant

Cefuroxime Resistant

Gentamicin Resistant

Cefepime Sensitive

Imipenem Resistant

Pipracillin+Tazobactum Sensitive

CLINICO-PATH LABORATORY

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no : Biopsy no :

Date : test\_date

HISTOPATHOLOGY REPORT

Consultant Pathologist

(Dr. VANDANA GOYAL)

{MBBS, MD (PGIMS ROHTAK)}

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
Spot urine Albumin Creatinine ratio
-Urine albumin- 39.1mg/dl
- Urine creatinine- 15.4mg/dl
-Urine albumin creatinine ratio- 2538.9mg/g
Reference range:- 0-30mg/g
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

SPECIAL PATHOLOGY

ACTH Plasma\*

Primary sample type : EDTA blood

Test Name

Result

Units

Reference Range

ACTH-Adreno Corticotropic Hormone (Plasma, CLIA)

22.00

pg/mL

0-46

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : FNAC no : Date : test\_date
CYTOLOGY REPORT
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

Clinical Chemistry

Test Name

Value

Unit

Ref. Interval

Serum Magnesium

2.06

mg/dl

1.8-2.6

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
SEROLOGY
Serum ASO
Test name Observed value Unit Reference range
Serum ASO (Turbidimetry) 80.0 IU/ml <200
Summary and interpretation :
Streptolysin O is a toxic immunogenic exoenzyme produced by ß-hemolytic streptococcus group A,C and G. ASO antibodies are useful for the diagnosis of rheumatoid fever, acute glomerulonephritis and streptococcal infections.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
Investigation required : Iron Study
Test name Result Units Reference range
Serum Iron 755 µg/dl 60-170
UIBC 242 µg/dl 255-450
Iron Saturation 75.7 % 20-50
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
IMMUNOASSAY
TEST NAME VALUE UNITS REF. INTERVAL
Serum Anti TPO Antibody (CLIA) 7.6 IU/mL 1.0-16.0
Summary and interpretation :
TPO is present on the microsomes of thyrocytes and is expressed at its apical cell surface. Elevated serum titers of antibodies to TPO are found in several forms of thyroiditis caused by autoimmunity. High anti-TPO are found in up to 90%of patients with chronic Hashimoto's thyroiditis. In Graves disease, 70% of the patients have an elevated titer. The magnitude of the antibody titer does not correlate with clinical activity of the disease. Initially elevated titers can becomes negative after lengthy periods of illness or during remission. If antibodies re-appear following remission, then a relapse is probable.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

SPECIMEN- TISSUE C/S

DATE OF RECEIVING- 04-08-2019

DATE OF CULTURE- 04-08-2019

MEDIA USED- N.A and M.A

RESULT ON MEDIA-

Culture Shows no growth on NA & MA after 24 hours & 48 hours of incubation at 37C.

IMP: - Sterile.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
CLINICAL CHEMISTRY
THYROGLOBULIN ANTIBODIES (ANTI TG)\*
TEST NAME RESULT UNITS REF. RANGE
THYROGLOBULIN ANTIBODIES(ELFA/MINI VIDAS) 14.3 IU/L <18.00
Summary and interpretation :
Thyroglobulin is produced only by the thyroid gland and is a major component of the thyroid follicular colloid.
For diagnostic purposes, anti-TPO results should be used in conjunction with clinical information and other test results. Autoantibodies may be found in less than 10% of the normal population at low levels and in patients with non-thyroidial illnesses such as inflammatory rheumatic diseases.
Clinical utility :
Diagnosis of autoimmune thyroid disease and its separation from other causes of thyroiditis.
Investigation of cause of goitre.
Follow up of deranged thyroid hormones.
Evaluation of thyroid involvement in non thyroid related autoimmune diseases like SLE or RA.
Evaluation of cases of pregnancy with autoimmune thyroid disorder like Hashimoto's thyroiditis, Grave's disease etc.
Assessment of risk of foetal involvement in case of pregnancy with thyroid dysfunction.
As a part of assessment of infertility.
Increased levels :
-Mild to moderate- in many thyroid and autoimmune disorders such as thyroid cancer, type I diabetes, rheumatoid arthritis, pernicious anaemia and autoimmune collagen vascular disease.
-Significantly increased-Hashimoto's thyroiditis and Grave's disease.
-Higher levels are also seen women and with increasing age.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

IMMUNOASSAY

CA-125\*

TEST NAME

RESULTS

UNITS

REF. INTERVAL

Serum CA-125

30.7

U/mL

0-35

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

HAEMATOLOGY

Test Name Result Unit Bio. Ref. Interval

Haemoglobin HPLC

High Performance Liquid Chromatography (HPLC)

Hb F Whole Blood EDTA 0.2 Area % 0.0 - 2.0

P2 Whole Blood EDTA 4.9 Area %

P3 Whole Blood EDTA 7.0 Area %

Hb A0 Whole Blood EDTA 84.1 Area %

Hb A2 Whole Blood EDTA 2.1 Area % 1.5 - 3.5

S window Whole Blood EDTA Absent Area % Absent

C window Whole Blood EDTA Absent Area % Absent

D Window Whole Blood EDTA Absent Area % Absent

Haemoglobin (Hb)@ Whole Blood EDTA Photometric 7.7 g/dL 12.0 - 15.0

HCT@ Whole Blood EDTA Calculated 28.3 % 36.0 - 46.0

RBC Count@ Whole Blood EDTA Electrical Impedance 4.29 millions/cu.mm 3.80 - 4.80

MCV@ Whole Blood EDTA Electrical Impedance 66.0 fL 80.0 - 100.0

MCH@ Whole Blood EDTA Calculated 17.9 pg 27.0 - 32.0

MCHC@ Whole Blood EDTA Calculated 27.2 gm/dL 32.0 - 35.0

RDW@ Whole Blood EDTA Calculated 22.2 % 11.5 - 14.5

\*Chromatogram enclosed

\*Results relate only to the sample, as received.

The Bio-Rad VARIANT II haemoglobin testing system, β-thalassemia Short Program provides an integrated method for the separation and determination of the relative percentage of specific haemoglobins e.g. A2, F, abnormal haemoglobin (if present) in whole blood. The separation is based on the principle of ion exchange high performance liquid chromatography.

Confirmation of the status of haemoglobinopathies requires molecular diagnosis.

Please note that the recent history of blood transfusion can change the interpretation.

HbA2 value may be decreased in iron deficiency anaemia; retesting should be performed after the iron deficiency is corrected. HbA2 value may be slightly elevated in megaloblastic anaemia and HIV. HbA2 values greater than 10% should be tested for possible presences of haemoglobin variant interference (HbS components, HbD, HbE). HbA2 values between 3.3% - 3.9% need careful assessment along with family studies and the assay should be repeated after ruling out interfering factors on fresh sample.Borderline HbA2 values (3.6% - 4.0%) could result due to some mild Beta-thalassemia alleles or co- inheritance of delta thalassemia. Some type of thalassemia trait has normal HbA2 values. HbA2 values for alpha thalassemia are usually low. For pregnant females consider testing partner. Some haemoglobin variants are clinically silent. Some Beta thalassemia mutant is phenotypically silent, show normal A2 values and will not be detected on this screening assay.This test does not detect Alpha thalassemia trait condition.

Note: Haemoglobin HbA2 may be normal in some Beta thalassemia trait states e.g. silent beta thalassemia trait,Delta beta thalassemia, coinheritance of beta thalassemia, alpha thalassemia trait and iron deficiency anaemia.

IMPRESSION: There is no abnormal haemoglobin peak.

Disclaimer Note:-

1. Results relate only to the sample, as received.

2. Chromatography gives only presumptive diagnosis of hemoglobinopathies. For definitive diagnosis, molecular studies and genetic testing are required.

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

24 hours Urine Protein and creatinine

-24 Hours Urine volume- 1775 ml

- Urine Micro protein- 52.64 mg/dl

- 24 hours Urine Micro Protein= 0.93 gm/24 hours.

-Urine creatinine- 49.2mg/dl

-24 hours urine creatinine- 0.9 gm/24hours

Reference range of 24 hour urine protein : <0-150 gm/24 hours

Reference range of 24 hours urine creatinine : 1.0-1.8gm/24 hours

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
SPECIMEN- TISSUE C/S
DATE OF RECEIVING- 12-11-2019
DATE OF CULTURE- 12-11-2019
MEDIA USED- N.A & M.A
GRAM’S STAIN (Prior to culture): - Gram –ve rods.
RESULT ON MEDIA- Culture Shows colonies of non lactose fermenting Gram –ve rods after 24 hours of incubation at 37C.
Organism identified - Pseudomonas (103 C.F.U.).
SENSITIVITY TEST FOR PSEUDOMONAS
Antibiotics Sensitivity
Gentamicin Sensitive
Amikacin Sensitive
Polymyxin B Sensitive
Ciprofloxacin Sensitive
Levofloxacin Sensitive
Cefoparazone+Sulbactum Sensitive
Cefepime Sensitive
Pipracillin+Tazobactum Sensitive
Tobramycin Sensitive
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
HCV RQPCR Assay
Whole Blood/Serum
HCV Viral Load Assay (Quantitative) # ^
Real Time RT-PCR Assay
Specimen type: Plasma/Serum from EDTA P. Bld
Investigation required Result Log value Detection limit
Hepatitis C virus RNA 38314 4.58 50 IU/ml 1.7 log
38,314 IU/ml or 4.58 log of HCV RNA were detected in the specimen provided.
Interpretation: The Test was performed on Qiagen RGQ platform. HCV viral load assay is based on realtime PCR technology, for the detection and quantification of HCV specific RNA. The assay includes a heterologous amplification system (Internal Control) to identify possible PCR inhibition and to confirm the integrity of the reagents of the kit. This test can quantitate Hepatitis C Virus RNA (genotypes 1 to 6) over the range 50-5\*106IU/ml. The test is intended for use in conjunction with clinical presentation and other markers as an aid in assessing viral response to antiviral treatment as measured by change in HCV RNA levels. Early changes in plasma/ serum HCV RNA levels may predict long term response to Interferon therapy.
A negative result does not preclude the presence of HCV infection because results depend on adequate specimen storage and transportation as RNA is fragile and thermolabile, absence of inhibitors and sufficient RNA to be detected.
Patients suffering from chronic HCV infection typically have intermittent viraemia. Samples collected during the non- viraemic phase may test negative despite the presence of active infection. Hence, in case where HCV PCR is negative despite strong clinical suspicion, a repeat sample collected at an interval of two weeks from the initial sample is strongly recommended torule out active disease. Patients on dialysis should submit the sample before dialysis.
Conversion factor: 1IU/ml = 1copy/ml
Test Attributes and Limitations: The analytical sensitivity of this Test returns a Positive/Detected result if at least 50 IU/ml of HCV RNA is present. Samples must be received at the laboratory under appropriate conditions within 48hrs of aspiration to ensure preservation of viral RNA.PCR is a highly sensitive technique; reasons for apparently contradictory results may be due to improper quality control during sample collection, selection of inappropriate specimen and/or presence of PCR inhibitors.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

BIOCHEMISTRY

TEST NAME

VALUE

UNIT

GFR

34

ml/min/1.73m2

Interpretation :

Stage

GFR\*

DESCRIPTION

1

90+

Normal kidney function but urine findings or structural abnormalities or genetic tract point to kidney disease.

2

60-89

Mildly reduced kidney function and other findings (as for stage 1) point to kidney disease.

3A

3B

45-59

30-44

Moderately reduced kidney function.

4

15-29

Severely reduced kidney function.

5

<15 or on dialysis

Very severe or end stage kidney failure.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no : Biopsy no :

Date : test\_date

HISTOPATHOLOGY REPORT

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

SPECIMEN- PUS C/S

DATE OF RECEIVING- 10-08-2018

DATE OF CULTURE- 10-08-2018

MEDIA USED- N.A & M.A

GRAM’S STAIN (Prior to culture)- Gram +ve cocci.

RESULT ON MEDIA- Culture Shows colonies of lactose fermenting Gram +ve cocci after 24 hours of incubation at 37C.

Organism identified with C.F.U.- Enterococcus. (105 C.F.U.)

SENSITIVITY TEST

Antibiotics Sensitivity

Amoxyclav Resistant

Clindamycin Resistant

Vancomycin Resistant…..ingield= …..+++ (+

Linezolid Resistant

Azithromycin Resistant

Ciprofloxacin Resistant

Doxycycline Resistant

Gentamicin Resistant

Levofloxacin Resistant

Cefoxitin Resistant

Cefuroxime Resistant

Cefepime Resistant

Cefotaxime Resistant

Imipenem Resistant

Meropenem Resistant

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
IMMUNOASSAY
TOTAL THYROID PROFILE
TEST NAME RESULTS UNITS REF. INTERVAL
Total T3 0.42 ng/mL 0.40-1.81
Total T4 11.70 μg/dL 6.09-12.23
TSH 3.00 μIU/ml 0.38-5.33
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
24 hours Urine Protein and creatinine
-24 Hours Urine volume- 1775 ml
- Urine Micro protein- 52.64 mg/dl
- 24 hours Urine Micro Protein= 0.93 gm/24 hours.
-Urine creatinine- 49.2mg/dl
-24 hours urine creatinine- 0.9 gm/24hours
Reference range of 24 hour urine protein : <0-150 gm/24 hours
Reference range of 24 hours urine creatinine : 1.0-1.8gm/24 hours
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

Ascitic Fluid Study

Total count : 6100/cumm

Differential count :

Neutrophiles : 90 %

Lymphocytes : 04 %

Monocytes : 00 %

Eosinophils : 00 %

Basophils : 00 %

Mesothelial cells : 06 %

Serum albumin : 3.4 gm/dL

Fluid albumin : 2.3 gm/dL

SAAG(Serum to ascitic albumin gradient) : 1.5 g/dL

Serum glucose : 132 mg/dl

Fluid glucose : 154 mg/dl

Fluid protein : 5.9 gm/L

ADA : 22.8 IU/L

LDH : 500 IU/L

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
TEST NAME RESULT UNIT REFERENCE RANGE
C3 (complement-3) (Serum, nephelometry)C4 (complement-4) (Serum, nephelometry)High sensitivity CRP Serum
((Serum, nephelometry) 149
388.76 mg/dL mg/dLmg/L 90-180
10-40
<=3
Interpretation :
High sensitivity CRP measurements may be used as an independent risk marker for the identification of individual at risk for future cardiovascular disease.
High sensitivity CRP when used in conjunction with traditional risk factors may by useful as an independent marker for prognosis of recurrent events in patients with stable coronary disease or acute coronary syndromes.
Patients with evidence of active infection, systemic inflammatory processes or trauma should not be tested for cardiovascular risk assessment until these conditions are abated.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

TEST NAME

VALUE

UNITS

REF. RANGE

Serum Anti-CCP Antibodies

(ELISA)

3.99

U/mL

<6.5

Summary and interpretation :

Anti CCP determines the IgG autoantibodies to cyclic citrullinated peptides which aid in diagnosis of rheumatoid arthiritis and should be used in conjunction with other clinical information. Anti CCP becomes positive earlier than rheumatoid factor and is also specific for the disease.

