



# HITECH DIAGNOSTIC CENTRE

The Extra Care Lab

No.935, GKS Tower, Poonamallee High Road, Purasawalkam, Chennai - 600 084



An ISO 9001 : 2015

Certified Organisation

Patient : P0020811

**Mrs. SARASWATHY (40/F)**

SID Date : 25/05/2021

SID.No. : 006923

Reg Time : 13:40:40

Report Date : 25/05/2021

Report Time : 16:46:45

Page Number : 2

Final report

Test

Result

Biological Reference Interval

**CREATININE - SERUM**

: 0.8 mg/dl

Specimen : SERUM

Method : Jaffe's Kinetic

Premature Neonates	:	0.29 - 1.04 mg/dl
Full Term Neonates	:	0.24 - 0.85 mg/dl
2 - 12 Month	:	0.17 - 0.42 mg/dl
1 - 3 yrs	:	0.24 - 0.41 mg/dl
3 - 5 yrs	:	0.31 - 0.47 mg/dl
5 - 7 yrs	:	0.32 - 0.59 mg/dl
7 - 9 yrs	:	0.40 - 0.60 mg/dl
9 - 11 yrs	:	0.39 - 0.73 mg/dl
11 -13 yrs	:	0.53 - 0.79 mg/dl
13 -15 yrs	:	0.57 - 0.87 mg/dl

Adult :-

Male : 0.7-1.2 mg/dl

Female : 0.5-0.9 mg/dl

**LDH (SERUM)**

: 188.7 U/l

Specimen : SERUM

Method : IFCC/ UV Kinetic Lactate to Pyruvate

FFEMALE	:	135-214 U/L
MALE	:	135-225 U/L
CHILDREN	:	
2 - 15 Yrs	:	120-300 U/L
NEW BORN	:	225-600 U/L

**BLOOD - IMMUNOLOGY**

**IL 6**

Method : ECLIA

: 4.46 pg/ml

Normal : UPTO 7.0 pg/ml

Increased in SIRS, Bacterial Sepsis and Septic Shock.

Caution for Other Labs and Hospitals:

IL-6 levels will be falsely elevated if not separated from the cells, due to diffusion from Lymphocytes. All labs are advised to separate the serum within 45 minutes to 1 hour of collection, separate the serum in a sample storage vial and refrigerate. Make sure that there is no delay in separation of samples collected in the evening or night.



SP. Ganesan, MBBB, DCP, eMBA  
Medical Director

Dr. Radhi Lawrence, AI Pathy  
Chief Pathologist

Dr. Priya, MD  
Consultant Microbiologist

Mrs. Malini Parasuraman, MSc  
Chief of Lab Services



Patient : P0020811      Mrs. SARASWATHY (40/F)  
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Test	Result	Biological Reference Interval
FERRITIN	: 14.12 ng/ml	Males : 30 - 400 ng/ml Females : 13 - 150 ng/ml
Specimen : SERUM		
Method : CLIA		
LOOD - SEROLOGY		
C.R.P.	: 6.7 mg/l	New Born 0 days :Less than 0.6 mg/l 1 day :Less than 3.2 mg/l 7 Days :Less than 1.6 mg/l Adults :Less than 5.0 mg/l
Specimen : SERUM		
Method : IMMUNO TURBIDIMETRY		

LIVER FUNCTION TESTSBLOOD - BIOCHEMISTRYBILIRUBIN - TOTAL

Specimen : SERUM

Method : Colorimetric endpoint Diazo

: 0.30 mg/dl      0.30 - 1.20

BILIRUBIN - DIRECT

Specimen : SERUM

Method : Colorimetric endpoint Diazo

: 0.20 mg/dl      Upto 0.20

BILIRUBIN - INDIRECT

Specimen : SERUM

Method : Calculation

: 0.1 mg/dl

G.O.T. (AST)

Specimen : SERUM

Method : IFCC/Kinetic

: 22.0 U/l

1 day	: Upto 122 U/L
2-5 Days	: Upto 110 U/L
6 days- 6 Months	: Upto 84 U/L
7 - 12 Months	: Upto 89 U/L
1 - 3 yrs	: Upto 56 U/L
4 - 6 yrs	: Upto 52 U/L
7 - 12 yrs	: Upto 51 U/L
13 - 17 yrs Male	: Upto 35 U/L
13 - 17 yrs Female	: Upto 27 U/L

Adult :-

Male : Upto 40 U/L

Female : Upto 32 U/L



Patient : P0020811

Mrs. SARASWATHY (40/F)

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Test	Result	Biological Reference Interval
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**S.G.P.T. (ALT)**

