

S59 - L.F. - TILAK NAGAR  
 4B/13, NEW METRO PILLAR NO.494, TILAK N  
 AGAR, NEW DELHI - 110018  
 DELHI



Name : Mr. RAKESH RANJAN  
 Lab No. : 155322875 Age: 42 Years Gender: Male  
 A/c Status : P Ref By : RAJIV GANDHI CANCER HOSPITAL

Collected : 10/11/2020 12:30:00PM  
 Received : 10/11/2020 12:32:13PM  
 Reported : 10/11/2020 8:24:46PM  
 Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
<b>LIVER &amp; KIDNEY PANEL, SERUM</b>			
Bilirubin Total (DPD)	0.48	mg/dL	0.30 - 1.20
Bilirubin Direct (DPD)	0.18	mg/dL	<0.30
Bilirubin Indirect (Calculated)	0.30	mg/dL	<1.10
AST (SGOT) (IFCC without P5P)	20	U/L	15.00 - 40.00
ALT (SGPT) (IFCC without P5P)	34	U/L	10.00 - 40.00
GGTP (IFCC)	68	U/L	0 - 73
Alkaline Phosphatase (ALP) (IFCC-AMP)	125	U/L	30.00 - 120.00
Total Protein (Biuret)	6.60	g/dL	5.70 - 8.20
Albumin (BCG)	4.60	g/dL	3.20 - 4.80
A : G Ratio (Calculated)	2.30		0.90 - 2.00
Urea (Urease UV)	27.00	mg/dL	13.00 - 43.00
Creatinine (Modified Jaffe, Kinetic)	0.86	mg/dL	0.70 - 1.30



S59 - LIT - TILAK NAGAR  
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A/c Status	: P	Ref By : RAJIV GANDHI CANCER HOSPITAL	Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
Uric Acid (Uricase)	7.50	mg/dL	3.70 - 9.20
Calcium, Total (Arsenazo III)	9.00	mg/dL	8.70 - 10.40
Phosphorus (Molybdate UV)	2.60	mg/dL	2.40 - 4.40
Sodium (Indirect ISE)	137.00	mEq/L	136.00 - 145.00
Potassium (Indirect ISE)	4.27	mEq/L	3.50 - 5.10
Chloride (Indirect ISE)	101.00	mEq/L	98.00 - 107.00





S52 - LIL - TILAK NAGAR  
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 AGAR, NEW DELHI - 110018  
 DELHI

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 Lab No. : 155322875 Age: 42 Years Gender: Male  
 A/c Status : P Ref By : RAJIV GANDHI CANCER HOSPITAL  
 Collected : 10/11/2020 12:30:00PM  
 Received : 10/11/2020 12:32:13PM  
 Reported : 10/11/2020 8:24:46PM  
 Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
<b>COMPLETE BLOOD COUNT;CBC</b>			
Hemoglobin (Photometry)	12.70	g/dL	13.00 - 17.00
Packed Cell Volume (PCV) (Calculated)	38.90	%	40.00 - 50.00
RBC Count (Electrical Impedance)	4.98	mill/mm3	4.50 - 5.50
MCV (Electrical Impedance)	78.00	fL	80.00 - 100.00
MCH (Calculated)	25.40	pg	27.00 - 32.00
MCHC (Calculated)	32.60	g/dL	32.00 - 35.00
Red Cell Distribution Width (RDW) (Electrical Impedance)	16.30	%	11.50 - 14.50
Total Leukocyte Count (TLC) (Electrical Impedance)	8.30	thou/mm3	4.00 - 10.00
<b>Differential Leucocyte Count (DLC) (VCS Technology)</b>			
Segmented Neutrophils	75.20	%	40.00 - 80.00
Lymphocytes	10.70	%	20.00 - 40.00
Monocytes	7.50	%	2.00 - 10.00
Eosinophils	6.20	%	1.00 - 6.00
Basophils	0.40	%	<2.00
<b>Absolute Leucocyte Count (Calculated)</b>			
Neutrophils	6.24	thou/mm3	2.00 - 7.00
Lymphocytes	0.89	thou/mm3	1.00 - 3.00
Monocytes	0.62	thou/mm3	0.20 - 1.00
Eosinophils	0.51	thou/mm3	0.02 - 0.50
Basophils	0.03	thou/mm3	0.01 - 0.10
Platelet Count (Electrical impedance)	257.0	thou/mm3	150.00 - 450.00



