TEST REPORT

Booking Time: 16:00:38
Sample Collect: 17/05/2024 16:16:11
Sample Received: 17/05/2024 16:42:20
Reported On: 17/05/2024 18:22:47
Print Date & Time: 17/05/2024 18:43:25

Date: 17/05/2024 **Patient ID: 6724898** **Mob:7060375665**
Name: Mr. SUBHASH CHAND ARORA **Age: 76 Yrs** **Gender: Male**
ID / PW : 6724898 / 36648380 **D.O.B.:**
Refd by:Dr. TARUN MITTAL,D.M. Nephrology,(Sr. Consultant Nephrologist)

Test	Value	Biological Ref Interval	Unit
PROTHROMBIN TIME (PT/INR) Method:Nephelometry, Sample Type:Citrate Blood			
On Patient Blood	**10.50** L	11 - 13.8	Sec
MNPT	12.40		Sec
Prothrombin Ratio (PR)	0.847		
International Normalized Ratio (INR)	0.84	0.8 - 1.1	

NOTE

1. INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. Appropriate the rapeutic range varies with disease and treatment intensity
2. Prolonged INR suggests potential bleeding disorder / bleeding complications
3. Results should be clinically correated
4. Test conducted on Citrated plasma

Recommended Therapeutic range for Oral Anticoagulant therapy

INR 2.0-3.0 :

1. Treatment of Venous thrombosis & Pulmonary embolism
2. Prophylaxis of Venous thrombosis (High Risk Surgery)
3. Prevention of systemic embolism in tissue heart valves, AMI, Valvular heart disease & Artial fibrillation
4. Bileaflet mechanical valve in aortic position

INR 2.5-3.5 :

1. Mechanical prosthetic valves
2. Systemic recurrent emboli

Comments

Prothrombin times measures the extrinsic coagulation pathway which consists of activated Factor VII (VIIa), Tissue factor and Proteins of the common pathway (Factors X, V, II & Fibrinogen). This assay is used to control long term oral anticoagulant therapy, evaluation of liver function & to evaluate coagulation disorders specially factors involved in the extrinsic pathway like Factors V, VII, X, Prothrombin &Fibrinogen.

If Results Marked with HC=High Critical & LC=Low Critical Results.

Test Requested: ANTI HCV,COLLECTION CHARGE,HBs Ag,HIV,PROTHROMBIN TIME,UACR

DR.TRISHALA BHADHKARIA
MD (PATHOLOGY)
R.No.- 62759

Corporate Head Office-
Durga Commercial Complex, Opposite Petrol Pump,
Hari Parvat, Agra-282002 | 7534015002
E-mail: scientific_path@yahoo.co.in
Website: www.scientificpathology.com
Follow us on- | 24/7

National Customer Care:
0562-42-555-55

National PRI No.
0562-42-555-00

SCIENTIFIC PATHOLOGY

DR. ASHOK SHARMA
MD (PATH. & BACT.)

Booking Time: 16:00:38
Sample Collect: 17/05/2024 16:16:11
Sample Received: 17/05/2024 16:42:20
Reported On: 17/05/2024 18:22:47
Print Date & Time: 17/05/2024 18:43:25

TEST REPORT

Date: 17/05/2024 **Patient ID: 6724898** **Mob:7060375665**
Name: Mr. SUBHASH CHAND ARORA **Age: 76 Yrs** **Gender: Male**
ID / PW : 6724898 / 36648380 **D.O.B.:**
Refd by:Dr. TARUN MITTAL,D.M. Nephrology,(Sr. Consultant Nephrologist)

Test	Value	Biological Ref Interval	Unit
Urinary Microalbumin Creatinine Ratio			
MICROALBUMIN	**1435.0** H	0 - 20	mg/L
Method: Immunoturbidimetric, Sample: Urine			
Technology: Digital Dry Chemistry (VITROS MicroSlide, MicroSensor & Intellicheck Technology) **Analyzer**: Fully Automated Integrated Biochemistry & ImmunoAssay Analyzer: VITROS-XT7600			
URINARY CREATININE	**277.7** H	39 - 259	mg/dL
Method: Two-Point Rate, Enzymatic, Sample: Urine			
Technology: Digital Dry Chemistry (VITROS MicroSlide, MicroSensor & Intellicheck Technology) **Analyzer**: Fully Automated Integrated Biochemistry & ImmunoAssay Analyzer: VITROS-XT7600			
Micro Albumin : Creatinine Ratio	516.7		mg/g creatinine
Method: Calculated, Sample: Urine			

DOCTOR'S COMMENT : Test Result have been Checked Twice . Please Correlate Clinically.

Interpretation of Microalbumin

Category	24-h Collection (mg/24h)	Timed Collection (mg/min)	Spot Collection (µ g/mg)
Normal / Non diabetic	< 30	<20	<30
Microalbuminuria	30 - 100	20 - 200	30 - 300
Clinical albuminuria	> 300	> 200	> 300

Note: It is recommended that at least two of three specimens collected within a 3-6 month period be abnormal before considering a patient to be within a diagnostic category.

Clinical Use

1. Early detection of diabetic nephropathy

If Results Marked with HC=High Critical & LC=Low Critical Results.