Specimen : SERUM

Method : IFCC/Kinetic

: 8.1 U/L

1 day	: Upto 31 U/L
2-5 Days	: Upto 52 U/L
6 days- 6 Months	: Upto 60 U/L
7 - 12 Months	: Upto 57 U/L
1 - 12 yrs	: Upto 39 U/L
13 - 17 yrs Male	: Upto 26 U/L
13 - 17 yrs Female	: Upto 23 U/L
Adult :-	
Male	: Upto 41 U/L
Female	: Upto 33 U/L

**ALKALINE PHOSPHATASE**

: 83.3 IU/L

Specimen : SERUM

Method : IFCC / Kinetic / P-NPP

Children	Male(IU/L)	Female(IU/L)
0 - 14 Days	83- 248	83-248
15 Days - 1 Yr	122- 469	122-469
1 Yr - 10 Yrs	142- 335	142-335
10 Yrs - < 13Yrs	129- 417	129-417
13 Yrs - < 15Yrs	116- 468	57-254
15 Yrs - < 17Yrs	82- 331	50-117
17 Yrs - < 19Yrs	55- 149	45-87
ADULT MALES : 40-129 U/L		
ADULT FEMALES : 35-104 U/L		

**G RATIO**

Specimen : SERUM

Method : Biuret, Bromcresol Green

Total Proteins	: 6.6 gm/dl	6.6	-	8.7
Albumin	: 3.8 gm/dl	3.5	-	5.2
Globulin	: 2.8 gm/dl	2.3	-	3.5
A/G Ratio	: 1.4			

**IMA GT (GGTP)**

: 2.7 U/L

Adult :-	
MALE	: < 60 U/L
FEMALE	: < 40 U/L
Children :-	
Premature	: < 257 U/L
1 Day	: < 151 U/L
2 - 5 Days	: < 185 U/L
6 Days-6 Months	: < 204 U/L
7 Months-1 Year	: < 34 U/L



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est

Result

Biological Reference Interval

Specimen : SERUM

1 Yrs - 3 Yrs: < 18 U/L  
4 Yrs - 6 Yrs: < 23 U/L  
7 Yrs- 12 Yrs: < 17 U/L  
13 Yrs-17Yrs-Female :< 33 U/L  
13 Yrs-17Yrs-Male : < 45 U/L

Method : Gammaglutamyl carboxy notroanilide IFCC

DR. SP. GANESAN. MBBS., DCP..

Medical Director

\* End Of Report \*

" Our Kilpauk Lab Serves You Round The Clock "



SP. Ganesan, MBBS, DCP, eMBA  
Medical Director

Dr. Radhi Lawrence, AB (path)  
Chief Pathologist

Dr. Priya, MD  
Consultant Microbiologist

Mrs. Malini Parasuraman, M.Sc  
Chief of Lab Services



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 e-mail : vivek\_laboratories@yahoo.com  
 www.viveklaboratories.com



Branch : NAGERCOIL  
 Name : Mrs. SARASWATHY  
 Age/Gender : 40 Y / Female  
 Patient UID. : 87371  
 Referred Client : SIVA HOSPITALS, KOTTAR.  
 Referred By : N/A  
 Aadhar No :  
 Passport No :

SID No. : 92248  
 IP / OP No : N/A  
 Registered on : 25/05/2021 16:15  
 Collected on : 25/05/2021 17:09  
 Reported on : 25/05/2021 19:35  
 Sample Type : SODIUM CITRATE

Test Name	Results	Flag	Units	Bio. Ref. Interval
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\*D-DIMER  
 SODIUM CITRATE  
 Immunoturbidimetry  
 MISPA i2

#### COMMENT

During coagulation sequence of reactions occur in the body in response to variety of external and/or internal stimuli. The enzymatic cascade reaction terminates in the conversion of fibrinogen to fibrin by the enzyme thrombin. The fibrin gel is then converted to a stable fibrin clot. The fibrin network is dissolved by the enzyme plasmin to generate cross-linked fibrin degradation products (FDP). D.dimer is the smallest plasmin resistant molecular unit present within FDP. An elevated D. dimer may be due VTE, DIC, recent surgery, trauma, infection, liver disease, pregnancy, eclampsia, heart disease, in some cancers and in elderly people. A normal or low D. dimer helps to rule out clotting as the cause of symptoms.

Note: D dimer half-life is approximately 6 hours in circulation of individuals with normal renal function. Patients with stabilized clots and not undergoing active fibrin deposition and plasmin activation may not give detectable D dimer elevations, anti-coagulant therapy

In PE, the larger the clot size, higher the expected level of circulating D dimer. Conversely, the amount of D-dimer release from very small clots may be muted by the circulation and may not give a detectable increase.