S59 - L1L - TILAK NAGAR  
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A/c Status : P Ref By : RAJIV GANDHI CANCER HOSPITAL

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Received : 10/11/2020 12:32:13PM

Reported : 10/11/2020 8:24:46PM

Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
Mean Platelet Volume (MPV) (Electrical Impedance)	9.50	fL	6.50 - 12.00

## Note

1. As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood

2. Test conducted on EDTA whole blood



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		Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
CALCIUM, IONIZED, SERUM (ISE)	1.04	mmol/L	1.16 - 1.32

*Himangshu*

Dr Himangshu Mazumdar  
 MD, Biochemistry  
 Senior Consultant - Clinical Chemistry  
 & Biochemical Genetics  
 NRL - Dr Lal PathLabs Ltd

*Kamal Modi*

Dr. Kamal Modi  
 MD, Biochemistry  
 Consultant Biochemist  
 NRL - Dr Lal PathLabs Ltd

*Nimmi Kansal*

Dr Nimmi Kansal  
 MD, Biochemistry  
 National Head - Clinical Chemistry &  
 Biochemical Genetics  
 NRL - Dr Lal PathLabs Ltd

*Anil Arora*

Dr Anil Arora  
 MD, Pathology  
 HOD Hematology &  
 Immunohematology  
 NRL - Dr Lal PathLabs Ltd

*Sunanda*

Dr Sunanda  
 MD, Pathology  
 Consultant  
 NRL - Dr Lal PathLabs Ltd

-----End of report-----

### IMPORTANT INSTRUCTIONS

\*Test results released pertain to the specimen submitted.\*All test results are dependent on the quality of the sample received by the Laboratory.  
 \*Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.\*Sample repeats are accepted on request of Referring Physician within 7 days post reporting.\*Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.\*Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.\*Test results may show interlaboratory variations.\*The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).\*Test results are not valid for medico legal purposes. \*Contact customer care Tel No. +91-11-39885050 for all queries related to test results.  
 (#) Sample drawn from outside source.





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and Research Centre**

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OrderNo	:		Order Date	:	
CR. No.	:	269679	Age/Sex	:	42 Years/M
Name	:	RAKESH RANJAN	Study Date	:	14-Oct-2020 2:31 PM
Referred By	:		Status	:	

**Procedure Description:**

Protocol: KV: 100. Dose: 6.73mSv. I/V contrast: 350mg/ml. 100ml. Section: 5mm.

**Clinical Indication:** Case of Ca left lateral border of tongue, post op/RT. Metabolically active cervical node on PET CT. To look for vascular involvement of the node.

**Findings:**

Post op changes are seen in left lateral border of tongue, no evidence of nodular enhancing lesion is seen at the post op site.

Enlarged, necrotic, peripherally enhancing lymph nodes are seen in right middle deep cervical level largest measuring 2.1x1.5cm, clear fat plains between nodes and surrounding neck vessels are seen. No direct vascular invasion by the enlarged neck nodes is seen.

Nasopharynx, oropharynx and hypopharynx are normal.

Laryngeal structures are normal.

Epiglottis, bilateral valleculae and pyriform sinuses are normal.

Thyroid and visualized salivary glands are normal.

Major neck vessels are normal.

Bone window shows no abnormality.

**IMPRESSION:**

Enlarged neck nodes as described with no evidence of vascular involvement

Approved by : Dr.Nimish 15-Oct-2020 5:34 PM

Validated by : Dr.Rajiv Kapur 16-Oct-2020 10:20AM

This is an Electronically Generated Report and Needs No Signature.  
Any Alterations will make the Report Void

Entered By :

Printed By :



# RAJIV GANDHI CANCER INSTITUTE & RESEARCH CENTRE

ROHINI, SECTOR - 5, NEW DELHI 110085

Patient ID : 269679

Patient Name : Rakesh Ranjan

Age/Gender : 41Yrs,

Visit Date : 19-10-2020

Referred by : MUDIT AGARWAL

Consulted by : Dr Rajiv Goyal MD MRCP(UK)