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
SPECIMEN- Pus C/S
DATE OF RECEIVING- 25-02-2019
DATE OF CULTURE- 25-02-2019
MEDIA USED- N.A & M.A
GRAM’S STAIN (Prior to culture): Gram –ve rods.
RESULT ON MEDIA- Culture Shows lactose fermenting and non lactose fermenting colonies after 24 hours of incubation at 37C.
Organism identified- Pseudomonas and Kleibsella.
SENSITIVITY TEST FOR PSEUDOMONAS
Colistin (++)
Amikacin (+++)
Ciprofloxacin (+++)
Polymyxin B (++)
Levofloxacin (++)
Cefoparazone+Sulbactum (++)
Tobramycin (+++)
SENSITIVITY TEST FOR KLEIBSELLA
Colistin (++)
Amoxycillin (R)
Amikacin (+++)
Ciprofloxacin (+)
Polymyxin B (++)
Levofloxacin (+)
Cefotaxime (R)
Amoxyclav (R)
Cefoparazone (R)
Cefuroxime (R)
Pipracillin+Tazobactum (++)
INTERPRETATION :
(+)= Low sensitive
(++)= moderately sensitive
(+++)= highly sensitive
R= Resistant.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

ELISA

ANA IIF\*

TEST NAME

VALUE

Serum ANA (Immunofluorescence Assay)

NEGATIVE

Titer

1:80

Pattern

Homogenous

Intensity

+

Remarks

Advised ANA profile by line immunoassay

Summary and interpretation :

Pattern

Type of antibody/antigenic determinants

Disease association

Homogenous

dsDNA, Nucleosomes (chromatin), Histones

SLE, Drug induced LE, other Rheumatic diseases

Speckled

Sm, UI-RNP, SSA (Ro), SSB (La), Scl-70

SLE, Sjogren's Syndrome, Mixed connective tissue disease, evolving Rheumatic disease, Scleroderma

SSA

SSA

Sjogren's Syndrome, SLE, Neonatal lupus

Nucleolar

Fibrillarin, Pm-Scl, RNA Polymerase, NOR90, Th-To

Scleroderma, Scleroderma/Myositis

Centromere

CENP A, B, C

CREST form of Scleroderma

Nuclear dots

Sp-100, MND, NSp-I

Primary biliary cirrhosis

PCNA

PCNA

SLE

Nuclear membrane

Nuclear Lamins

Lupoid hepatitis, SLE, RA

Cytoplasmic

Mitochondria, Actin, Vimentin, Golgi Apparatus, Jo-1, Ribosomes

Autoimmune Hepatitis, myositis, Primary biliary cirrhosis, SLE

Note : ANA is reported in low titres in a significant proportion of healthy population and results need to be correlated clinically. Autoantibodies may not always correlate with the observed pattern and confirmatory tests for positive results are recommended where available. ANA results should only be interpreted by the clinician in light of patient's clinical information.

An ANA profile is suggested for ANA positive patients.

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

BIOCHEMISTRY

GLUCOSE TOLERANCE TEST (GTT)

TEST

VALUE

UNITS

Amount of glucose-

75gm

Plasma Glucose fasting

83.3

mg/dl

Plasma glucose 60 min

132

mg/dl

Plasma glucose 120min

127

mg/dl

Reference ranges of GTT sample:-

AFTER 75gms OF GLUCOSE:-

Fasting <92mg/dl

1hrs <180 mg/dl

2hrs <153mg/dl

AFTER 100gms OF GLUCOSE:-

Fasting <92mg/dl

1hrs <180 mg/dl

2hrs <155mg/dl

3hrs <140mg/dl

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
SPECIAL PATHOLOGY
CERULOPLASMIN
Primary sample type : Serum
Test description Observed value Unit Reference range
Ceruloplasmin (Serum, Nephelometry) 35.10 mg/dL 20-60
Interpretation :
Low level of ceruloplasmin also occur in patients with hepatic insufficiency and protein loss deficiency.
High serum levels of ceruloplasmin are observed in acute phase reaction, during use of oral contraceptives and with cholestase.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

Type of specimen : Skin scrapping

TEST

REPORT

20 % KOH examination

for fungus

No fungal hyphae or spores seen.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
24 hours Urine Protein
-24 Hours Urine volume- 2600ml
- Urine Micro protein- 63.3mg/dl
- 24 hours Urine Micro Protein= 1645.8mg/24 hours.
Reference range :- 10-140mg/24hours
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
Test Name Value UNIT
Serum Progesterone (ELFA/Minividas) 0.79 ng/mL
CLINICAL CHEMISTRY
Serum progesterone
Expected values : (ng/ml)
Males : </=2.64-13.13
Biological reference range :
Mid-Follicular Phase <0.25-0.54
Mid-Luteal Phase 1.5-20
Postmenopausal <0.41
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
IMMUNOASSAY
Triple marker (Prenatal Second Trimester Screening)
(Chemiluminescence Immunoassay)
\*PATIENT SPECIFICATIONS\* \* ULTRA SOUND DETAILS\*
WEIGHT Kg. DATE OF ULTRASOUND
H/O SMOKING METHOD FOR GESTATION
AGE ESTIMATION
H/O DIABETES FOETUS (NO'S)
H/O IVF GA ON THE DAY OF
SAMPLE COLLECTION
ETHNIC ORIGIN
\*Graph enclosed
\*Results relate only to the sample, as received
\*The calculated risk by PRISCA depends on the accuracy of the information provided by the referring physician.
\*All software may not give similar risk factor for the similar data.
Test name Result Unit Biological ref. interval
Alpha Feto Protein (Maternal screen) 28.40 ng/mL Pregnancy : 2nd Trimester
(14+3 to 21+3)(W+D) (27.20-139.00)
Unconjugated Estriol (uE3) 0.343 ng/mL Pregnancy, 2nd Trimester gest. Week (14-19) (0.14-3.02)
Pregnancy, 3rd Trimester Gest. Week (27-39): (2.3-11.2)
HCG, Quantitative (Maternal screen) 27849.00 mIU/mL Pregnancy Gest. Week
(14-21) : (6140-78100)
This is a screening test, not a diagnostic test. This risk assessment report is based in part on demographic data provided by the ordering physician. Please notify the laboratory promptly is any data is incorrect.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

Cerebrospinal Fluid Study

Total count : 150/cumm

Differential count :

Neutrophiles : 12 %

Lymphocytes : 88 %

Monocytes : 00 %

Eosinophils : 00 %

Basophils : 00 %

Mesothelial cells : 06 %

Serum albumin : 3.7 gm/dL

Fluid albumin : 0.33 gm/dL

SAAG(Serum to ascitic albumin gradient) : 1.5 g/dL

Blood glucose : 93.6 mg/dl

Fluid glucose : 68.8 mg/dl

Serum protein : 7.0 gm/L

Fluid protein : 0.32 gm/L

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
SPECIMEN- URINE C/S
DATE OF RECEIVING- 10-08-2019
DATE OF CULTURE- 10-08-2019
MEDIA USED- N.A & M.A
MICROSCOPY- Pus cell-Full field/hpf, RBCs-1-2/hpf, Epithelial cells-2-4/hpf.
GRAM’S STAIN (Prior to culture)- Gram +ve cocci.
RESULT ON MEDIA- Culture Shows colonies of lactose fermenting Gram +ve cocci after 24 hours of incubation at 37C.
Organism identified- Enterococcus.
SENSITIVITY TEST
Antibiotics Sensitivity
Amoxyclav Resistant
Clindamycin Sensitive
Vancomycin Sensitive…..ingield= …..+++ (+
Linezolid Sensitive
Azithromycin Resistant
Ciprofloxacin Sensitive
Nitrofurantoin Sensitive
Norfloxacin Sensitive
Doxycycline Sensitive
Gentamicin Sensitive
Levofloxacin Sensitive
Cefoxitin Sensitive
Cefuroxime Sensitive
Cefepime Sensitive
Cefotaxime Sensitive
Imipenem Sensitive
Meropenem Sensitive
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
ABG ANALYSIS
GASES:-
TEST VALUE UNITS REFERENCE RANGE
pH 7.277 mmHg 7.35-7.45
pCO2 71.9 mmHg 35.0-48.0
pO2 62.3 mmHg 83.0-108.0
cHCO3- 33.6 mmol/l 21.0-28.0
BE(ecf) 6.8 mmol/l -2.0-3.0
cSO2 87.0 % 94.0-98.0
CHEM:-
TEST VALUE UNITS REFERENCE RANGE
Na+ 141 mmol/l 138-146
K+ 3.3 mmol/l 3.5-4.5
Ca++ 0.41 mmol/l 1.15-1.33
Cl- 112 mmol/l 98-107
cTCO2 35.8 mmol/l 22.0-29.0
AGap -5 mmol/l 7-16
AGapK -1 mmol/l 10-20
Hct 52 % 38-51
cHgb 17.8 g/dl 12.0-17.0
BE(b) 3.5 mmol/l -2.0-3.0
META:-
TEST VALUE UNITS REFERENCE RANGE
Glucose 160 mg/dl 74-100
Lac 1.12 mmol/l 0.56-1.36
Creatinine 0.66 mg/dl 0.51-1.19
eGFR >60 mL/m/1.73m2
eGFR-a >60 mL/m/1.73m2
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
Cerebrospinal Fluid Study
Total count : 150/cumm
Differential count :
Neutrophiles : 12 %
Lymphocytes : 88 %
Monocytes : 00 %
Eosinophils : 00 %
Basophils : 00 %
Mesothelial cells : 06 %
Serum albumin : 3.7 gm/dL
Fluid albumin : 0.33 gm/dL
SAAG(Serum to ascitic albumin gradient) : 1.5 g/dL
Blood glucose : 93.6 mg/dl
Fluid glucose : 68.8 mg/dl
Serum protein : 7.0 gm/L
Fluid protein : 0.32 gm/L
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

Dual marker (Prenatal First Trimester Screening)

(Chemiluminescence Immunoassay)

\*PATIENT SPECIFICATIONS\*

\* ULTRA SOUND DETAILS\*

WEIGHT

56.5

Kg.

DATE OF ULTRASOUND

17.02.2019

H/O SMOKING

No

METHOD FOR GESTATION

AGE ESTIMATION

CRL

H/O DIABETES

No

FOETUS (NO'S)

SINGLE

H/O IVF

Unknown

GA ON THE DAY OF

SAMPLE COLLECTION

11+4

Wks+Days

ETHNIC ORIGIN

Asian

\*Graph enclosed

\*Results relate only to the sample, as received

\*The calculated risk by PRISCA depends on the accuracy of the information provided by the referring physician.

\*All software may not give similar risk factor for the similar data.

Dual marker

Observed Value

Unit

Serum HCG Free Beta (CLIA)

66.00

ng/ml

Serum PAPP-A (CLIA)

3.46

mIu/ml

Risk assessment

Graph attached

Interpretation:

Weeks of Gestation

HCG, Free Beta Medians(ng/ml

PAPP-A Medians(mIU/ml)

9

74.75

0.90

10

59.99

1.40

11

48.14

2.19

12

38.64

3.42

13

31.01

5.34

Note: This is a Statistical evaluation has been done using CE marked PRISCA 5.1 software.Screening tests are based on statistical analysis of patient demographic and biochemical data. They simply indicate a high or low risk category.The interpretive unit is MoM (Multiples of Median) which takes into account variables such as gestational age (ultrasound), maternal weight,race, insulin dependent Diabetes multiple gestation, IVF (Date of Birth of Donor, if applicable), smoking & previous history of Down syndrome. Accurate availability of this data for Risk Calculation is critical.

Ideally all pregnant women should be screened for Prenatal disorders irrespective of maternal age. The test is valid between 9-13.6 Weeks of gestation, but ideal sampling time is between 10-13 weeks gestation. First trimester detection rate of Down syndrome is 60% with a false positive rate of 5%. A combination of Nuchal translucency, Nasal bone visualization and biochemical tests ( Combined test) increases the detection rate of Down syndrome to 85% at the same false positive rate.

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
Clinical chemistry
Test Name Value Units Ref. Interval
Serum CPK Total (enzymatic/semiautomated) 69.09 IU/L 25-170
Summary and interpretation :
Creatinine kinase is a cellular enzyme with wide tissue distribution in the body. Its physiological role is associated with adenosine triphosphate (ATP) generation for contractile or transport systems.
Elevated CK values are observed in disease of skeletal muscles and after myocardial infarction.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

ELISA

HCV ELISA\*

Test Description

Value

Unit

Reference Range

Serum Anti Hepatitis C Virus Antibody (Chemiluminescence)

33.70

OD Ratio

Non-reactive : <0.90

Borderline : 0.90-1.0

Reactive : >1.0

Summary and interpretation :

The presence of anti-HCV indicates that an individual may have been infected with HCV and may be capable of transmitting HCV infection. Three recombinant hepatitis C virus encoded antigens are used in this test are c22-3, c200 and NS-5. The antibodies which develop after infection with HCV are often reactive with c22-3 and c200. A significant proportion of persons infected with HCV develop antibodies to NS5.