Fibrinolysis is a highly regulated process and in delicate dynamic balance. In case of hereditary, acquired deficiency and dysfunction of Fibrinogen, the rate of fibrinolysis will be altered thereby not giving detectable D dimer level

False positive may be seen with high levels of rheumatoid factor, bilirubin, lipemic sera and hemolysed blood. The test should be read in conjunction with other clinical parameters.

\*\*\* End of Report \*\*\*

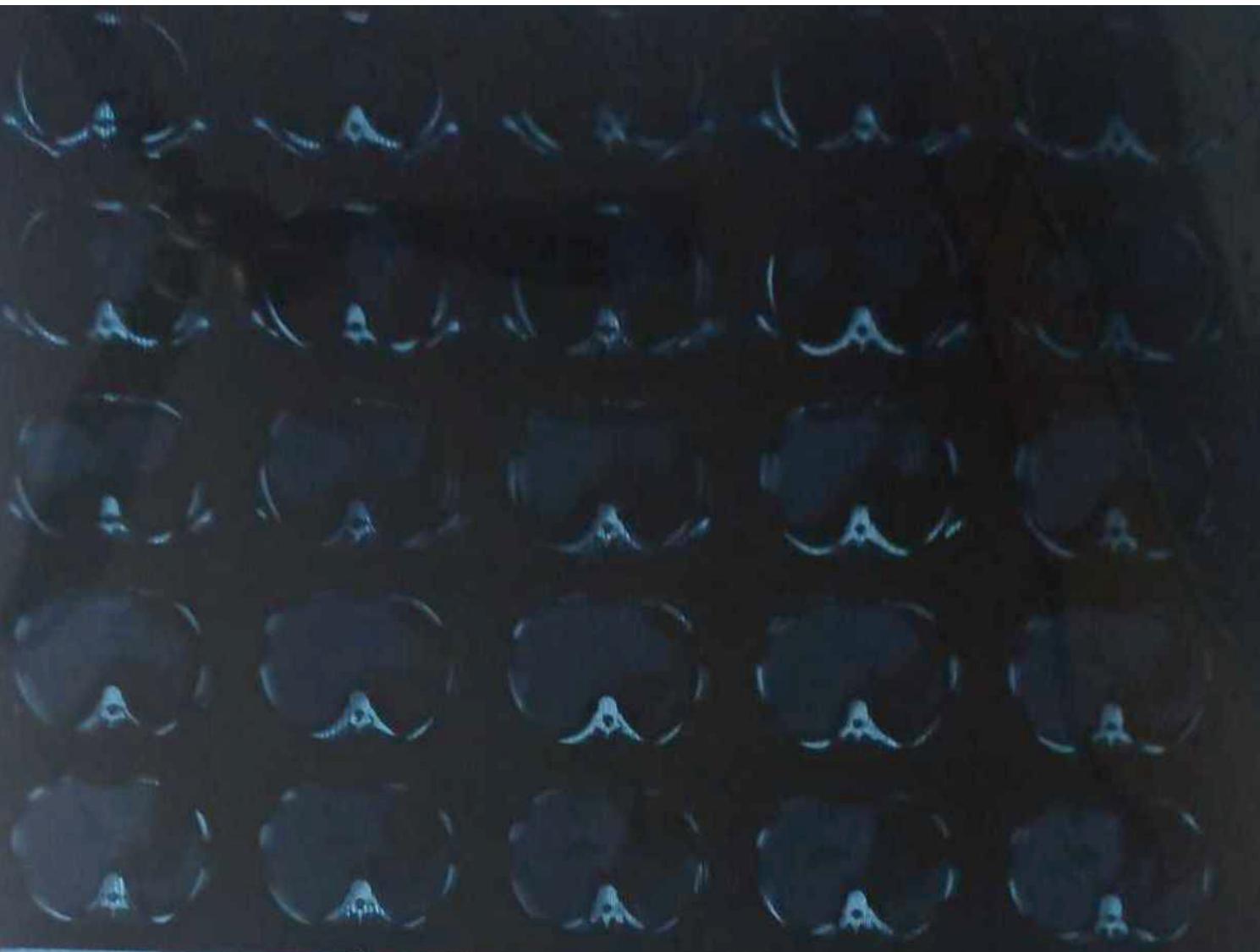
Tests Marked with \* are not in the scope of NABL