## EBUS TBNA

Indication : Ca Tongue with mediastinal lymphnodes

Station 2R/2L : Not visualised

Station 4R/4L : Not visualised

Station 7 : 8.1x17.8 mm lymphnode identified, TBNA done

Station 10R/10L/11L : Not visualised

Station 11R : 8.3x11.0 mm lymphnode located, TBNA done

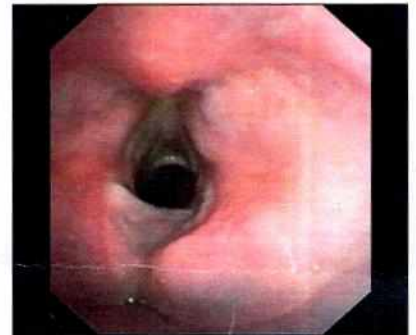
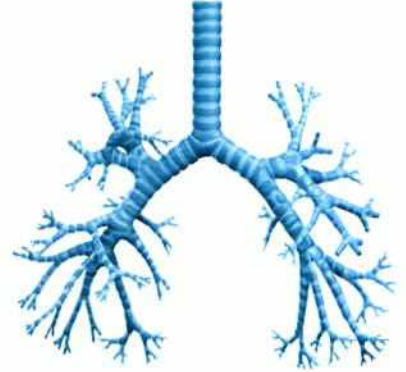
Bronchoscopy : Normal to bronchoscopic vision on both side

Investigations : FNAB, FNAC

Impression : As described above

**Dr. Rajiv Goyal**

Head Interventional Pulmonology






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<b>Name</b>	: MR. RAKESH RANJAN	<b>CR No</b>	: 269679	<b>Age/Sex</b>	: 42Y/Male
<b>Referred Doctor</b>	: Rajiv Goyal .	<b>OPD/IPD</b>	: OPD	<b>Corporate</b>	: RGCI_general
<b>Biopsy No</b>	: FN-20-1409				
<b>Order</b>	: 19-10-2020 04:36 pm	<b>Collected</b>	: 19-10-2020 05:58 pm	<b>Received</b>	: 19-10-2020 07:02 pm
<b>Approval Level</b> 2	: 21-10-2020 12:53 pm				

**DEPARTMENT OF LABORATORY SERVICES  
HISTOPATHOLGY & CYTOLOGY**

FNAC NO: FN/1409/2020

SITE: 1. FNAC/FNAB, STATION 7

2. FNAC, 11R

**MICROSCOPIC EXAMINATION:**

1. FNAC/FNAB, STATION 7: PAUCICELLULAR SMEARS SHOW FEW SCATERED LYMPHOID CELLS & CARBON LADEN

MACROPHAGES IN A BACKGROUND OF HAEMORRHAGE.

NO ATYPICAL CELLS/GRANULOMAS SEEN IN SMEARS EXAMINED.

FNAB- SECTION SHOWS PREDOMINANTLY HEMORRHAGE.

NO LYMPHOID CELLS SEEN.

OPINION: NO DEFINITE OPINION POSSIBLE.

2. FNAC, 11R: PREDOMINANTLY HEMORRHAGIC SMEARS SHOW FEW SCATTERED LYMPHOID CELLS & CARBON LADEN MACROPHAGES.

NO ATYPICAL CELLS/GRANULOMAS SEEN IN SMEARS EXAMINED.



OPINION: NO DEFINITE OPINION IS POSSIBLE.

NP/AP

Clinical Interpretation if any :

Signature:

**Dr. Nivedita Patnaik**

21-10-2020 12:53 pm

\* Marked Service are not covered Under NABL Accreditation

This is an electronically generated report and needs no signature, Any alterations will make the report void. Request for Histopathology slide/blocks for second opinion: The slides and blocks for second opinion will be issued on the next working day, subsequent to a written request submitted 24 hours prior. Time of collection of the same would be between 3pm and 5pm only.

Entered by: MEENA\_9511

-- End of Report --





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Name	: MR. RAKESH RANJAN	CR No	: 269679	Age/Sex	: 42Y/Male
Referred Doctor	: Mudit Agarwal AGARWAL	OPD/IPD	: OPD	Corporate	: RGCI PRIVATE
Order	: 22-10-2020 02:36 pm	Collected	: 22-10-2020 02:46 pm	Received	: 22-10-2020 03:19 pm
Approval Level 2	: 22-10-2020 04:15 pm				

## DEPARTMENT OF LABORATORY SERVICES HAEMATOLOGY

Name	Result	Ref. Range	Unit
APTT/PTTK (Whole blood citrate)	31.3	25.9-36.7	Second
APTT/PTTK (Automated)	31.3		
MEAN APTT			
PROTHROMBIN TIME/ INR-C/83 (Whole blood citrate)	12.1		
MEAN PT	13.0	10.2-14.0	Seconds
PROTHROMBIN TIME (Optical)	1.07		
INR (Calculated)			