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
SPECIMEN- Pus C/S
DATE OF RECEIVING- 27-09-2019
DATE OF CULTURE- 27-09-2019
MEDIA USED- N.A & M.A
GRAM’S STAIN (Prior to culture): - Gram –ve rods.
RESULT ON MEDIA- Culture Shows colonies of lactose fermenting Gram –ve rods after 24 hours of incubation at 37C.
Organism identified - Klebsiella (>105 C.F.U.)
SENSITIVITY TEST FOR KLEIBSELLA
Antibiotics Sensitivity
Amikacin Sensitive
Ciprofloxacin Sensitive
Levofloxacin Sensitive
Cefotaxime Resistant
Amoxyclav Resistant
Cefuroxime Resistant
Gentamicin Sensitive
Cefepime Sensitive
Pipracillin+Tazobactum Sensitive
Imipenem Sensitive
Aztreonam Sensitive
Polymyxin B Sensitive
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
CLINICAL CHEMISTRY
Investigation Observed Value Unit Biological Ref. Interval
Serum Procalcitonin (BRAHMS/Lumipulse G) 0.02 ng/ml <0.5
Summary and interpretation :
Procalcitonin is a 116 amino acid prohormone expressed by neuroendocrine cells and successively enzymatically cleaved into calcitonin, katacalcin and an N-terminal region. PCT increases during bacterial infection. Increased PCT level are often found in patients suffering from bacterial sepsis, especially severe sepsis patients. In acute pancreatitis PCT was found to be a reliable indicator of severity and of major complications. In patients suffering from community acquired respiratory tract infections or ventilator induced pneumonia PCT has been proposed as a guide for the decision of antibiotic treatment necessity and to monitor treatment success.
Diagnosis of sepsis :
PCT level (ng/ml) Interpretation
<0.1 Healthy individual
<0.5 Low risk or local bacterial infection
>0.5 Sepsis should be considered
>2.0 High risk for progression to severe sepsis or sepsis shock
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
BIOCHEMISTRY
TEST NAME VALUE UNIT
GFR 34 ml/min/1.73m2
Interpretation :
Stage GFR\* DESCRIPTION
1 90+ Normal kidney function but urine findings or structural abnormalities or genetic tract point to kidney disease.
2 60-89 Mildly reduced kidney function and other findings (as for stage 1) point to kidney disease.
3A
3B 45-59
30-44 Moderately reduced kidney function.
4 15-29 Severely reduced kidney function.
5 <15 or on dialysis Very severe or end stage kidney failure.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
SPECIAL PATHOLOGY
ACTH Plasma\*
Primary sample type : EDTA blood
Test Name Result Units Reference Range
ACTH-Adreno Corticotropic Hormone (Plasma, CLIA) 22.00 pg/mL 0-46
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

ADA

Test Description

Observed value

Units

ADA

38.1

U/L

INTERPRETATION :

<30 U/L

NEGATIVE

30-60 U/L

BORDERLINE

>60 U/L

POSITIVE

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

SPECIAL PATHOLOGY

C-PEPTIDE SERUM\*

TEST NAME

RESULT

UNITS

REFERENCE RANGE

C-PEPTIDE SERUM (Chemiluminescence)

4.41

ng/mL

0.78-5.19

Summary and interpretation :

C-peptide levels are increased in insulinomas. Increased C-peptide levels also rule out exogenous insulin administration.

C-peptide levels are decreased in insulin-dependent diabetes.

Concurrent C-peptide are advised in patients on insulin therapy for long duration as in these patients anti-insulin antibodies interfere with insulin assays.

C-peptide levels show variation with time, food intake and insulin administration hence a baseline fasting level and associated insulin and blood glucose levels are advocated.

C-peptide are spuriously increased in chronic renal disease and cirrhosis.

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

SPECIMEN- Sputum culture

DATE OF RECEIVING : 06-03-2019

DATE OF CULTURE : 06-03-2019

MEDIA USED : N.A and M.A

RESULT ON MEDIA : Normal flora of upper respiratory tract grown. No

pathogenic organism grown.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

Anti Mullerian Hormone (AMH)

TEST NAME

Value

UNIT

Serum Anti Mullerian Hormone (ELISA)

3.46

ng/mL

SUMMARY AND INTERPRETATION :

AMH levels in ng/mL

Remarks

<=0.75

Predictive of poor response

0.75-2.6

Predictive of normal response

2.7-7.0

Predictive of good response

>7.0

Predictive of ovarian hyperstimulation syndrome/PCOS

AMH value as per reproductive age group :

Age in years

AMH levels in ng/ml

18-25

0.96-13.34

26-30

0.17-7.37

31-35

0.07-7.35

36-40

0.03-7.15

41-45

0.00-3.27

>46

0.00-1.15

Comments : AMH is a dimeric glycoprotein belonging to the transforming growth factor-beta superfamily, which acts on tissue growth and differentiation. AMH is expressed in granulosa cells from pre-antral and small antral follicles and continues to be expressed in the growing follicles in the ovary until they have reached the size and differentiation state at which they are to be selected for dominance.

Optimal evaluation of women and proper treatment are essential for successful outcome of assisted reproductive technology. To obtain good results, it is necessary to assess ovarian reserve before planning treatment. The identification of both low and high responders before treatment may decrease cycle cancellation rate and side effects such as ovarian hyperstimulation syndrome.

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

IMMUNOASSAY

CA-19.9\*

TEST NAME

RESULTS

UNITS

REF. INTERVAL

Serum CA-19.9

226.2

U/mL

0-35

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

MOLECULAR BIOLOGY

HCV RNA QUANTITATIVE\*

Primary sample type : whole blood EDTA

TEST NAME

VALUE

Hepatitis C viral Load

4,492,691

Summary and Interpretation :

Results (IU/ml)

Interpretation

Target not detected

HCV RNA not detected.

Below 20

HCV RNA detected, less than 20 IU/ml.

Between 20 to 5.5x 1010

HCV RNA detected, within linear range of assay.

Hepatitis C is an infectious disease caused by HCV, when can lead to inflammation and significant damage in the liver. It is estimated that 74 to 86% of individuals with the acute infection develop persistent viremia, which subsequently leads to chronic infection and possibly to cirrhosis or hepatocellular carcinoma.

This test is a quantitative assay used for monitoring of the patients on therapy and involves the selective amplification of a target sequence while monitoring the progress of amplification in real time through a visualizing agent such as a fluorescent dye.

Target sequence- HCV:5'UTR.

Limit of detection: 20 IU/ml

Linearity : 5.5x1010 IU/ml

Limitation-

Since PCR is a highly sensitive technique, contaminated samples or inherent inhibitors in the sample can lead to paradoxical result.

Confirmed HCV cases may have viral load below detection level.

All result should be correlated with clinical status.

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
HCV Viral Genotype Assay (Qualitative) # ^
Real Time HCV Genotype Test
Specimen type: Plasma from EDTA P. Bld
RESULT :
HCV RNA Genotype Genotype 3 Lower limit of detection 500 IU/ml
Genotype 3 of HCV was detected in the sample provided.
Interpretation:
The test was performed using Real Time HCV Genotyping assay and can identify the genotypes in samples with a viral load greater than 500 IU/ml. This Test is intended to be used in the management of HCV infection and should not be used as a screening test to confirm the presence of HCV infection. Six major HCV genotypes have been identified till date-Genotypes 1 to 6; with genotypes 1, 2 & 3 responsible for more than 90% of HCV infections. In general, HCV genotype 1 is considered to be more difficult to treat than genotypes 2 & 3 and may be present with more severe form of liver disease as compared to other genotypes. This Test can detect and identify HCV genotypes 1a, 1b, 2, 3, 4, 5a and 6.
Test Attributes and Limitations:
The analytical sensitivity of this Test returns a Positive/Detected result if at least 25 IU/ml of HCV RNA is present. Samples must be received at the laboratory under appropriate conditions within 48hrs of aspiration to ensure preservation of viral RNA.PCR is a highly sensitive technique; reasons for apparently contradictory results may be due to improper quality control during sample collection, selection of inappropriate specimen and/or presence of PCR inhibitors.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

SPUTUM EXAMINATION-

TEST

REPORT

Gross

Received 4ml of thin watery saliva sample.

Microscopic examination

No acid fast bacilli seen.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

SPECIAL PATHOLOGY

THYROGLOBULIN\*

TEST NAME

RESULTS

UNITS

REF. INTERVAL

THYROGLOBULIN (Serum CLIA)

0.23

ng/mL

1.6-60

1.Thyroglobulin levels are increased in papillary carcinoma of thyroid as well as metastatic disease.

2.Thyroglobulin levels are physiologically raised in newborn babies, in the third trimester of pregnancy, in all forms of hyperthyroidism except factitious hyperthyroidism.

3.Thyroglobulin levels should be done before administering I-131; or needing the thyroid as these procedures cause transient elevation of the iodoglycoprotein; levels also stay raised for upto 6 weeks after initial therapy with radioisotopes or surgery.

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
PERIPHERAL BLOOD FILM-
-RBCs are normal in density and show microcytes, normocytes and many target cells . RBCs show moderate hypochromia.
-TLC is normal and DLC show lymphopenia. No toxic granulation or atypical cells seen.
-Platelets are normal in number.
-No hemoparasite seen.
-Mentzer index-23.2
IMPRESSION-
Microcytic hypochromic picture.
Advised serum ferritin levels.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

IMMUNOASSAY

TEST NAME

RESULTS

UNITS

REF. INTERVAL

FSH

1.65

mIU/mL

Mid-follicular phase : 3.85-8.78

Mid-cycle phase : 4.54-22.51

Mid-Luteal phase : 1.79-5.12

Postmenopausal : 16.74-113.59

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

SPECIAL PATHOLOGY

ERYTHROPOITIN\*

Primary Sample Type:Serum

Test Name

Value

Unit

Reference Range

Erythropoietin (Serum,CLIA)

18.90

mIU/mL

4.3-29

Summary and Interpretation :

1. EPO levels are raised in Primary anemia i.e., iron deficiency anemia and also in some anemia of chronic disease such as arthritis and secondary polycythemia such as due to smoking, pulmonary diseases and cardiac disease.

2. EPO levels are decreased in chronic renal failure, anephric individuals, polycythemia vera.

3. Erythropoietin levels show diurnal variation. Most consistent results are seen during 7.30 am to 12 noon.

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

ELISA

GROWTH HORMONE\*

Investigation required

Observed value

Unit

Biological reference interval

Growth hormone (ELISA)

1.10

ng/mL

Adults <10

Children <20

Interpretation :

Increased levels are seen in acromegaly and gigantism. Mild increases are seen in exercise, stress, hypoglycemia, hyperthyroidism, renal failure and starvation.

Decreased levels are seen in hypothalamic defects, hypopituitarism, dwarfism, obesity and corticosteroid therapy.

Decreased levels may be seen if antibodies to growth hormone are present with longstanding growth hormone therapy.

In many growth disorders the levels may be normal to subnormal and suppression/induction tests are required for diagnosis.

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
Serum Hepatitis E Virus IgM Antibody
Test Name Value Unit Reference Range
Anti Hepatitis E Virus IgM Quantitative by ELISA 0.150 OD Ratio Non-reactive : <0.9
Equivocal : 0.9-1.1
Reactive : >1.1
Summary and Interpretation :
HEV is a non enveloped, single stranded RNA virus, infection of which causes acute or subclinical liver diseases similar to hepatitis A. Positive results should be interpreted in conjunction with clinical condition. Antibodies may be undetectable during early stage of disease and in immunocompromised individual.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
SPUTUM EXAMINATION -
S.NO. TEST REPORT
1. ZN Stain No acid fast bacilli seen.
2. GRAM STAINING No bacteria of clinical significance seen.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

SPECIMEN- Urine C/S

DATE OF RECEIVING- 10-08-2019

DATE OF CULTURE- 10-08-2019

MEDIA USED- N.A & M.A.

GRAM’S STAIN (Prior to culture)- Gram +ve cocci.

MICROSCOPY : Pus cells- 2-4/hpf, RBCs- Nil/hpf, Epithelial cells- 4-5/hpf.

RESULT ON MEDIA- Culture Shows colonies of lactose fermenting Gram +ve cocci after 24 hours of incubation at 37C.

Organism identified- Staphylococcus , Coagulase- Negative.

SENSITIVITY TEST

Antibiotics Sensitivity

Amoxyclav Sensitive

Clindamycin Sensitive

Vancomycin Sensitive …..ingield= …..+++ (+

Linezolid Sensitive

Levofloxacin Sensitive

Ciprofloxacin Sensitive

Azithromycin Sensitive

Doxycycline Sensitive

Gentamicin Sensitive

Cefoxitin Sensitive

Cefuroxime Sensitive

Cefepime Sensitive

Cefotaxime Sensitive

Imipenem Sensitive

Meropenem Sensitive

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
SPECIMEN- PUS C/S
DATE OF RECEIVING- 10-08-2018
DATE OF CULTURE- 10-08-2018
MEDIA USED- N.A & M.A
GRAM’S STAIN (Prior to culture)- Gram +ve cocci.
RESULT ON MEDIA- Culture Shows colonies of lactose fermenting Gram +ve cocci after 24 hours of incubation at 37C.
Organism identified with C.F.U.- Enterococcus. (105 C.F.U.)
SENSITIVITY TEST
Antibiotics Sensitivity
Amoxyclav Resistant
Clindamycin Resistant
Vancomycin Resistant…..ingield= …..+++ (+
Linezolid Resistant
Azithromycin Resistant
Ciprofloxacin Resistant
Doxycycline Resistant
Gentamicin Resistant
Levofloxacin Resistant
Cefoxitin Resistant
Cefuroxime Resistant
Cefepime Resistant
Cefotaxime Resistant
Imipenem Resistant
Meropenem Resistant
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
QUADRUPLE TEST
Chemiluminescent immunometric assay (CLIA)
Serum
PATIENT SPECIFICATIONS ULTRA SOUND DETAILS
WEIGHT Kg. DATE OF ULTRASOUND
H/O SMOKING METHOD FOR GESTATION
H/O DIABETES FOETUS
H/O IVF GA ON THE DAY OF SAMPLE COLLECTION Wks+Days
ETHNIC ORIGIN
\*Graph enclosed
\*Result relate only to the sample, as received
\*The calculated risk by PRISCA depends on the accuracy of the information provided by the referring physician.
\*All the soft ware may not give similar risk factor for the similar data.
Test name Result Units Reference range
Alpha Feto Protein (Maternal Screen)Serum 64.70 ng/mL Pregnancy:2nd Trimester ( 14+3 to 21+3 )(W+D)
( 27.20 – 139.00 )
Unconjugated Estriol (uE3\*)Serum 2.190 ng/mL Pregnancy , 2nd Trimester
Gest.Week ( 14 -19 ):( 0.14 - 3.02 )
Pregnancy, 3rd Trimester
Gest.Week ( 27 - 39 ):(2.3 – 11.2)
HCG, Quantitative (Maternal Screen)Serum 36856.00 mlU/mL Pregnancy Gest. Week
(14 - 21) : (6140 - 78100)
Inhibin A,Maternal markerSerum (CLIA) 212.40 pg/mL
Interpretation of Inhibin A :
Gestational age in weeks Medians in pg/mL
15 157.55
16 153.29
17 151.20
18 155.14
19 165.18
20 185.76
Clinical Use
Prenatal Risk assessment for down syndrome.
Increased Levels
in down Syndrome pregnancies, Inhibin A levels are two fold higher then in unaffected pregnancies. addition of inhibin A testing to AFB,
beta HCG, and Free Estriol Improves the detection rate by approximately 10%.
Decreased Levels
Menopause
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
Test Name Value UNITS
Serum Testosterone Total 6.63 ng/dl
Biological reference range-
Males 262-870ng/dl
Females 9-56ng/dl
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
Clinical Chemistry
Test Name Value Unit Ref. Interval
Serum Magnesium 2.06 mg/dl 1.8-2.6
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

SPECIAL PATHOLOGY

Primary sample type : Serum

Test description

Value

Unit

Ref. Range

HbcAb-Total Ab to Hep-B Core Ag (Serum, CMIA)

Non-reactive (0.08)

Index

Non-reactive: <1

Reactive : >=1

Abbreviation :

CMIA : Chemiluminescence Microparticle Immunoassay.