S.R.SRINIVASA KANNAN.M.D.Path  
 DIRECTOR & PATHOLOGIST

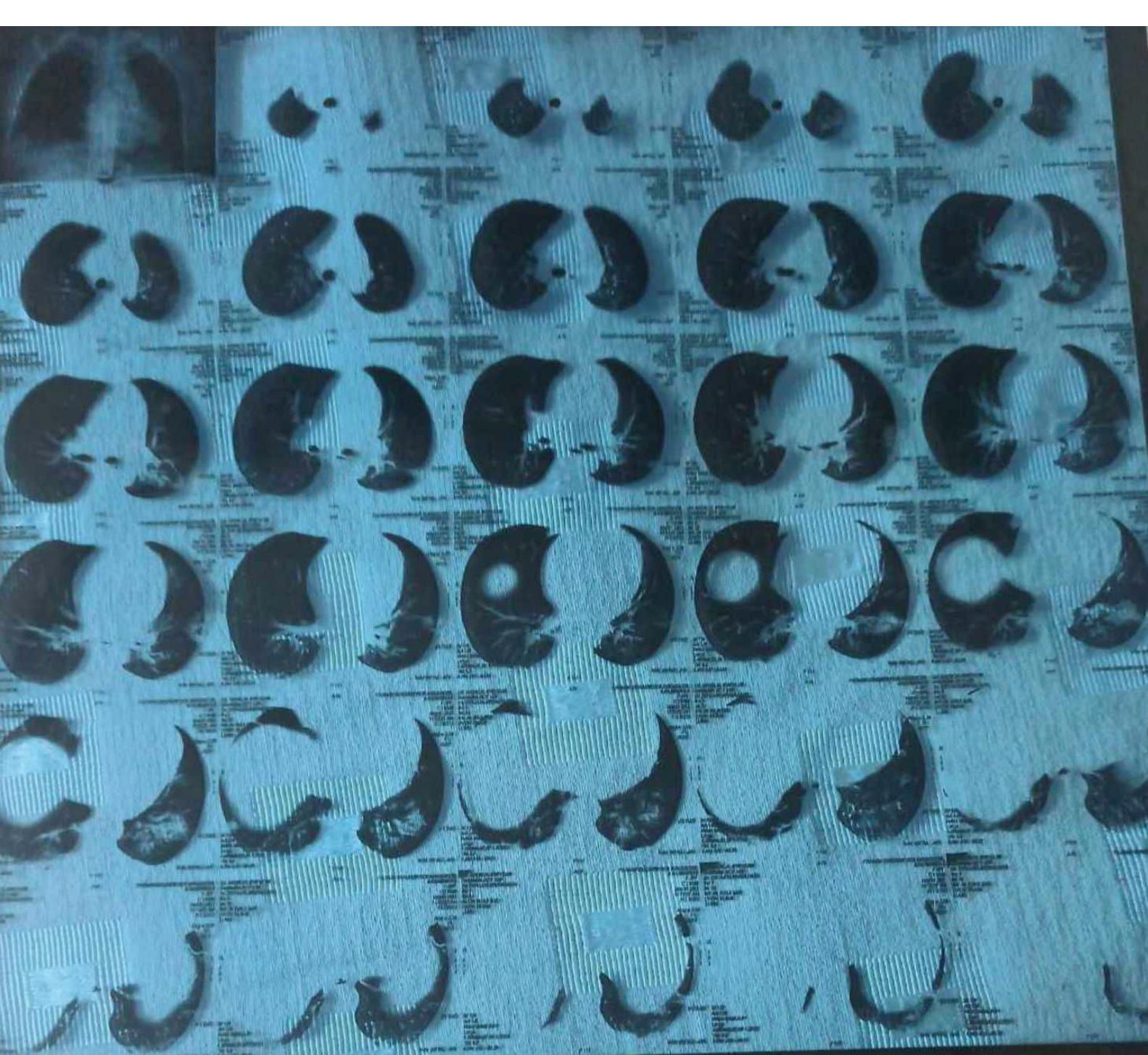


Mr. KARTHICK.S , B.Sc MLT  
 LAB TECHNICIAN

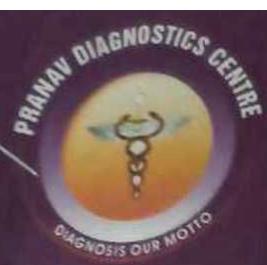




PRANAV DIAGNOSTIC CENTRE - NAGERCOIL



PRANAV DIAGNOSTIC CENTRE - NAGERCOIL



Phone : 04652- 226764, 226765, 9965541111

# Pranav Diagnostics Centre

## Facilities Available

Advanced 1.5 Tesla M.R.I. Scan / All Anglo CT Scan (32 Slice)  
Whole Body CT Scan / Denta CT Scan  
Advanced Ultrasound Scan / Advanced 4D Ultrasound Scan  
Colour Doppler Study / Digital X-Ray / Digital EEG, / EMG,  
Nerve Conduction Study / BMD Scan