Clinical Interpretation if any :

Signature:  
Dr. NARENDER TEJWANI  
22-10-2020 04:15 pm

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Entered by: SOPHY

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Approval Level 2 : 22-10-2020 03:34 pm

CR No : 269679  
OPD/IPD : OPD  
Collected : 22-10-2020 02:46 pm

Age/Sex : 42Y/Male  
Corporate : RGC PRIVATE  
Received : 22-10-2020 03:19 pm



## DEPARTMENT OF LABORATORY SERVICES HAEMATOLOGY

Name	Result	Ref.Range	Unit
<b>CBC (HEMOGRAM COMPLETE)-C/71 (Whole blood EDTA)</b>			
HB (HAEMOGLOBIN) (SLS)	13.0	13-17	g/dL
T.L.C. (TOTAL LEUCOCYTE COUNT) (Impedence)	8130	4000-10000	/cumm
PLATELET COUNT (Impedence)	214000	150000-450000	/cumm
POLYMORPHS (FCM/Slide)	76.4	40-80	%
LYMPHOCYTES (FCM/Slide)	12.8	20-40	%
MONOCYTES (FCM/Slide)	7.0	2-10	%
EOSINOPHILS (FCM/Slide)	3.4	1-6	%
BASOPHILS (FCM/Slide)	0.4	0-1	%
Absolute Neutrophil count	6211.3	3000-7000	/cumm
Absolute Lymphocyte Count	1040.6	1000-3000	/cumm
Absolute Monocyte Count	569.1	200-1000	/cumm
Absolute Eosinophil Count	276.4	20-500	/cumm
Absolute Basophil Count	32.5	20-100	/cumm
PCV (PACKED CELL VOLUME) (Impedence)	40.7	40-50	%
M.C.V. (Calculated)	77.5	83-101	f
M.C.H. (Calculated)	24.8	27-32	pg
M.C.H.C. (Calculated)	31.9	31.5-34.5	g/dl
R.B.C COUNT (Impedence)	5.25	4.5-5.5	mill/cumm
RDW-CV (Calculated)	15.3	11.6-14.0	%

Clinical Interpretation if any :

Signature  
Dr. NARENDER TEJWANI  
22-10-2020 03:34 pm

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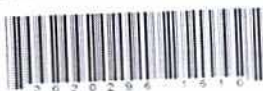
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Order : 22-10-2020 02:36 pm  
Approval Level 2 : 22-10-2020 04:37 pm

CR No : 269679  
OPD/IPD : OPD  
Collected : 22-10-2020 02:46 pm

Age/Sex : 42Y/Male  
Corporate : RGC1 PRIVATE  
Received : 22-10-2020 03:35 pm



## DEPARTMENT OF LABORATORY SERVICES BIOCHEMISTRY

Name	Result	Ref. Range	Unit
<b>BLOOD GLUCOSE (R)[HK]-C/141</b>			
BLOOD GLUCOSE (R)[HK]	97	74-140	mg/dl
<b>KIDNEY FUNCTION TEST (INCLD. SOD.POTASSIUM)-C/174</b>			
BLOOD UREA (UREASE/ GLDH)	30	17-43	mg/dl
SERUM CREATININE (ENZYMATIC)	1.0	0.6-1.1	mg/dl
SERUM URIC ACID ( URICASE )	8.8	3.5-7.2	mg/dl
SERUM SODIUM (INDIRECT ISE)	143	136-146	mEq/l
SERUM POTASSIUM ( INDIRECT ISE)	4.5	3.5-5.1	mEq/l
<b>LIVER FUNCTION TEST C/175</b>			
SERUM DIRECT BILIRUBIN ( DPD)	0.2	0.0-0.2	mg/dl
SERUM TOTAL BILIRUBIN ( DIAZO )	0.8	0.3-1.2	mg/dl
SERUM SGPT ( IFCC WITH PP ) AT 37 C	30	<-50	U/L
SERUM SGOT ( IFCC WITH PP) AT 37 C	32	<-50	U/L
SERUM ALK.PHOSPHATASE ( IFCC)	119	30-120	U/L
SERUM TOTAL PROTEIN (BIURET)	7.0	6.6-8.3	gm/dl
SERUM ALBUMIN ( BCG )	4.2	3.5-5.2	gm/dl
SERUM GLOBULIN (Calculated)	2.8	1.5-3.6	gm/dl
SERUM GAMMA GT (IFCC)	59	<-55	U/L
INDIRECT BILLIRUBIN	0.6	0.2-0.8	mg/Dl