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

PERIPHERAL BLOOD FILM-

-RBCs are normal in density and show normocytic normochromic to mild microcytic hypochromic picture.

-TLC and DLC are normal. No toxic granulations or atypical cells seen.

-Platelets are normal in number.

-No hemoparasite seen.

IMPRESSION-

Normocytic normochromic to mild microcytic hypochromic picture.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

ELISA

ANTI DS DNA ANTIBODY\*

Primary sample type : Serum

TEST NAME

VALUE

UNIT

REFERENCE RANGE

ANTI DS DNA antibody (quantitative)

1.1

U/ml

Negative : <16

Equivocal : 16-24

Positive : >24

Summary and interpretation :

Anti-ds-DNA antibodies are a group of anti-nuclear antibodies (AN) and their target antigen is double stranded DNA. They are highly diagnostic of systemic lupus erythematosus and are implicated in the pathogenesis of lupus nephritis. They are present in approximately 50-80% of the cases of SLE.

This test detects all three classes of antibodies, IgG, IgM and IgA against ds-DNA. Most SLE patients display IgG subclass and are associated with lupus nephritis, 30% of the patients additionally develop IgA subclass. IgM subclass is found in approximately 50% of the patients. In some studies it is indicated that the patient with IgM antibodies are shown to be protected against the risk of developing lupus nephritis.

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
SPECIAL PATHOLOGY
Primary sample type : Serum
Test description Value Unit Ref. Range
HbcAb-Total Ab to Hep-B Core Ag (Serum, CMIA) Non-reactive (0.08) Index Non-reactive: <1
Reactive : >=1
Abbreviation :
CMIA : Chemiluminescence Microparticle Immunoassay.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Date : test\_date
USG - CHEST
Findings:
Both pleural spaces are clear.
No evidence of effusion.
No evidence of collapse consolidation.
Impression:
 Normal Chest sonography.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
PERIPHERAL BLOOD FILM-
-RBCs are widely spaced and show mild anisopoikilocytosis. RBCs show normocytes, macrocytes, target cells and numerous burr cells. RBCs are predominantly normochromic.
-TLC and DLC are normal. No toxic granulations or atypical cells seen.
-Platelets are normal in number.
-No hemoparasite seen.
IMPRESSION-
Normocytic normochromic to mild macrocytic picture.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

BIOCHEMISTRY

TEST NAME

RESULT

UNIT

REFRANCE RANGE

Fasting Blood Sugar

97.4

mg/dl

70-110

2nd SAMPLE (1hr. After Breakfast)

135

mg/dl

80-140

3rd SAMPLE (1hr. After Lunch)

103

mg/dl

80-140

4th SAMPLE(1hr. After Dinner)

92

mg/dl

80-140

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
ELISA
ANCA PROFILE\*
Test description Observed value Unit Reference range
C-ANCA (ELISA) 0.11 U/ml Negative : <12
Equivocal : 12-18
Positive : >18
P-ANCA (ELISA) 1.07 U/ml Negative : <12
Equivocal : 12-18
Positive : >18
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
SPECIMEN- Blood C/S
DATE OF RECEIVING- 28-07-2019
DATE OF CULTURE- 29-07-2019
MEDIA USED- N.A & M.A
GRAM’S STAIN (Prior to culture)- Gram +ve cocci.
RESULT ON MEDIA- Culture Shows colonies of lactose fermenting Gram +ve cocci after 24 hours of incubation at 37C.
Organism identified - Staphylococcus, coagulase : Negative.
SENSITIVITY TEST
Antibiotics Sensitivity
Vancomycin Sensitive
Azithromycin Resistant
Clindamycin Resistant
Levofloxacin Sensitive
Ciprofloxacin Sensitive
Amoxyclav Sensitive
Amoxycillin Sensitive
Gentamicin Sensitive
Doxycycline Resistant
Linezolid Resistant
Cefoxitin Resistant
Cefuroxime Resistant
Cefepime Resistant
Cefotaxime Resistant
Imipenem Resistant
Meropenem Resistant
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

IMMUNOASSAY

TOTAL THYROID PROFILE

TEST NAME

RESULTS

UNITS

REF. INTERVAL

Total T3

0.42

ng/mL

0.40-1.81

Total T4

11.70

μg/dL

6.09-12.23

TSH

3.00

μIU/ml

0.38-5.33

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

Mycobacterium tuberculosis complex and NTM, Real Time PCR

Type Of Sample

Pus

Result :

Mycobacterium Tuberculosis Complex

Not Detected

Non Tuberculous Mycobacterium

Not Detected

Interpretation :

RESULT

COMMENTS

Mycobacterium tuberculosis complex- Detected

Infection likely with any of the following species M. tuberculosis,

M. bovis, M. microti, M. canetti, M. africanum & M. pinnipedii.

Non Tuberculous Mycobacteria Detected

Infection likely with Mycobacterium other than tuberculosis complex.

Inhibition Detected

Inhibitors detected in the sample provided Repeat sample is recommended.

Mycobacterium tuberculosis complex & non tuberculosis Mycobacteria - Not detected

Mycobacteria not detected in the sample provided.

Note :

1. This test includes 2 targets for detection. IS6110-specific primers for Mycobacterium tuberculosis complex (MTBC) & 16S

rDNA -specific primers for Non Tuberculous Mycobacteria (NTM).

2. This is a Real time PCR assay for Qualitative detection.

3. Limit of detection of the assay is 1-10 Mycobacteria per PCR.

4. This test does not differentiate between the Mycobacteria species.

5. Mycobacterium culture is recommended in case inhibition is detected.

6. Peripheral Blood is not an ideal sample for diagnosis of pulmonary TB, as it can result in False Negatives. This Test is NOT

VALIDATED for using Peripheral blood as Specimen

Comments : Mycobacterium tubercolosis complex (M. tuberculosis, M. bovis, M. microti, M. canetti, M. africanum & M. pinnipedii) are the only Mycobacteria that are transmitted from person to person and therefore are of public health importance. Non tuberculous Mycobacteria most commonly encountered are M. intercellulare-avium complex & M. kansasii which causes Pulmonary disease; M.abscessus, M. chelonae , M. marinum & M. fortuitum which cause skin and soft tissue infections. Many of the non tuberculous Mycobacteria are environmental contaminants. Nucleic acid amplification tests provide direct detection of various Mycobacteria.

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

TEST NAME

VALUE

UNIT

REFERENCE RANGE

Plasma G6PD

by UV kinetic/semiautomated

9.46

U/g of Hb

4.6-13.5

CLINICAL CHEMISTRY

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

IMMUNOASSAY

TEST NAME

RESULTS

UNITS

REF. INTERVAL

LH

6.40

mIU/mL

Mid-follicular phase : 2.12-10.89

Mid-cycle phase : 19.18-103.03

Mid-Luteal phase : 1.20-12.86

Postmenopausal : 10.87-58.64

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

PERIPHERAL BLOOD FILM-

-RBCs are widely spaced and show mild anisopoikilocytosis. RBCs show normocytes, macrocytes, target cells and numerous burr cells. RBCs are predominantly normochromic.

-TLC and DLC are normal. No toxic granulations or atypical cells seen.

-Platelets are normal in number.

-No hemoparasite seen.

IMPRESSION-

Normocytic normochromic to mild macrocytic picture.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
ELISA
QUADRUPLE TEST\*
Quadruple Test Observed Value Unit Reference Interval
Serum HCG (CLIA/immulite) 6681.00 mIU/ml
Serum AFP (CLIA/immulite) 44.49 ng/ml
Serum free estriol (CLIA/immulite) 3.05 ng/ml 0.07-12.0
Serum Inhibin A (ELISA) 135.90 pg/ml
Risk assessment Graph attached
Trisomy 21 Low risk
Trisomy 13 & 18 Low risk
Neural tube defect Low risk
Summary and interpretation :
Prenatal second trimester screening (Quadruple Test) done in maternal serum is a statistical evaluation and is only a risk assessment for Trisomy 21,18 and neural tube defects using PRISCA 5 software.
This screening can be performed between 14-22 weeks of gestation, but should be preferably done between 15-20 weeks.
The assessment utilizes data in terms of MOM (multiple of median) for biochemical markers-serum AFP, HCG, free estriol and Inhibin A along with gestation age, maternal age, Diabetes mellitus, weight, IVF, smoking, race and previous history of Down's syndrome.
The detection rate for Trisomy 21 is 70-75% with false positive of 5%.
The detection rate for Trisomy 18 is 60-65% with false positive of 0.3%.
The detection rate for neural tube defects is 70-75% with false positive rate of 2-4%
Confirmation of screen positive by amniotic fluid examination is recommended.
Different screening programs available and their detection rates for Down's syndrome :
Screening Time of Test (weeks) Markers Used Detection Rate
Dual serum 9+10 (+6 days) Free beta HCG, PAPP-A Approx 70%
Dual combined 11-13 (+6 days) Free beta HCG, PAPP-A+NT Approx 82-85%
Triple 15-21 (+6 days) AFP, Beta HCG, UE3 Approx 65%
Quadruple 15-21 (+6 days) AFP, Beta HCG, UE3, Inhibin A Approx 75%
Fully integrated 11-13 (+6 days) 15-21 (+6 days) First Trimester- PAPPA & NT
Second trimester- AFP, Beta HCG, UE3, Inhibin A Approx 90%
Reference:
Teitz textbook of Biochemistry.
First trimester or second trimester screening or both, for Down's syndrome, NEJM, Vol 353.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
IMMUNOASSAY
TEST NAME RESULTS UNITS REF. INTERVAL
LH 6.40 mIU/mL Mid-follicular phase : 2.12-10.89
Mid-cycle phase : 19.18-103.03
Mid-Luteal phase : 1.20-12.86
Postmenopausal : 10.87-58.64
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
Test Name Value UNIT Reference range
Serum Free Testosterone (ELISA) 11.33 pg/ml Male : 5-30
Female : 0-3
Children : 0.1-1.25
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
ELISA
ANTI DS DNA ANTIBODY\*
Primary sample type : Serum
TEST NAME
VALUE UNIT REFERENCE RANGE
ANTI DS DNA antibody (quantitative) 1.1 U/ml Negative : <16
Equivocal : 16-24
Positive : >24
Summary and interpretation :
Anti-ds-DNA antibodies are a group of anti-nuclear antibodies (AN) and their target antigen is double stranded DNA. They are highly diagnostic of systemic lupus erythematosus and are implicated in the pathogenesis of lupus nephritis. They are present in approximately 50-80% of the cases of SLE.
This test detects all three classes of antibodies, IgG, IgM and IgA against ds-DNA. Most SLE patients display IgG subclass and are associated with lupus nephritis, 30% of the patients additionally develop IgA subclass. IgM subclass is found in approximately 50% of the patients. In some studies it is indicated that the patient with IgM antibodies are shown to be protected against the risk of developing lupus nephritis.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

PTI :

Prothrombin Time of Control = 14.6 sec

Prothrombin Time of Patient = 14.6 sec

Prothrombin Time Index ( P.T.I) = 100%

Patient Ratio = 1.0

I.S.I Value = 1.1

I N R = 1.0

APTT :

Control = 32.2 Normal Value = 22-35 sec

Patient value = 32.4

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
ADA
Test Description Observed value Units
ADA 38.1 U/L
INTERPRETATION :
<30 U/L NEGATIVE
30-60 U/L BORDERLINE
>60 U/L POSITIVE
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

SPUTUM EXAMINATION -

S.NO.

TEST

REPORT

1.

ZN Stain

No acid fast bacilli seen.

2.

GRAM STAINING

No bacteria of clinical significance seen.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
SPECIMEN- Urine C/S
DATE OF RECEIVING- 10-08-2019
DATE OF CULTURE- 10-08-2019
MEDIA USED- N.A & M.A.
GRAM’S STAIN (Prior to culture)- Gram +ve cocci.
MICROSCOPY : Pus cells- 2-4/hpf, RBCs- Nil/hpf, Epithelial cells- 4-5/hpf.
RESULT ON MEDIA- Culture Shows colonies of lactose fermenting Gram +ve cocci after 24 hours of incubation at 37C.
Organism identified- Staphylococcus , Coagulase- Negative.
SENSITIVITY TEST
Antibiotics Sensitivity
Amoxyclav Sensitive
Clindamycin Sensitive
Vancomycin Sensitive …..ingield= …..+++ (+
Linezolid Sensitive
Levofloxacin Sensitive
Ciprofloxacin Sensitive
Azithromycin Sensitive
Doxycycline Sensitive
Gentamicin Sensitive
Cefoxitin Sensitive
Cefuroxime Sensitive
Cefepime Sensitive
Cefotaxime Sensitive
Imipenem Sensitive
Meropenem Sensitive
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
SPECIMEN- Urine C/S
DATE OF RECEIVING- 29-01-2019
DATE OF CULTURE- 29-01-2019
MEDIA USED- N.A & M.A
MICROSCOPY - Pus cell- 4-5/hpf, RBCs-Nil/hpf, Epithelial cells-1-2/hpf.
GRAM’S STAIN (Prior to culture): - Gram –ve rods and Gram -ve cocci.
RESULT ON MEDIA- Culture Shows lactose fermenting colonies of Kleibsella and non lactose fermenting colonies of Acenitobacter after 24 hours of incubation at 37C.
Organism identified- Kleibsella and Acenitobacter.
SENSITIVITY TEST FOR ACENITOBACTER
Antibiotics Sensitivity
Polymyxin B (++)
Colistin (+)
Levofloxacin (R)
Amikacin (R)
Ampicillin (R)
Cefoparazone+Sulbactum (R)
Cefotaxime (R)
Netillin (R)
Ciprofloxacin (R)
SENSITIVITY TEST FOR KLEIBSELLA
Antibiotics Sensitivity
Colistin (+)
Amoxycillin (R)
Amikacin (R)
Ciprofloxacin (R)
Polymyxin B (++)
Levofloxacin (R)
Cefotaxime (R)
Amoxyclav (R)
Cefoparazone (R)
Cefuroxime (R)
Norfloxacin (R)
Nitrofurantoin (R)
INTERPRETATION:-
(+)= Low sensitive
(++)= moderately sensitive
(+++)= highly sensitive
R= Resistant.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
PERIPHERAL BLOOD FILM-
-RBCs are widely spaced and show normocytic normochromic to microcytic picture.
-2nRBCs/100WBCs seen.
-WBCs count is markedly raised and show marked shift to left.
-Platelets are markedly reduced in number.
-No hemoparasite seen.
IMPRESSION-
Chronic myeloproliferative disorder with leucocytosis and thrombocytopenia.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

MOLECULAR BIOLOGY

HUMAN LEUKOCYTE ANTIGEN (HLA)-B27

Primary sample type : Whole blood EDTA

Test name

Observed value

Reference range

HLA-B27

Negative

Negative

HLA is class I surface antigen encoded by the B locus in the major histocompatibility complex (MHC) on chromosome 6 and presents antigenic peptides to T cells. HLA-B27 is strongly associated with ankylosing spondylitis (AS) and other associated inflammatory diseases like Psoriasis, Inflammatory bowel disease and Reactive arthritis referred to as "spondyloarthropathies".