NAME	MRS. SARASWATHY	AGE/SEX	40/F
REF BY	DR. T.SIVA KUMAR MS DIP(LAP)	DATE	31.05.2021

*Thanks for your reference*

### MULTI SLICE NECT CHEST

(Serial helical sections of thorax were studied from the level of thoracic inlet to the level of liver without administration of IV contrast)

- Diffuse mild dense ground glass pneumonitis in left upper, lingular and lower lobe, right lower lobe. Few small ground glass pneumonitis in right upper lobe.
- Bronchitis (peri bronchial thickening) changes in bilateral lung fields.
- No evidence of pulmonary collapse. No evidence of bronchiectasis / cavitation
- No centrilobular/ miliary/ tree in bud nodules. No abnormal thickening of interstitium.
- No definite mass lesions identified in the mediastinum / hilar regions.
- Rest of visualised bronchovascular branching pattern is normal.
- Hilar vessels and intrapulmonary vascular markings normal. No pneumothorax/ haemothorax. No other e/o of air space consolidation / pleural effusion.

The arch of aorta and its branches appear normal. Trachea and its bifurcation appears normal.

Oesophagus shows no abnormality. Soft tissues of the chest wall appear normal.

#### IMPRESSION:

- Diffuse mild dense ground glass pneumonitis in left upper, lingular and lower lobe, right lower lobe. Few small ground glass pneumonitis in right upper lobe.
- Bronchitis (peri bronchial thickening) changes in bilateral lung fields.

(Mild covid pneumonia).

CT severity score 9 / 40 with Lung involvement (22.5%)

—CO-RADS 5. Please correlate clinically

- No other significant abnormality detected in CT scan study of chest.

Ramesh, MBBS, DMRC  
CONSULTANT RADIOLOGIST : FMFID 208216

Dr. P. Richie Prem Anand, DMRC, DNB  
CONSULTANT RADIOLOGIST : FMFID 209115

Dr. A.V. Prabhakaran, MD, DNB  
CONSULTANT RADIOLOGIST

Dr. M.S. Kishore, MRCR  
PROPRIETOR

Report has to be Clinically Correlated. Normal Scan does not rule out disease. Repeat if needed

85 D, Water Tank Road, Duthie School Junction, NAGERCOIL - 629 001.

24 hrs emergency service Ambulance service



PHONE : 04632- 226764, 226765, 9965577777

# Pranav Diagnostics Centre

## Facilities Available

Advanced 1.5 Tesla M.R.I. Scan / All Angio CT Scan (32 Slice)  
 Whole Body CT Scan / Denta CT Scan  
 Advanced Ultrasound Scan / Advanced 4D Ultrasound Scan  
 Colour Doppler Study / Digital X-Ray / Digital EEG, / EMG,  
 Nerve Conduction Study / BMD Scan

NAME	MRS. SARASWATHY	AGE/SEX	40/F
REF BY	DR. T.SIVA KUMAR MS DIP(LAP)	DATE	31.05.2021

### COVID19 CT SCAN SEVERITY INDEX

RIGHT LUNG	SCORE	LEFT LUNG	SCORE
UL-APEX	0	UL-APEX	0.5
UPPER LOBE ANT	0	UPPER LOBE ANT	0
UPPER LOBE POS	0	UPPER LOBE POS	1
MEDIAL ML	0.5	MEDIAL LINGULA	0
LAT ML	0	LATERAL LINGULA	0.5
SUPERIOR LL	0.5	SUPERIOR LL	1
ANT BASAL	0	ANT BASAL	0.5
POST BASAL	0.5	POST BASAL	1.5
MED BASAL	0.5	MED BASAL	1
LAT BASAL	0.5	LAT BASAL	0.5
RT LUNG	2.5	LT LUNG	6.5
CT SEVERITY SCORE			9/40

0.5 score - less 25% involvement, 1 score - 25 to 50 % involvement, 1.5 score- 50 to 75%, 2 > 75% involvement . (score upto 13-mild, 14 to 30-moderate, above 30-severe)

[CO-RADS 1- Highly unlikely, CO-RADS 2- Unlikely, CO-RADS 3- Equivocal, CO-RADS 4- Probable, CO-RADS 5- Highly likely, CO-RADS 6- PCR proven]