### BLOOD GLUCOSE (R)[HK]-C/141 :

INTERPRETATION (As per ADA guidelines) : Normal fasting glucose is <100 mg/dl. & PP glucose is <140 mg/dl. An impaired fasting glucose is 100-125 mg/dl & impaired PP glucose is 140-199 mg/dl. Previous casual diagnosis of diabetes mellitus, when fasting glucose is >126 mg/dl & PP glucose is >200 mg/dl.

Clinical Interpretation if any :

Signature  
Dr. ANUJ PARKASH  
22-10-2020 04:38 pm

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Approval Level 2	: 22-10-2020 04:37 pm				

## DEPARTMENT OF LABORATORY SERVICES BIOCHEMISTRY

Name	Result	Ref. Range	Unit
THYROID FUNCTION TESTS-C/195 (SERUM)			
FREE T3 [CHEMI LUMI]	5.15	4.26-8.1	Pmol/L
FREE T4 [CHEMI LUMI]	23.3	10-28.2	Pmol/L
TSH [CHEMI LUMI]	0.461	0.46-4.68	uIU/mL

Clinical Interpretation if any :

Signature:  
**Dr. ANUJ PARKASH**  
22-10-2020 04:37 pm

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Approval Level 2	: 22-10-2020 04:38 pm				

## DEPARTMENT OF LABORATORY SERVICES BIOCHEMISTRY

Name	Result	Ref. Range	Unit
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<b>KIDNEY FUNCTION TEST (INCLD. SOD.POTASSIUM)-C/174</b>			
BLOOD UREA (UREASE/ GLDH)	30	17-43	mg/dl
SERUM CREATININE (ENZYMATIC)	1.0	0.6-1.1	mg/dl
SERUM URIC ACID ( URICASE )	8.8	3.5-7.2	mg/dl
SERUM SODIUM (INDIRECT ISE)	143	136-146	mEq/l
SERUM POTASSIUM ( INDIRECT ISE)	4.5	3.5-5.1	mEq/l
<b>LIVER FUNCTION TEST C/175</b>			
SERUM DIRECT BILIRUBIN ( DPD)	0.2	0.0-0.2	mg/dl
SERUM TOTAL BILRUBIN ( DIAZO )	0.8	0.3-1.2	mg/dl
SERUM SGPT ( IFCC WITH PP ) AT 37 C	30	<-50	U/L
SERUM SGOT ( IFCC WITH PP) AT 37 C	32	<-50	U/L
SERUM ALK.PHOSPHATASE ( IFCC)	119	30-120	U/L
SERUM TOTAL PROTEIN (BIURET)	7.0	6.6-8.3	gm/dl
SERUM ALBUMIN ( BCG )	4.2	3.5-5.2	gm/dl
SERUM GLOBULIN (Calculated)	2.8	1.5-3.6	gm/dl
SERUM GAMMA GT (IFCC)	59	<-55	U/L
INDIRECT BILLIRUBIN	0.6	0.2-0.8	mg/Dl

### BLOOD GLUCOSE (R)[HK]-C/141 :

Clinical Interpretation if any :

INTERPRETATION (As per ADA guidelines) : Normal fasting glucose is -100 mg/dl & PP glucose is -140 mg/dl • An impaired fasting glucose is 100-125 mg/dl & impaired PP glucose is -140-199 mg/dl • Pre-normal diagnosis of diabetes mellitus, when fasting glucose is -126 mg/dl & PP glucose is -200 mg/dl

Signature:  
**Dr. ANUJ PARKASH**  
22-10-2020 04:38 pm

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D - 18, Sector - 5, Rohini, Delhi - 110085 | Tel.: +91-11-4702 2222 | GSTIN: 07AAAT0440C1ZD | Email ID: info@rgcic.org | Website: www.rgcic.org

Name	: MR. RAKESH RANJAN	CR No	: 269679	Age/Sex	: 42Y/Male
Referred Doctor	: Mudit Agarwal AGARWAL	OPD/IPD	: OPD	Corporate	: RGCIC PRIVATE
Order	: 22-10-2020 02:36 pm	Collected	: 22-10-2020 02:46 pm	Received	: 22-10-2020 03:05 pm
Approval Level 2	: 23-10-2020 09:22 am				