The HLA-B27 serotype is found in more than 90% of ankylosing spondylitis patients. Twenty four HLA-B27 subtypes have been reported and differ only by a small number of nucleotide substitutions between exons 2 and 3 of the HLA-B27 gene.

In HLA negative spondyloarthropathy, HLA C06 and HLA B07 testing is recommended.

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

IMMUNOASSAY

TEST NAME

VALUE

UNITS

BIO REF. INTERVAL

Vitamin D3

(CLIA/Beckman DXI 800)

31.0

pg/mL

Deficient: <20

Insufficient : 20-30

Sufficient : 30-100

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

IMMUNOASSAY

TEST NAME

VALUE

UNITS

BIO REF. INTERVAL

Vitamin B12

(CLIA/Beckman DXI 800)

219

pg/mL

Normal : 180-914

Intermediate : 145-180

Deficient : <145

Summary and interpretation :

Nutritional and macrocytic anemia caused by a deficiency of vitamin B12. This deficiency can result from diets devoid of meat and bacterial products, from alcoholism, or from structural functional damage to digestive or absorption processes. Malabsorption is the major cause of this deficiency through pancreatic deficiency, gastric trophy or gastrectomy, intestinal damage, loss of intestinal vitamin B12 binding protein, production of auto antibodies directed against intrinsic factor or related causes.

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
ANTI TISSUE TRANSGLUTAMINASE (tTG) Antibodies IgA
TEST NAME VALUE UNITS
TTG IgA by ELISA 1.20 U/mL
Interpretation :
<12 Negative
12-18 Equivocal
>18 Positive
Antibodies against tTg of the class IgA are rarely detected in the healthy individuals, their prevelance in cases of untreated gluten-sensitive enteropathies is almost 100%. This test provides confirmation of a clinical diagnosis and is also suitable for use in monitoring the course of therapy and for control of gluten-free diet or a gluten-loading test.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

ELISA

QUADRUPLE TEST\*

Quadruple Test

Observed Value

Unit

Reference Interval

Serum HCG (CLIA/immulite)

6681.00

mIU/ml

Serum AFP (CLIA/immulite)

44.49

ng/ml

Serum free estriol (CLIA/immulite)

3.05

ng/ml

0.07-12.0

Serum Inhibin A (ELISA)

135.90

pg/ml

Risk assessment

Graph attached

Trisomy 21

Low risk

Trisomy 13 & 18

Low risk

Neural tube defect

Low risk

Summary and interpretation :

Prenatal second trimester screening (Quadruple Test) done in maternal serum is a statistical evaluation and is only a risk assessment for Trisomy 21,18 and neural tube defects using PRISCA 5 software.

This screening can be performed between 14-22 weeks of gestation, but should be preferably done between 15-20 weeks.

The assessment utilizes data in terms of MOM (multiple of median) for biochemical markers-serum AFP, HCG, free estriol and Inhibin A along with gestation age, maternal age, Diabetes mellitus, weight, IVF, smoking, race and previous history of Down's syndrome.

The detection rate for Trisomy 21 is 70-75% with false positive of 5%.

The detection rate for Trisomy 18 is 60-65% with false positive of 0.3%.

The detection rate for neural tube defects is 70-75% with false positive rate of 2-4%

Confirmation of screen positive by amniotic fluid examination is recommended.

Different screening programs available and their detection rates for Down's syndrome :

Screening

Time of Test (weeks)

Markers Used

Detection Rate

Dual serum

9+10 (+6 days)

Free beta HCG, PAPP-A

Approx 70%

Dual combined

11-13 (+6 days)

Free beta HCG, PAPP-A+NT

Approx 82-85%

Triple

15-21 (+6 days)

AFP, Beta HCG, UE3

Approx 65%

Quadruple

15-21 (+6 days)

AFP, Beta HCG, UE3, Inhibin A

Approx 75%

Fully integrated

11-13 (+6 days) 15-21 (+6 days)

First Trimester- PAPPA & NT

Second trimester- AFP, Beta HCG, UE3, Inhibin A

Approx 90%

Reference:

Teitz textbook of Biochemistry.

First trimester or second trimester screening or both, for Down's syndrome, NEJM, Vol 353.

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
SPECIAL PATHOLOGY
C-PEPTIDE SERUM\*
TEST NAME RESULT UNITS REFERENCE RANGE
C-PEPTIDE SERUM (Chemiluminescence) 4.41 ng/mL 0.78-5.19
Summary and interpretation :
C-peptide levels are increased in insulinomas. Increased C-peptide levels also rule out exogenous insulin administration.
C-peptide levels are decreased in insulin-dependent diabetes.
Concurrent C-peptide are advised in patients on insulin therapy for long duration as in these patients anti-insulin antibodies interfere with insulin assays.
C-peptide levels show variation with time, food intake and insulin administration hence a baseline fasting level and associated insulin and blood glucose levels are advocated.
C-peptide are spuriously increased in chronic renal disease and cirrhosis.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

SPECIMEN- Pus C/S

DATE OF RECEIVING- 27-09-2019

DATE OF CULTURE- 27-09-2019

MEDIA USED- N.A & M.A

GRAM’S STAIN (Prior to culture): - Gram –ve rods.

RESULT ON MEDIA- Culture Shows colonies of lactose fermenting Gram –ve rods after 24 hours of incubation at 37C.

Organism identified - Klebsiella (>105 C.F.U.)

SENSITIVITY TEST FOR KLEIBSELLA

Antibiotics Sensitivity

Amikacin Sensitive

Ciprofloxacin Sensitive

Levofloxacin Sensitive

Cefotaxime Resistant

Amoxyclav Resistant

Cefuroxime Resistant

Gentamicin Sensitive

Cefepime Sensitive

Pipracillin+Tazobactum Sensitive

Imipenem Sensitive

Aztreonam Sensitive

Polymyxin B Sensitive

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
IMMUNOASSAY
Test description Observed value Unit Biological reference range
Serum PTH Intact (CLIA/Beckman DXI 800) 19.6 pg/ml 12-88
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

IMMUNOASSAY

CEA-CARCINO EMBRYONIC ANTIGEN\*

TEST NAME

RESULT

UNITS

REF. INTERVAL

Serum CEA

1.6

ng/ml

Non smokers : <3.0

Smokers : <5.0

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
Dual marker (Prenatal First Trimester Screening)
(Chemiluminescence Immunoassay)
\*PATIENT SPECIFICATIONS\* \* ULTRA SOUND DETAILS\*
WEIGHT 56.5 Kg. DATE OF ULTRASOUND 17.02.2019
H/O SMOKING No METHOD FOR GESTATION
AGE ESTIMATION CRL
H/O DIABETES No FOETUS (NO'S) SINGLE
H/O IVF Unknown GA ON THE DAY OF
SAMPLE COLLECTION 11+4 Wks+Days
ETHNIC ORIGIN Asian
\*Graph enclosed
\*Results relate only to the sample, as received
\*The calculated risk by PRISCA depends on the accuracy of the information provided by the referring physician.
\*All software may not give similar risk factor for the similar data.
Dual marker Observed Value Unit
Serum HCG Free Beta (CLIA) 66.00 ng/ml
Serum PAPP-A (CLIA) 3.46 mIu/ml
Risk assessment Graph attached
Interpretation:
Weeks of Gestation HCG, Free Beta Medians(ng/ml PAPP-A Medians(mIU/ml)
9 74.75 0.90
10 59.99 1.40
11 48.14 2.19
12 38.64 3.42
13 31.01 5.34
Note: This is a Statistical evaluation has been done using CE marked PRISCA 5.1 software.Screening tests are based on statistical analysis of patient demographic and biochemical data. They simply indicate a high or low risk category.The interpretive unit is MoM (Multiples of Median) which takes into account variables such as gestational age (ultrasound), maternal weight,race, insulin dependent Diabetes multiple gestation, IVF (Date of Birth of Donor, if applicable), smoking & previous history of Down syndrome. Accurate availability of this data for Risk Calculation is critical.
Ideally all pregnant women should be screened for Prenatal disorders irrespective of maternal age. The test is valid between 9-13.6 Weeks of gestation, but ideal sampling time is between 10-13 weeks gestation. First trimester detection rate of Down syndrome is 60% with a false positive rate of 5%. A combination of Nuchal translucency, Nasal bone visualization and biochemical tests ( Combined test) increases the detection rate of Down syndrome to 85% at the same false positive rate.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
ELISA
GAMMA INTERFERON (TB PLATINUM)\*
Test description Observed value Unit
Interferon Gamma, Antigen tube (T) (IGRA) 34.91 pg/ml
Interferon Gamma, Nil tube (N) (IGRA) 8.63 pg/ml
Interferon Gamma, Antigen tube-Nil tube (T-N) 26.27 pg/ml
Final result POSITIVE
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

MOLECULAR BIOLOGY

Mycobacterium Tuberculosis, Polymerase Chain Reaction (PCR)

TYPE OF SAMPLE

Knee fluid

MYCOBACTERIUM TUBERCULOSIS COMPLEX

NOT DETECTED

NON TUBERCULOUS MYCOBACTERIUM

NOT DETECTED

Interpretation-

RESULT

COMMENTS

Mycobacterium tuberculosis- if detected

Infection likely with any of the following species: M.tuberculosis, M.bovis, M.microti and M.africanum.

Non Tuberculous Mycobacteria- if detected

Infection likely with Mycobacterium other than tuberculosis complex.

Mycobacterium tuberculosis complex and non Tuberculosis mycobacteria- NOT DETECTED

Mycobacteria not detected in the sample provided.

Indeterminate

Inhibitors detected in the sample provided.

Repeat sample is recommended.

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

Test Name

Value

UNITS

Serum Testosterone Total

6.63

ng/dl

Biological reference range-

Males

262-870ng/dl

Females

9-56ng/dl

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
SPECIMEN- PUS C/S
DATE OF RECEIVING- 10-08-2019
DATE OF CULTURE- 10-08-2019
MEDIA USED- N.A & M.A.
GRAM’S STAIN (Prior to culture)- Gram +ve cocci.
RESULT ON MEDIA- Culture Shows colonies of lactose fermenting Gram +ve cocci after 24 hours of incubation at 37C.
Organism identified- Staphylococcus aureus, Coagulase- Positive.
SENSITIVITY TEST
Antibiotics Sensitivity
Amoxyclav Resistant
Clindamycin Sensitive
Vancomycin Sensitive …..ingield= …..+++ (+
Linezolid Sensitive
Levofloxacin Sensitive
Ciprofloxacin Sensitive
Azithromycin Sensitive
Doxycycline Sensitive
Cefoxitin Sensitive
Cefuroxime Sensitive
Cefepime Sensitive
Cefotaxime Sensitive
Gentamicin Sensitive
Imipenem Sensitive
Meropenem Sensitive
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

PERIPHERAL BLOOD FILM-

-RBCs are normal in density and show predominantly normocytic normochromic picture.

-TLC and DLC are normal. No toxic granulations or atypical cells seen.

-Platelets are normal in number.

-No hemoparasite seen.

IMPRESSION-

Predominantly normocytic normochromic picture.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

CLINICAL CHEMISTRY

Anti Hepatitis A Virus IgM Antibodies

TEST NAME

VALUE

UNIT

REFERENCE RANGE

Hepatitis A Virus (IgM) Antibodies Quantitative

(ELFA/Mini VIDAS)

0.01

OD Ratio

Negative : <0.4

Equivocal : 0.4-0.5

Positive : >0.5

Summary and interpretation :

HAV is a non enveloped, single stranded RNA virus which has four major structural polypeptides and localizes exclusively in hepatocytes. The infection with HAV induces strong immunological response and elevated levels of IgM and later IgG are detectable few days after the onset of symptoms. Increasing levels of anti HAV IgM are detectable about three weeks after exposure. Within six months it declines to non-detectable levels.

Positive results should be interpreted in conjunction with clinical condition. Antibodies may undetectable during early stage of diseases and in immunocompromised individuals.

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
MOLECULAR BIOLOGY
HUMAN LEUKOCYTE ANTIGEN (HLA)-B27
Primary sample type : Whole blood EDTA
Test name Observed value Reference range
HLA-B27 Negative Negative
HLA is class I surface antigen encoded by the B locus in the major histocompatibility complex (MHC) on chromosome 6 and presents antigenic peptides to T cells. HLA-B27 is strongly associated with ankylosing spondylitis (AS) and other associated inflammatory diseases like Psoriasis, Inflammatory bowel disease and Reactive arthritis referred to as "spondyloarthropathies".
The HLA-B27 serotype is found in more than 90% of ankylosing spondylitis patients. Twenty four HLA-B27 subtypes have been reported and differ only by a small number of nucleotide substitutions between exons 2 and 3 of the HLA-B27 gene.
In HLA negative spondyloarthropathy, HLA C06 and HLA B07 testing is recommended.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

PERIPHERAL BLOOD FILM-

-RBCs are widely spaced and show normocytic normochromic to microcytic picture.

-2nRBCs/100WBCs seen.

-WBCs count is markedly raised and show marked shift to left.

-Platelets are markedly reduced in number.

-No hemoparasite seen.

IMPRESSION-

Chronic myeloproliferative disorder with leucocytosis and thrombocytopenia.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

PERIPHERAL BLOOD FILM-

-RBCs are normal in density and show predominantly normocytic normochromic to mild microcytic picture.

-TLC and DLC are normal. No toxic granulations or atypical cells seen.

-Platelets are normal in number.

-No hemoparasite seen.

IMPRESSION-

Predominantly normocytic normochromic to mild microcytic picture.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
ANA (Anti Nuclear Antibody), IFA\* Serum
Anti-nuclear antibody (ANA) test report by IIFT
Pattern in HEp 20-10 cells Description Fluorescence intensity
Nuclear pattern PCNA like Moderate
Cytoplasmic pattern Speckled Weak
Mitotic pattern Negative Not applicable
Note: Sample dilution for test: 1:100.
Subjective interpretation of intensity of fluorescence (at sample dilution of 1:100)
Intensity of fluorescence Interpretation
Weak Positive in a dilution of 1:100
Moderate Positive in a dilution of 1:320
Strong Positive in a dilution of 1:1000 or higher
Disclaimer: ANA patterns and intensity of fluorescence by IIFT is a qualitative and subjective assessment that may vary between laboratory testing sites and the methodology used. Assay results should be interpreted only in the context of additional laboratory findings and the overall clinical status of the patient.
Specific autoantibody (Aab) titer estimation may be asked for separately
Method: Indirect immunofluorescence test (IIFT); HEp 20-10 cells and primate liver cell Biochip;
Test description: Antinuclear Antibodies are a unique group of auto antibodies that have ability to attack structures in the nucleus of cells including DNA, RNA and other nuclear proteins. Anti-nuclear antibody (ANA) testing is a cornerstone of autoimmune diagnostics. ANA are detected by indirect immunofluorescence test (IIFT). IIFT on human epithelial (HEp-20-10) cells is the gold standard for detection of ANA. Different types of ANA give rise to characteristic staining patterns on the HEp-20-10 cells, depending on the cellular location and properties of the antigenic target. Analysis of the fluorescence pattern enables classification of the antibody or antibodies present in the patient sample.
Nuclear pattern (True ANA) are defined as any staining of the HEp-2/ HEp 20-10 interphase nuclei. The nomenclature for nuclear patterns is primarily based on the reactivity observed in the nucleoplasm (e.g. homogeneous or speckled) and the nuclear subcomponents that are recognised (e.g. centromere or nucleolar).
Cytoplasmic pattern is defined as any staining of the HEp-2/ HEp 20-10 cytoplasm. The nomenclature is primarily based on the reactivity observed in the cytoplasm (e.g. fibrillar or speckled) and the cytoplasmic structure that is recognised (e.g. rods and rings).
Mitotic patterns are defined as patterns that address cell domains strongly related to mitosis.
Confirmation of IIFT results Positive results in the ANA IIFT screening assay should always be confirmed in additional specific testing like Monospecific ELISA or ANA Immunoblot assay.
Immunofluorescence pattern and their clinical associations:
Table 1. Target antigens and associated diseases for nuclear patterns
Pattern (ICAP) Code Antigen association Clinical relevance
Homogenous AC 1 dsDNA, histones, nucleosome SLE, drug induced lupus, juvenile idiopathic arthritis
Speckled AC 2,4,5 hnRNP, U1RNP, Sm,SS-A/Ro (Ro60) , SS-B/La, RNA polymerase III, Mi-2 , Ku MCTD, SLE, SjS, DM, SSc/PM overlap
Dense Fine speckled (DFS) AC 2 DFS 70/ LEDGF Rare in SLE, SjS, SSc
Fine speckled AC 4 SS-A/Ro (Ro-60), SS-B /La, Mi-2, TIF1y, TIF18, Ku, RNA helicase A, replication protein A SJS, SLE, DM, SSc/Pm overlap
Large/Coarse speckled AC 5 hnRNP, U1RNP, Sm, RNA polymerase III MCTD, SLE, SSc
Centromere AC 3 CENP-A/B(C) Limited cutaneous SSc, PBC
Discrete Nuclear dots AC 6,7
Multiple Nuclear dots AC 6 Sp100, PML proteins, MJ/NXP-2 PBC, SARD, PM/DM
Few Nuclear dots AC 7 p 80 - coilin, SMN SJS, SLE, SSc, PM, asymptomatic individuals
Nucleolar AC 8, 9, 10
Nucleolar homogeneous AC 8 PM/Scl-75, PM/Scl-100, Th/to B23/nucleophosmin, nucleolin, No55/SC65 SSc, SSc/PM overlap
Nucleolar clumpy AC 9 U3-snoRNP/fibrillarin SSc
Nucleolar punctate AC 10 RNA polymerase I, hUBF/NOR - 90 SjS, SSc
Nuclear envelope AC 11, 12
Smooth nuclear envelope AC 11 Laminis A, B, C or lamin associated proteins SLE, Sjs, seronegative arthritis
Punctate nuclear envelope AC 12 Nuclear pore complex proteins (i.e. gp 210) PBC
Pleomorphic AC 13, 14
PCNA -like AC 13 PCNA SLE, other conditions
CENP -like AC 14 CENP-F Cancer, other conditions
Table 2. Target antigens and associated diseases for cytoplasmic patterns
Pattern (ICAP) Code Antigen association Clinical relevance
Fibrillar AC- 15, 16, 17
Linear/ actin Ac- 15 Actin, non-muscle myosin MCTD MCTD, chronic active hepatitis liver cirrhosis myasthenia gravis, Crohn's disease, PBC long term hemodialysis, rare in SARD other than MCTD.
Filamentous / microtubules Ac- 16 Vimentin, cytokeratins Infectious or inflammatory conditions, long term haemodialysis alcoholic liver disease, SARD, psoriasis healthy controls
Segmental Ac- 17 Alpha actinin, vinculin, tropomyosin Myasthenia gravis, Crohn's disease, ulcerative colitis.
Speckled AC- 18, 19, 20
Discrete dots Ac- 18 SGW 182, Su/Ago2. Ge-1 PBC, SARD, neurological and autoimmune conditions
Dense fine speckled Ac- 19 PL - 7, PL-12, ribosomal P Proteins anti synthetase syndrome', PM/DM, SLE, juvenile SLE neuropsychiatric SLE
Fine speckled Ac- 20 Jo- 1/histidyl- tRNA synthetase Anti-synthetase syndrome, PM/DM, limited SSc, idiopathic pleural effusion
Reticular /AMA AC - 21 PDC-E2 /M2, BCCADC-E2 OGDC -E2, E1a subunit of PDC E3BP/protein X Common in PBC, SSc, rare in other SARD
Polar / Golgi - like AC-22 Giantin/ macrogolgin, golgin - 95 / GM 130, golgin -160, golgin - 97, golgin 245 Rare in SjS, SLE, RA, MCTD, GPA, idiopathic cerebellar ataxia, paraneoplastic cerebellar degeneration viral infections
Rings and Rods AC-23 IMPDH2, others HCV infection, post IFN /ribavirin therapy, rare in SLE, Hashimoto`s and healthy controls
Table 3. Target antigens and associated diseases for mitotic patterns
Pattern (ICAP) Code Antigen association Clinical relevance
Centrosome AC-24 Pericentrin, ninein, Cep 250, Cep 110, enolase Rare in SSc, Raynaud's phenomenon, infections (viral and mycoplasma)
Spindle fibers AC-25 HsEg5 Rare in Sjs SLE, other SARD
NUMA - like AC-26 Centrophilin SjS, SLE, other
Intercellular bridge AC-27 Aurora kinase B, CENP -E
MSA - 2, KIF - 14, MKLP - 1 Rare in SSc Raynaud's phenomenon, malignancy
Mitotic chromosome coat AC-28 Modified histone H3, MCA -1 Rare in discoid lupus erythematosus chronic lymphocytic leukemia, SjS, and polymyalgia rheumatica
Abbreviations:
SLE: systemic lupus erythematosus, DM: dermatomyositis; dsDNA: double-stranded DNA, IM: inflammatory myopathies, JIA: juvenile idiopathic arthritis, MCTD: mixed connective tissue disease, PM/Scl: polymyositis/scleroderma, PBC: primary biliary cirrhosis, RA: rheumatoid arthritis, SRP: signal recognition particle, PSS: Progressive systemic sclerosis, CAH: chronic autoimmune hepatitis, CENP:centromere protein, NuMA: nuclear mitotic apparatus, SjS: sjogren's syndrome
References:
1.International recommendations for the assessment of autoantibodies to cellular antigens referred to as anti-nuclear antibodies; Agmon-Levin N, et al. Ann Rheum Dis 2014;73:17-23.
2.International consensus on ANA patterns; www.ANApatterns.org
3.Gosnik J, EUROIMMUNE AG, Luebeck Germany. The Quest for Standardised Laboratory Reporting. Diagnostics/ Anti-nuclear Antibody Patterns.
4.K.L. Chan, J. Damoiseaux, O.G. Carballo, K. Conrad, W. de Melo Cruvinel, P.L.C. Francescantonio, M.J. Fritzler, I. Garcia-De La Torre, M. Herold, T. Mimori, M. Satoh, C.A. von Mühlen, and L.E.C. Andrade. Report of the First International Consensus on Standardized Nomenclature of Antinuclear Antibody HEp-2 Cell Patterns (ICAP) 2014-2015 (Front. Immunol. 2015, Aug 20;6:412).
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

Spot Urine Protein Creatinine Ratio

-Urine protein- 115.9mg/dl

- Urine creatinine- 82.0mg/dl

- Urine protein creatinine ratio- 1.41mg/mg

Reference range:- 0-0.02mg/mg

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Biopsy no : Date : test\_date
HISTOPATHOLOGY REPORT
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

SPECIMEN- URINE C/S

DATE OF RECEIVING- 10-08-2019

DATE OF CULTURE- 10-08-2019

MEDIA USED- N.A & M.A

MICROSCOPY- Pus cell-Full field/hpf, RBCs-1-2/hpf, Epithelial cells-2-4/hpf.

GRAM’S STAIN (Prior to culture)- Gram +ve cocci.

RESULT ON MEDIA- Culture Shows colonies of lactose fermenting Gram +ve cocci after 24 hours of incubation at 37C.

Organism identified- Enterococcus.

SENSITIVITY TEST

Antibiotics Sensitivity

Amoxyclav Resistant

Clindamycin Sensitive

Vancomycin Sensitive…..ingield= …..+++ (+

Linezolid Sensitive

Azithromycin Resistant

Ciprofloxacin Sensitive

Nitrofurantoin Sensitive

Norfloxacin Sensitive

Doxycycline Sensitive

Gentamicin Sensitive

Levofloxacin Sensitive

Cefoxitin Sensitive

Cefuroxime Sensitive

Cefepime Sensitive

Cefotaxime Sensitive

Imipenem Sensitive

Meropenem Sensitive

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
IMMUNOASSAY
CA-125\*
TEST NAME RESULTS UNITS REF. INTERVAL
Serum CA-125 30.7 U/mL 0-35
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
Urine Routine Examination\*
Physical appearance Chemical appearance Microscopic examination
Color- Pale Albumin-Nil Pus cells- 1-2
pH-6.0 Sugar- Nil RBCs- Nil
Epithelial cells-4-5
Casts- ..
Crystals-..
Others- ..
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
SPECIMEN- Pus C/S
DATE OF RECEIVING- 01-05-2019
DATE OF CULTURE- 01-05-2019
MEDIA USED- N.A & M.A
GRAM’S STAIN (Prior to culture): - Gram +ve cocci and Gram –ve rods.
RESULT ON MEDIA- Culture Shows lactose fermenting colonies after 24 hours of incubation at 37C.
Organism identified- Staphylococcus aureus and Kleibsella.
SENSITIVITY TEST FOR STAPHYLOCOCCUS
Antibiotics Sensitivity
Amoxyclav Resistant
Clindamycin Sensitive
Vancomycin Sensitive …..ingield= …..+++ (+
Linezolid Sensitive
Levofloxacin Resistant
Ciprofloxacin Resistant
Azithromycin Sensitive
Amoxycillin Resistant
Doxycycline Sensitive
Cefoxitin Sensitive
Cefuroxime Sensitive
Cefepime Sensitive
Cefotaxime Sensitive
Imipenem Sensitive
Meropenem Sensitive
SENSITIVITY TEST FOR KLEIBSELLA
Antibiotics Sensitivity
Amoxycillin Resistant
Amikacin Resistant
Ciprofloxacin Resistant
Levofloxacin Resistant
Cefotaxime Resistant
Amoxyclav Resistant
Cefuroxime Resistant
Gentamicin Resistant
Cefepime Sensitive
Imipenem Resistant
Pipracillin+Tazobactum Sensitive
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
PERIPHERAL BLOOD FILM-
- RBCs are normal in density and show mild anisopoikilocytosis showing macrocytes, normocytes and occasional microcytes. RBCs are predominantly normochromic.
-TLC and DLC are normal. No toxic granulations or atypical cells seen.
-Platelets are normal in number.
-No hemoparasite seen.
IMPRESSION-
Predominantly macrocytic picture.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
IMMUNOASSAY
PROLACTIN\*
TEST NAME RESULTS UNITS REF. INTERVAL
Serum Prolactin 12.7 ng/ml 3.34-26.71
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
SPECIMEN- Urine C/S
DATE OF RECEIVING- 21-04-2019
DATE OF CULTURE- 21-04-2019
MEDIA USED- N.A & M.A
MICROSCOPY - Pus cell- Full field/hpf, RBCs-Nil/hpf, Epithelial cells-1-2/hpf.
GRAM’S STAIN (Prior to culture): - Gram –ve rods.
RESULT ON MEDIA- Culture Shows colonies of non lactose fermenting Gram –ve rods after 24 hours of incubation at 37C.
Organism identified - Pseudomonas, oxidase- Positive.
SENSITIVITY TEST FOR PSEUDOMONAS
Antibiotics Sensitivity
Gentamicin Sensitive
Amikacin Sensitive
Polymyxin B Sensitive
Ciprofloxacin Sensitive
Levofloxacin Sensitive
Cefoparazone+Sulbactum Resistant
Norfloxacin Sensitive
Cefepime Sensitive
Pipracillin+Tazobactum Sensitive
Tobramycin Sensitive
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
ELISA
HCV ELISA\*
Test Description Value Unit Reference Range
Serum Anti Hepatitis C Virus Antibody (Chemiluminescence) 33.70 OD Ratio Non-reactive : <0.90
Borderline : 0.90-1.0
Reactive : >1.0
Summary and interpretation :
The presence of anti-HCV indicates that an individual may have been infected with HCV and may be capable of transmitting HCV infection. Three recombinant hepatitis C virus encoded antigens are used in this test are c22-3, c200 and NS-5. The antibodies which develop after infection with HCV are often reactive with c22-3 and c200. A significant proportion of persons infected with HCV develop antibodies to NS5.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
Test Name Value UNITS
Prolactin 29.2 ng/ml
Biological reference range-
Males 3.6-16.3ng/dl
Females 4.1-28.9ng/dl
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

Urine Routine Examination\*

Physical appearance

Chemical appearance

Microscopic examination

Color- Pale

Albumin-Nil

Pus cells- 1-2

pH-6.0

Sugar- Nil

RBCs- Nil

Epithelial cells-4-5

Casts- ..

Crystals-..

Others- ..