## DEPARTMENT OF LABORATORY SERVICES MICROBIOLOGY

Name	Result	Ref. Range	Unit
*ANTI HCV ANTIBODIES.-C/254 ANTI HCV ANTIBODIES.	NON REACTIVE		1
*AU - HBSAG-C/248 AU - HBSAG	NON REACTIVE		
*HIV (ANTIBODIES)-C/282 HIV (ANTIBODIES)	NON REACTIVE		

\*ANTI HCV  
ANTIBODIES.-C/254 : \*ANTI HCV ANTIBODIES.-C/254  
\*AU - HBSAG-C/248 : \*AU - HBSAG-C/248  
\*HIV (ANTIBODIES)-C/282 : \*HIV (ANTIBODIES)-C/282

Clinical Interpretation if any :

Signature:  
Dr. NEELAM SACHDEVA  
23-10-2020 09:22 am

\* Marked Service are not covered Under NABL Accreditation

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Entered by: SARASAMMA

-- End of Report --





**Rajiv Gandhi Cancer Institute  
and Research Centre**

A Unit of Indian Cancer Society  
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Green

D-18, Sector-5, Rohini, Delhi-110085 | Tel: +91-11-4702 2222 | GSTIN: 07AAAT0440C1ZD | Email ID: info@rgcric.org | Website: www.rgcric.org

Name	: MR. RAKESH RANJAN	CR No	: 269679	Age/Sex	: 42Y/Male
Referred Doctor	: Rajiv Goyal	OPD/IPD	: OPD	Corporate	: RGC1_general
Biopsy No	: FN-20-1409	Collected	: 19-10-2020 05:58 pm	Received	: 19-10-2020 07:02 pm
Order	: 19-10-2020 04:36 pm				
Approval Level 2	: 21-10-2020 12:53 pm				



**DEPARTMENT OF LABORATORY SERVICES  
HISTOPATHOLOGY & CYTOLOGY**

FNAC NO: FN/1409/2020

SITE: 1. FNAC/FNAB, STATION 7

2. FNAC, 11R

**MICROSCOPIC EXAMINATION:**

1. FNAC/FNAB, STATION 7: PAUCICELLULAR SMEARS SHOW FEW SCATTERED LYMPHOID CELLS & CARBON LADEN MACROPHAGES IN A BACKGROUND OF HAEMORRHAGE.

NO ATYPICAL CELLS/GRANULOMAS SEEN IN SMEARS EXAMINED.

FNAB- SECTION SHOWS PREDOMINANTLY HAEMORRHAGE.

NO LYMPHOID CELLS SEEN.

OPINION: NO DEFINITE OPINION POSSIBLE.

2. FNAC, 11R: PREDOMINANTLY HAEMORRHAGIC SMEARS SHOW FEW SCATTERED LYMPHOID CELLS & CARBON LADEN MACROPHAGES.

NO ATYPICAL CELLS/GRANULOMAS SEEN IN SMEARS EXAMINED.

OPINION: NO DEFINITE OPINION IS POSSIBLE.

NP/AP

Clinical Interpretation if any :

Signature:

Dr. Nivedita Patnaik

21-10-2020 12:53 pm

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Entered by: MEENA\_9511

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# Rajiv Gandhi Cancer Institute and Research Centre

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Name	: MR. RAKESH RANJAN	CR No	: 269679	Age/Sex	: 42Y/Male
Referred Doctor	: Rajiv Goyal	OPD/IPD	: OPD	Corporate	: RGCIC_general
Order	: 16-10-2020 03:57 pm	Collected	: 17-10-2020 11:14 am	Received	: 17-10-2020 11:50 am
Approval Level 2	: 17-10-2020 03:40 pm				

## DEPARTMENT OF LABORATORY SERVICES MOLECULAR DIAGNOSTICS

### COVID-19 (SARS-CoV-2) by RT PCR

SRF ID 07082000122059

ICMR Registration No. -MDRGCID

Sample Type: Nasal & Throat Swab

**RESULT : NEGATIVE for SARS-CoV-2**

Target	Observation
1. Sarbecovirus E gene specific RNA	NOT DETECTED
2. SARS-CoV-2 RdRp & N gene specific RNA	NOT DETECTED