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
TEST NAME VALUE UNITS REF. RANGE
Serum Immunoglobulin E (Chemiluminometry/centaur XPT) 40.7 IU/mL <378
Summary and interpretation :
IgE plays an important role in immunological protection against parasitic infections and in allergy. As IgE is of importance in allergies, elevated IgE concentrations can be found in patients with allergic diseases such as hay fever, atopic bronchitis and dermatitis. Normal IgE values do not, however, mean that an allergic disease can be ruled out. For this reason the quantitative determination of serum IgE concentrations for clinical differentiation between atopic and non-atopic diseases is only useful in combination with other clinical findings. Elevated serum IgE concentration can also occur in non-allergic diseases, e.g. Bronchopulmonary aspergillosis, Wiskott-Aldrich syndrome, hyper-IgE syndrome, IgE myeloma and parasitic infections.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

IMMUNOASSAY

BETA HCG (QUANTITATIVE)\*

Test Name

Value

Unit

Ref.Interval

Serum Beta HCG (CLIA/Beckman DXI 800)

0.20

mIU/ml

<5

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

IMMUNOASSAY

Test description

Observed value

Unit

Biological reference range

Serum PTH Intact

(CLIA/Beckman DXI 800)

19.6

pg/ml

12-88

NOTE : This test was processed at third party lab.

CLINICO-PATH LABORATORY
Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Cyto no : Date : test\_date
CYTOLOGY REPORT
Consultant Pathologist
(Dr. VANDANA GOYAL)
{MBBS, MD (PGIMS ROHTAK)}
This is only an opinion and not the final diagnosis. Clinical correlation is must. This report is not valid for medico-legal purpose

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

SPECIMEN- URINE C/S

DATE OF RECEIVING- 22-01-2019

DATE OF CULTURE- 22-01-2019

MEDIA USED- N.A and M.A

Microscopy:-Pus cells- Nil/hpf, RBCs-Nil/hpf, Epithelial cells-1-2/hpf.

RESULT ON MEDIA-

Culture shows no growth on NA & MA after 24 hours & 48 hours of incubation at 37C.

IMP: - Sterile.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

PERIPHERAL BLOOD FILM-

- RBCs are normal in density and show mild anisopoikilocytosis showing macrocytes, normocytes and occasional microcytes. RBCs are predominantly normochromic.

-TLC and DLC are normal. No toxic granulations or atypical cells seen.

-Platelets are normal in number.

-No hemoparasite seen.

IMPRESSION-

Predominantly macrocytic picture.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

SEROLOGY

Serum ASO

Test name

Observed value

Unit

Reference range

Serum ASO (Turbidimetry)

80.0

IU/ml

<200

Summary and interpretation :

Streptolysin O is a toxic immunogenic exoenzyme produced by ß-hemolytic streptococcus group A,C and G. ASO antibodies are useful for the diagnosis of rheumatoid fever, acute glomerulonephritis and streptococcal infections.

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

PERIPHERAL BLOOD FILM-

-RBCs are normal in density and show microcytes, normocytes and many target cells . RBCs show moderate hypochromia.

-TLC is normal and DLC show lymphopenia. No toxic granulation or atypical cells seen.

-Platelets are normal in number.

-No hemoparasite seen.

-Mentzer index-23.2

IMPRESSION-

Microcytic hypochromic picture.

Advised serum ferritin levels.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

CLINICAL CHEMISTRY

THYROGLOBULIN ANTIBODIES (ANTI TG)\*

TEST NAME

RESULT

UNITS

REF. RANGE

THYROGLOBULIN ANTIBODIES(ELFA/MINI VIDAS)

14.3

IU/L

<18.00

Summary and interpretation :

Thyroglobulin is produced only by the thyroid gland and is a major component of the thyroid follicular colloid.

For diagnostic purposes, anti-TPO results should be used in conjunction with clinical information and other test results. Autoantibodies may be found in less than 10% of the normal population at low levels and in patients with non-thyroidial illnesses such as inflammatory rheumatic diseases.

Clinical utility :

Diagnosis of autoimmune thyroid disease and its separation from other causes of thyroiditis.

Investigation of cause of goitre.

Follow up of deranged thyroid hormones.

Evaluation of thyroid involvement in non thyroid related autoimmune diseases like SLE or RA.

Evaluation of cases of pregnancy with autoimmune thyroid disorder like Hashimoto's thyroiditis, Grave's disease etc.

Assessment of risk of foetal involvement in case of pregnancy with thyroid dysfunction.

As a part of assessment of infertility.

Increased levels :

-Mild to moderate- in many thyroid and autoimmune disorders such as thyroid cancer, type I diabetes, rheumatoid arthritis, pernicious anaemia and autoimmune collagen vascular disease.

-Significantly increased-Hashimoto's thyroiditis and Grave's disease.

-Higher levels are also seen women and with increasing age.

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

Lupus Anticoagulant (DRVVT)

Platelet Poor Plasma

Photoptical Clot Detection

LUPUS ANTICOAGULANT BY DRVVT (Photooptical Clot Detection)

Test Name Result Unit Bio. Ref. Interval

SCREEN

Patient Value 77.3 sec 34.0 - 54.0

Control Value 42.0 sec

Screen Ratio 1.84

MIXING STUDIES

Patient Value 44.7 sec

Control Value 42.0 sec

Screen Ratio 1.06 sec

CONFIRMATORY

Patient Value 34.7 31.0 - 44.0

Control Value 38.5 sec

Confirm Ratio 0.90 sec

NORMALISED RATIO(SCREEN RATIO/CONF RATIO) 2.04 < 1.3

INTERPRETATION : Lupus like anticoagulant present

Please note it is imperative that testing be repeated on a second occasion >12 weeks after the initial testing if patient has been identified as positive for LA.

Note: Lupus anti-coagulants (LAs) are autoantibodies of class IgG or IgM or both which act against the anionic phospholipid portion of prothrombinase.

Increased in LA is associated with thromboembolism and they are an important cause of recurrent abortions. LAs occur frequently in patient of SLE but are also reported in other collagen disorders.

Various Methods for testing Lupus Anticoagulants inclute PTT-LA activated Kaolin clotting time and dilute Russels Viper Venom time. Out of these the DRVVT assay is the most robust & specific because DRVVT is not influenced by deficiencies of intrisic pathway or antibodies to factors VIII, IX or XI.

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
IMMUNOASSAY
TEST NAME VALUE UNITS BIO REF. INTERVAL
Vitamin B12(CLIA/Beckman DXI 800) 219 pg/mL Normal : 180-914
Intermediate : 145-180
Deficient : <145
Summary and interpretation :
Nutritional and macrocytic anemia caused by a deficiency of vitamin B12. This deficiency can result from diets devoid of meat and bacterial products, from alcoholism, or from structural functional damage to digestive or absorption processes. Malabsorption is the major cause of this deficiency through pancreatic deficiency, gastric trophy or gastrectomy, intestinal damage, loss of intestinal vitamin B12 binding protein, production of auto antibodies directed against intrinsic factor or related causes.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

SPECIAL PATHOLOGY

CERULOPLASMIN

Primary sample type : Serum

Test description

Observed value

Unit

Reference range

Ceruloplasmin (Serum, Nephelometry)

35.10

mg/dL

20-60

Interpretation :

Low level of ceruloplasmin also occur in patients with hepatic insufficiency and protein loss deficiency.

High serum levels of ceruloplasmin are observed in acute phase reaction, during use of oral contraceptives and with cholestase.

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

APLA P PROFILE

COAGULATION

LUPUS ANTICOAGULANT BY dRVVTT\*

Method : DRVVT

aPTT & aPTT mixing studies

Test description

Observed value

Units

Reference range

APTT Patient time

25.90

Seconds

25-35

APTT Control time

24.20

Seconds

DRVV screen

Test description

Observed value

Units

Reference range

DRVV screen (Patient)

35.0

Seconds

24-42

DRVV Confirm

Test description

Observed value

Units

Reference range

DRVV confirm (Patient)

-

Seconds

22-38

Ratio

-

<1.3

Result(Lupus anticoagulant)

Lupus anticoagulant absent

Summary and interpretation :

Following is the final interpretative table using the findings of both the above mentioned tests.

Sr. no

APTT (LS)

APTT mixing (using rosner index)

DRVVT (Screen)

DRVVT (confirmation)

DRVVT(Screen to confirmation ratio)

Interpretation

1.

Normal

-

Normal

-

-

LAC Absent

2.

Abnormal

Corrected

Normal

-

-

Suspected factor deficiency

3.

Abnormal

Not corrected

Abnormal

Normal

>1.3

LAC present

4.

Normal

-

Abnormal

Normal

>1.3

LAC present

5.

Abnormal

Corrected/partially corrected

Abnormal

Normal

>1.3

Factor deficiency + LAC present

6.

Abnormal

Not corrected

Abnormal

Abnormal

>1.3

Either inhibitor or LAC

7.

Abnormal

Not corrected

Normal

-

-

Suspect inhibitor + heparin

Limitation :

False positive : patient on heparin substitute; Coagulation factor VIII inhibitor.

False negative : Elevated factor VIII levels, as may be seen in an acute infection or with replacement therapy when someone has hemophilia A, may shorten the aPTT time, leading to a temporary false negative test for lupus anticoagulant.

ELISA

BETA 2 GLYCOPROTEIN IgG & IgM

Test description

Observed value

Units

Reference range

Beta 2 Glycoprotein IgG

(ELISA)

3.8

U/ml

Normal <12

Equivocal 12-18

Positive >18

Beta 2 Glycoprotein IgM

(ELISA)

5.0

U/ml

Normal <12

Equivocal 12-18

Positive >18

ANTI CARDIOLIPIN Ab PROFILE (IgG & IgM)

Test description

Observed value

Units

Reference range

Cardiolipin Antibody IgG, serum by (ELISA)

3.66

IU/mL

Normal <12

Equivocal 12-18

Positive >18

Cardiolipin Antibody IgM, serum by (ELISA)

4.79

U/ml

Normal <12

Equivocal 12-18

Positive >18

Summary & Interpretation :

Antibodies against cardiolipin belong to the group of anti phospholipid antibodies specific for negatively charged phospholipids, components of biological membranes. These antibodies are frequently found in sera of patients with systemic lupus erythematosus (SLE) and related diseases with a prevalence of 24-50%. The occurrence of anti-cardiolipin antibodies in patients with SLE and related diseases is typical for a secondary anti-phospholipid syndrome (APS). In contrast, anti-cardiolipin antibodies in patients with no other autoimmune diseases characterize the primary anti-phospholipid syndrome (APS). Many studies have shown a correlation between these autoantibodies and an enhanced incidence of thrombosis, thrombocytopenia and habitual abortions (as a consequence of placental infarct).?NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

Investigation required : Prothrombin time index

Prothrombin Time of Control = 14.6 sec.

Prothrombin Time of Patient = 14.6 sec

Prothrombin Time Index ( P.T.I) = 100 %

Patient Ratio = 1.0

I.S.I Value = 1.1

I N R = 1.0

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

BIOCHEMISTRY

One hour oral glucose challenge test (GCT)

TEST

VALUE

UNITS

Amount of glucose-

50gm

Plasma Glucose after one hour

133.0

mg/dl

Interpretation :

The one hour oral glucose challenge test (GCT) is a screening test for gestational diabetes that measures plasma or serum glucose concentration one hour after a 50gm oral glucose load. A blood sugar value >140mg/dl identifies approximately80% of women with gestational diabetes (GDM), a cutoff of >130mg/dl identifies 90% of women with GDM.

A glucose challenge test is not necessary in patients with a fasting plasma glucose level >126mg/dl or a casual plasma glucose >200mg/dl , since these values meet the threshold for the diagnosis of diabetes.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

SPECIMEN- FLUID C/S

DATE OF RECEIVING- 25-02-2019

DATE OF CULTURE- 25-02-2019

MEDIA USED- N.A and M.A

RESULT ON MEDIA-

Culture shows no growth on NA & MA after 24 hours & 48 hours of incubation at 37C.

IMP: - Sterile.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
Lupus Anticoagulant (DRVVT)
Platelet Poor Plasma
Photoptical Clot Detection
LUPUS ANTICOAGULANT BY DRVVT (Photooptical Clot Detection)
Test Name Result Unit Bio. Ref. Interval
SCREEN
Patient Value 77.3 sec 34.0 - 54.0
Control Value 42.0 sec
Screen Ratio 1.84
MIXING STUDIES
Patient Value 44.7 sec
Control Value 42.0 sec
Screen Ratio 1.06 sec
CONFIRMATORY
Patient Value 34.7 31.0 - 44.0
Control Value 38.5 sec
Confirm Ratio 0.90 sec
NORMALISED RATIO(SCREEN RATIO/CONF RATIO) 2.04 < 1.3
INTERPRETATION : Lupus like anticoagulant present
Please note it is imperative that testing be repeated on a second occasion >12 weeks after the initial testing if patient has been identified as positive for LA.
Note: Lupus anti-coagulants (LAs) are autoantibodies of class IgG or IgM or both which act against the anionic phospholipid portion of prothrombinase.
Increased in LA is associated with thromboembolism and they are an important cause of recurrent abortions. LAs occur frequently in patient of SLE but are also reported in other collagen disorders.
Various Methods for testing Lupus Anticoagulants inclute PTT-LA activated Kaolin clotting time and dilute Russels Viper Venom time. Out of these the DRVVT assay is the most robust & specific because DRVVT is not influenced by deficiencies of intrisic pathway or antibodies to factors VIII, IX or XI.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

Thrombophille profile

Prothrombin (Factor II) Mutation Assay (Qualitative) ^

PCR and Gel Electrophoresis

Specimen type: EDTA P. Blood

RESULT :

Prothrombin Mutation 20210G>A

IN RANGE

OUT OF RANGE

No Mutation Detected

\*\*\*\*\*\*

Result:

Prothrombin 20210G>A mutation was not detected in the leukocytes of the specimen

Interpretation:

Factor II (RefSeq NM\_000506) codes for Prothrombin, which is a vitamin K dependent proenzyme that functions in the blood coagulation cascade. Prothrombin G20210A mutation occurs in the noncoding region of the Factor II gene and is the second most common cause of inherited thrombophilia after FVL mutations. It results in elevated levels of plasma prothrombin leading to hypercoagulability. Heterozygous individuals have a 2-4 fold increase in thrombotic risk. The test may be used for evaluation of patients with early onset VTE, as a thrombosis risk factor in patients prior to major surgery, to determine the cause of recurrent second or third trimester pregnancy loss, screening for risk of thrombosis before Oral contraceptive use and estrogen replacement therapy.

Test Attributes and Limitations:

Samples must be received at the laboratory under appropriate conditions within 72hrs of aspiration to ensure preservation of high molecular weight DNA. PCR is a highly sensitive technique; reasons for apparently contradictory results may be due to improper quality control during sample collection, selection of inappropriate specimen and/or presence of PCR inhibitors.