\*Samples amplifying at a cycle threshold (Ct) value above 35 will be considered NEGATIVE

#### Interpretation:

Observation	REMARKS
Target 1 and Target 2 both - Detected	SARS-CoV-2 Positive
Target 1 - Not detected	SARS-CoV-2 Positive
Target 2 - Detected	
Target 1- Detected	Sarbecovirus Positive (other than SARS-CoV-2)
Target 2- Not Detected	
Target 1- Not Detected	Test Sample is negative for SARS-CoV-2
Target 2- Not Detected	

**Methodology** - Qualitative Nucleic Acid Amplification by TRUPCR SARS-CoV-2 RT qPCR KIT.

**Sensitivity** - The TRUPCR SARS-CoV-2 RT qPCR KIT can detect the presence of 5.2 RNA copies/reaction as per Berlin protocol ([https://www.who.int/docs/default-source/coronaviruse/protocol-v2-1.pdf?sfvrsn=a9ef618c\\_2](https://www.who.int/docs/default-source/coronaviruse/protocol-v2-1.pdf?sfvrsn=a9ef618c_2)).

**Clinical Significance:** This test is used for the detection of coronavirus disease 2019 (COVID-19) illness due to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

This test is approved by ICMR circular "[https://www.icmr.gov.in/pdf/covid/kits/RT\\_PCR\\_Tests\\_Kits\\_Evaluation\\_Summ\\_30052020.pdf](https://www.icmr.gov.in/pdf/covid/kits/RT_PCR_Tests_Kits_Evaluation_Summ_30052020.pdf)" dated 30.05.2020.

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is a positive-sense, single-stranded RNA virus that causes coronavirus disease 2019 (COVID-19). Like other coronaviruses that infect humans, SARS-CoV-2 can cause both upper and lower respiratory tract infection. Symptoms can range from mild (ie, the common cold) to severe (ie,



pneumonia) in both healthy and immunocompromised patients. SARS-CoV-2 transmission occurs primarily via respiratory droplets. During the early stages of COVID-19, symptoms may be nonspecific and resemble other common respiratory tract infections, such as influenza. If testing for other respiratory tract pathogens is negative, specific testing for SARS-CoV-2 may be warranted.

SARS-CoV-2 is likely to be at the highest concentrations in the nasopharynx during the first 3 to 5 days of symptomatic illness. As the disease progresses, the viral load tends to decrease in the upper respiratory tract, at which point lower respiratory tract specimens (eg, sputum, tracheal aspirate, bronchoalveolar fluid) would be more likely to have detectable SARS-CoV-2.

**Limitations :** PCR is a highly sensitive technique ; common reasons for paradoxical result Contamination during specimen collection, selection of inappropriate specimens and inherent PCR inhibitors in the specimen.

Clinical Interpretation if any :

Signature:

**Dr. MOUSHUMI SURYAVANSHI**

17-10-2020 03:40 pm

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Entered by: MAMTA\_6983

-- End of Report --

OrderNo	: DIRRGCI4064408	Order Date	: 14-Oct-2020 9:46 AM
CR. No.	: 269679	Age/Sex	: 42 Years/M
Name	: RAKESH RANJAN	Study Date	: 14-Oct-2020 11:09 AM
Referred By	: DR .	Status	: OPD

**WHOLE BODY PET CT**

Urinary bladder is not well distended and shows physiological tracer distribution.

Rest of the body shows normal physiological tracer uptake.

**IMPRESSION:**

1. Metabolically active right cervical lymphadenopathy is likely to be a part of primary disease process.
2. Metabolically active lung nodules with mediastinal lymphnodes as described. Cytological correlation from right lung lower lobe nodule is suggested.
3. No other metabolically active disease elsewhere in the body.

  
**Dr.TARUNA & Dr.PARUL/Dr.ROHINI**  
**SENIOR RESIDENT & ATTND.CONSULTANT**

**Dr.P.S.CHOUDHURY**  
**DIRECTOR NUCLEAR MEDICINE**

**Dr.MANOJ GUPTA**  
**CONSULTANT NUCLEAR MEDICINE**

**Dr.RAJIV KAPUR**  
**SR. CONSULTANT RADIOLOGY**

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Approved by :Dr.Rohini Mishra 14-Oct-2020 3:45PM  
Validated by : Dr.Rohini Mishra 14-Oct-2020 3:45PM  
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