MTHFR Mutation Assay (Qualitative) ^

PCR and Gel Electrophoresis

Specimen type: EDTA P. Blood

RESULT :

MTHFR Mutation 677C>T

IN RANGE

OUT OF RANGE

No Mutation Detected

\*\*\*\*\*\*

Result:

MTHFR 677C>T mutation was not detected in the leukocytes of the specimen

Interpretation:

MTHFR gene (RefSeq NM\_005957) codes for the enzyme Methylenetetrahydrofolate reductase. A genetic polymorphism in MTHFR gene (677C>T) results in the formation of the enzyme that has reduced activity and causes decreased metabolism of Homocysteine. Eleveated plasma Homocysteine has been associated with Venous Thromboembolism (VTE) and atherosclerotic vascular disease. Testing for MTHFR mutation may be useful for determining genetic causes for early onset hyperhomocysteinemia and for predicting sensitivity to Methotrexate and antifolate medications. Homozygosity for 677C>T predicts increased risk for atherosclerotic vascular disease and VTE. Such patients are also at risk for Methotrexate intolerance and may require dosage adjustment.

Test Attributes and Limitations:

Samples must be received at the laboratory under appropriate conditions within 72hrs of aspiration to ensure preservation of high molecular weight DNA. PCR is a highly sensitive technique; reasons for apparently contradictory results may be due to improper quality control during sample collection, selection of inappropriate specimen and/or presence of PCR inhibitors.

Factor V Leiden Mutation Assay (Qualitative) ^

PCR and Gel Electrophoresis

Specimen type: EDTA P. Blood

Specimen type: EDTA P. Blood

RESULT :

Factor V Leiden Mutation 1691G>A

IN RANGE

OUT OF RANGE

No Mutation Detected

\*\*\*\*\*\*

Result:

Factor V Leiden (1691G>A) mutation was not detected in the leukocytes of the specimen

Interpretation:

Factor V is a protein of the Coagulation system. It is coded by the gene FV (RefSeq NM\_000130). A mutational defect in Factor V (R506Q) causes APC (Activated Protein C) resistance which can be homozygous or heterozygous. Factor V Leiden increases the relative risk of thrombosis by 5-10 fold in the heterozygous condition and by 50-100 fold in the homozygous individual. The lifetime risk for DVT is 12-20% for Heterozygotes and 80% for Homozygotes. Factor V Leiden Mutation is a risk factor for venous as well as arterial thrombosis. It is the most common genetic risk factor for thrombosis and accounts for >90 percent of APC resistance. The Test may be used as a thrombosis risk factor in patients prior to major surgery, to determine the cause of recurrent second or third trimester pregnancy loss, screening for risk of thrombosis before Oral contraceptive use, estrogen replacement therapy and for presymptomatic evaluation of individuals with a family history of thrombosis or a family member identified to have FVL.

Test Attributes and Limitations:

Samples must be received at the laboratory under appropriate conditions within 72hrs of aspiration to ensure preservation of high molecular weight DNA. PCR is a highly sensitive technique; reasons for apparently contradictory results may be due to improper quality control during sample collection, selection of inappropriate specimen and/or presence of PCR inhibitors.

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

ELISA

DHEAS (Dehydroepiandrostenedione Sulphate)

Test Name

Value

UNIT

Reference range

Serum DHEAS (ELISA)

0.92

μg/ml

Premenopausal : 0.8-3.9

Postmenopausal : 0.1-0.6

Interpretation And Reference Range :

DHEAS is produced by the adrenal and gonads. As a result, the determination of the level of DHEAS in serum is important in the evaluation of the function state of these glands. DHEAS is a precursor of testosterone and estrone. Besides the adrenal in females, the ovaries have been shown to be an important source of DHEAS. It has been reported that there is a fluctuation day by day of DHEAS in women during the ovulatory cycle. An abnormal testosterone level in women should be accompanied by the estimation of serum DHEAS. The use of serum testosterone determination in conjunction with ELISA of DHEAS can be used to determine if the source of excess androgen production is ovarian or adrenal.

NOTE : This test was processed at third party lab.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

SPECIMEN- PUS C/S

DATE OF RECEIVING- 25-02-2019

DATE OF CULTURE- 25-02-2019

MEDIA USED- N.A & M.A.

GRAM’S STAIN (Prior to culture)- Gram +ve cocci in clusters and Gram -ve rods.

RESULT ON MEDIA- Culture Shows colonies of lactose fermenting Gram +ve cocci in clusters and gram -ve rods after 24 hours of incubation at 37C.

Organism identified- Staphylococcus and E.coli.

Sensitivity test for Staphylococcus

Antibiotics Sensitivity

Amoxyclav (R)

Clindamycin (R)

Cefuroxime (R)

Cefotaxime (R)

Vancomycin (+)

Linezolid (+)

Levofloxacin (+)

Azithromycin (+)

Ciprofloxacin (+)

Sensitivity test for E.coli

Antibiotics Sensitivity

Amoxyclav (R)

Cefuroxime (R)

Amikacin (R)

Amoxycillin (R)

Colistin (+)

Levofloxacin (+)

Ciprofloxacin (+)

Cefoparazone (R)

Polymyxin B (+)

Cefotaxime (R)

Pipracillin+Tazobactum (+)

Interpretation :

(+)= Low sensitive

(++)= moderately sensitive

(+++)= highly sensitive

R= Resistant.

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

SPECIMEN- Urine C/S

DATE OF RECEIVING- 21-04-2019

DATE OF CULTURE- 21-04-2019

MEDIA USED- N.A & M.A

MICROSCOPY - Pus cell- Full field/hpf, RBCs-Nil/hpf, Epithelial cells-1-2/hpf.

GRAM’S STAIN (Prior to culture): - Gram –ve rods.

RESULT ON MEDIA- Culture Shows colonies of non lactose fermenting Gram –ve rods after 24 hours of incubation at 37C.

Organism identified - Pseudomonas, oxidase- Positive.

SENSITIVITY TEST FOR PSEUDOMONAS

Antibiotics Sensitivity

Gentamicin Sensitive

Amikacin Sensitive

Polymyxin B Sensitive

Ciprofloxacin Sensitive

Levofloxacin Sensitive

Cefoparazone+Sulbactum Resistant

Norfloxacin Sensitive

Cefepime Sensitive

Pipracillin+Tazobactum Sensitive

Tobramycin Sensitive

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no :

Date : test\_date

HBV Quest Duo,Serum

Chemiluminescence Immunoassay (CLIA)

Test name

Result

Unit

Biological ref. interval

HBeAg Serum

Chemiluminescence Microparticle Immunoassay(CMIA)

0.43

S/CO

Non Reactive <1.0

Reactive =>1.0

Note:

\* Discrepant results may be observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy

\* For heparinized patients, draw specimen prior to heparin therapy as presence of fibrin leads to erroneous results

\* False negativity about 15% in USA and > 50% in Asia, Africa & Southern Europe is observed in patients infected with HBV

mutants where HBeAg is negative, but HBV DNA is positive.

Comment:

\* HBeAg assay is used as an aid to monitor the progress of Hepatitis B viral infection.

\* HBeAg is detectable in early phases of hepatitis B infection, after appearance of HBsAg.

\* Titres rise rapidly during viral replication and presence of HBeAg correlates with

- increased numbers of infectious virus (Dane particles)

- occurance of core particles in nucleus of hepatocytes

- presence of Hepatitis B virus specific DNA and DNA polymerase in serum

\* HBeAg may persist together with HBsAg in chronic hepatitis.

\* It is the best predictor of maternal infectivity (90%) to untreated neonates at the time of delivery.

Uses:

\* Indicator of highly infectious state

\* Predictor of maternal infectivity

\* Indicator of resolution of infection

Please note test values may vary depending on the assay method used.

Test name

Result

Unit

Biological ref. interval

Anti HBe or HBeAb\* Serum

Chemiluminescent Microparticle Immunoassay(CMIA)

0.02

S/CO

Non Reactive >1.0

Reactive <= 1.0

Rechecked with given sample.

The value should be read in conjunction with the clinical picture and other relevant parameters.

Result(index)

Remarks

Comments

> 1.00

Non Reactive

Not detected

< =1.00

Reactive

Resolution of infectious state

Note:

\* Discrepant results may be observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy

\* For heparinized patients, draw specimen prior to heparin therapy as presence of fibrin leads to erroneous results

Comment:

\* Anti HBe appears after HBeAg disappears and remains detectable for several years.

\* Seroconversion from HBe Ag to Anti HBe during acute hepatitis B infection is usually indicative of resolution of infection and reduced levels of infectivity.

\* Anti HBe levels aid in distinguishing early stage of infection from early convalescence.

Uses:

Indicator for resolution of acute infection and reduced level of infectivity

\* Please note test values may vary depending on the assay method used.

NOTE : This test was processed at third party lab.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
Spot Urine Protein Creatinine Ratio
-Urine protein- 115.9mg/dl
- Urine creatinine- 82.0mg/dl
- Urine protein creatinine ratio- 1.41mg/mg
Reference range:- 0-0.02mg/mg
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no: Date : test\_date
SPECIMEN- Urine C/S
DATE OF RECEIVING- 10-08-2019
DATE OF CULTURE- 10-08-2019
MEDIA USED- N.A & M.A
MICROSCOPY - Pus cell- 4-5/hpf, RBCs-Nil/hpf, Epithelial cells-1-2/hpf.
GRAM’S STAIN (Prior to culture): - Gram -ve cocco bacilli
RESULT ON MEDIA- Culture Shows lactose fermenting colonies of gram negative cocco bacilli after 24 hours of incubation at 37C.
Organism identified- Acenitobacter (>105 C.F.U.)
SENSITIVITY TEST FOR ACENITOBACTER
Antibiotics Sensitivity
Polymyxin B Sensitive
Cotrimaxazole Resistant
Levofloxacin Resistant
Ciprofloxacin Resistant
Ampicillin Resistant
Colistin Resistant
Cefoparazone+Sulbactum Resistant
Cefotaxime Resistant
Netillin Resistant
Pipracillin+Tazobactum Resistant
Amikacin Resistant
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
Test Name Value Unit Ref.Interval
Beta-2 Microglobulin, Serum (CLIA) 2661.00 ng/mL 609.00-2366.00
Clinical use :
1. Prognostic indicator of multiple myeloma and other hematopoietic malignancies.
2. An aid in the management of patients with renal dysfunction and rheumatic arthritis.
Increased levels :
1. Lymphoproliferative disorders like multiple myeloma, B cell lymphoma and chronic lymphocytic leukemia.
2. Inflammatory disorders like Rheumatoid arthritis, SLE, Sjogren’s syndrome and Crohn’s disease.
3. Renal dysfunction.
Note :
False negative/positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
Beta 2 microglobulin values regardless of levels should not be interpreted as absolute evidence of the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations.
NOTE : This test was processed at third party lab.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
IMMUNOASSAY
TEST NAME RESULT UNITS REFERENCE RANGE
Sample time : 9:30 A.M.
Serum Cortisol (CLIA/ Beckman DXI 800)
11.7
μg/dL
8am to 10am : 6.7-22.6
4pm to 8pm : 2.3-12.34pm to 8pm : <10
Summary and interpretation : Cortisol is synthesized from the common precursor cholesterol in the zona faciculata of the cortex of the adrenal gland. The most important physiological effects of cortisol are the increase of blood glucose levels (enhancement of glycogenesis, catabolic action), its anti-inflammatory and immunosuppressive action. Serum cortisol concentration normally shows a diurnal variation. Maximum concentration (25.4 ug/dl) are usually reached early in the morning and then concentration decline throughout the day to an evening level that is about half of the morning concentration. The cortisol status of a patient is used to diagnose the function or malfunction of the adrenal gland, pituitary and the hypothalamus. Thereby cortisol serum concentration are used for monitoring of several diseases with an overproduction (Cushing's syndrome) or underproduction (Addison's disease ) of cortisol. The determination of cortisol in 24-hour is the method of choice for the detection of Cushing's syndrome
NOTE : This test was processed at third party lab.
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Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no : FNAC no :

Date : test\_date

CYTOLOGY REPORT

Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

SPECIMEN- Urine C/S

DATE OF RECEIVING- 10-08-2019

DATE OF CULTURE- 10-08-2019

MEDIA USED- N.A & M.A

MICROSCOPY - Pus cell- 20-24/hpf, RBCs-Nil/hpf, Epithelial cells-1-2/hpf.

GRAM’S STAIN (Prior to culture): - Gram –ve rods.

RESULT ON MEDIA- Culture Shows colonies of lactose fermenting Gram –ve rods after 24 hours of incubation at 37C.

Organism identified - Klebsiella (>105 C.F.U.)

SENSITIVITY TEST FOR KLEIBSELLA

Antibiotics Sensitivity

Amikacin Resistant

Ciprofloxacin Resistant

Levofloxacin Resistant

Cefotaxime Resistant

Amoxyclav Resistant

Cefuroxime Resistant

Nitrofurantoin Sensitive

Norfloxacin Resistant

Gentamicin Resistant

Cefepime Sensitive

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
PERIPHERAL BLOOD FILM-
-RBCs are normal in density and show predominantly normocytic normochromic picture.
-TLC and DLC are normal. No toxic granulations or atypical cells seen.
-Platelets are normal in number.
-No hemoparasite seen.
IMPRESSION-
Predominantly normocytic normochromic picture.
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
TEST NAME VALUE UNITS REF. RANGE
Serum Anti-CCP Antibodies(ELISA) 3.99 U/mL <6.5
Summary and interpretation :
Anti CCP determines the IgG autoantibodies to cyclic citrullinated peptides which aid in diagnosis of rheumatoid arthiritis and should be used in conjunction with other clinical information. Anti CCP becomes positive earlier than rheumatoid factor and is also specific for the disease.
NOTE : This test was processed at third party lab.
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Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
Ascitic Fluid Study
Total count : 6100/cumm
Differential count :
Neutrophiles : 90 %
Lymphocytes : 04 %
Monocytes : 00 %
Eosinophils : 00 %
Basophils : 00 %
Mesothelial cells : 06 %
Serum albumin : 3.4 gm/dL
Fluid albumin : 2.3 gm/dL
SAAG(Serum to ascitic albumin gradient) : 1.5 g/dL
Serum glucose : 132 mg/dl
Fluid glucose : 154 mg/dl
Fluid protein : 5.9 gm/L
ADA : 22.8 IU/L
LDH : 500 IU/L
.

Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
Investigation required : Prothrombin time index
Prothrombin Time of Control = 14.6 sec.
Prothrombin Time of Patient = 14.6 sec
Prothrombin Time Index ( P.T.I) = 100 %
Patient Ratio = 1.0
I.S.I Value = 1.1
I N R = 1.0
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Patient ID : p\_id

Name : p\_name

Age/Sex : age\_sex

Ref. by : doctor\_ref Lab no:

Date : test\_date

SPECIMEN- BLOOD C/S

DATE OF RECEIVING- 10-03-2019

DATE OF CULTURE- 10-03-2019

MEDIA USED- N.A and M.A

RESULT ON MEDIA-

Culture Shows no growth on NA & MA after 24 hours & 72 hours of incubation at 37C.

A supplementary report will follow if the culture is positive after one week.

IMPRESSION: - Sterile.