Test Requested: ANTI HCV,COLLECTION CHARGE,HBs Ag,HIV,PROTHROMBIN TIME,UACR

DR.TRISHALA BHADHKARIA
MD (PATHOLOGY)
R.No.- 62759

Booking Time: 16:00:38
Sample Collect: 17/05/2024 16:16:11
Sample Received: 17/05/2024 16:42:20
Reported On: 17/05/2024 18:22:47
Print Date & Time: 17/05/2024 18:43:25

TEST REPORT

Date: 17/05/2024 **Patient ID: 6724898** **Mob:7060375665**
Name: Mr. SUBHASH CHAND ARORA **Age: 76 Yrs** **Gender: Male**
ID / PW : 6724898 / 36648380 **D.O.B.:**
Refd by:Dr. TARUN MITTAL,D.M. Nephrology,(Sr. Consultant Nephrologist)

Test	Value	Biological Ref Interval	Unit

2. Therapeutic monitoring of patients with Nephropathy
3. Routine management of patient with Diabetes

IMMUNOLOGY - SEROLOGY TEST REPORT

HUMAN IMMUNO DEFICIENCY 1&2 ANTIBODIES

HIV 1/2 Ab & P24 COMBO (Index Value)	0.11	< 0.90	COI

Method: Enhance CLIA, Sample: Heparin Plasma

HIV 1/2 Ab & P24 COMBO RESULT	Non Reactive		

Technology: VITROS Microwell, MicroSensor & Intellicheck Technology
Analyzer: Fully Automated Integrated Biochemistry & ImmunoAssay Analyzer: VITROS-XT7600

Interpretation

Result In Index	Remarks
< 0.90	Non Reactive
0.90 - 1.00	Dubious
> 1.00	Provisionally Reactive

Comments

Non Reactive result implies that antibodies to HIV 1/ 2 P24 antigen have not been detected in the sample. This means the patient has either not been exposed to HIV 1/ 2 infection or the sample has been tested during the "window phase" i.e. before the development of detectable levelsof antibodies. Hence a Non Reactive results dose not exclude the possibility of exposure or infection with HIV 1 / 2.

Recommendations
1. Result to be clinically correlated.
2. Rarely false negative/positivity may occur.
3. Post test counseling available between 9:30 am to 4:00 pm at Scientific Pathology Lab.

HBs Ag, Serum

If Results Marked with HC=High Critical & LC=Low Critical Results.
Test Requested: ANTI HCV,COLLECTION CHARGE,HBs Ag,HIV,PROTHROMBIN TIME,UACR

DR.ANIRUDH GUPTA
MD (MICROBIOLOGY)
G-24091

DR.TRISHALA BHADHKARIA
MD (PATHOLOGY)
R.No.- 62759

TEST REPORT

Booking Time: 16:00:38
Sample Collect: 17/05/2024 16:16:11
Sample Received: 17/05/2024 16:42:20
Reported On: 17/05/2024 18:22:47
Print Date & Time: 17/05/2024 18:43:25

Date: 17/05/2024 **Patient ID: 6724898** **Mob:7060375665**
Name: Mr. SUBHASH CHAND ARORA **Age: 76 Yrs** **Gender: Male**
ID / PW : 6724898 / 36648380 **D.O.B.:**
Refd by:Dr. TARUN MITTAL,D.M. Nephrology,(Sr. Consultant Nephrologist)

Test	Value	Biological Ref Interval	Unit
HBs ANTIGEN INDEX	0.09	<0.90	COI

Method: Enhance CLIA, Sample: Heparin Plasma

HBs ANTIGEN RESULT Non Reactive

Technology: VITROS Microwell, MicroSensor & Intellicheck Technology
Analyzer: Fully Automated Integrated Biochemistry & ImmunoAssay Analyzer: VITROS-XT7600

Interpretation

Result In Index	Remarks
< 0.90	Non Reactive
0.90 - 1.00	Dubious
> 1.00	Reactive

Comments :
Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infections of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2% normal adolescents and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5 -10% in immunocompromised patients and 80% in neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than six months indicates development of carrier state or Chronic liver disease.

Uses

1. Routine screening of blood and blood products to prevent transmission of Hepatitis B virus (HBV) to recipients
2. To diagnose suspected HBV infection and monitor the status of infected individuals
3. To evaluate the efficacy of antiviral drugs
4. For Prenatal Screening of pregnant women

ANTI HCV	0.01	0 - 0.9	COI

Method: Enhance CLIA, Sample: Heparin Plasma

If Results Marked with HC=High Critical & LC=Low Critical Results.
Test Requested: ANTI HCV,COLLECTION CHARGE,HBs Ag,HIV,PROTHROMBIN TIME,UACR

DR.ANIRUDH GUPTA
MD (MICROBIOLOGY)
G-24091

DR.TRISHALA BHADHKARIA
MD (PATHOLOGY)
R.No.- 62759

Corporate Head Office-
Durga Commercial Complex, Opposite Petrol Pump,
Hari Parvat, Agra-282002 | 7534015002
E-mail: scientific_path@yahoo.co.in
Website: www.scientificpathology.com
Follow us on- | 24/7

National Customer Care:
0562-42-555-55

National PRI No.
0562-42-555-00

SCIENTIFIC PATHOLOGY

DR. ASHOK SHARMA
MD (PATH. & BACT.)

Booking Time:	16:00:38
Sample Collect:	17/05/2024 16:16:11
Sample Received:	17/05/2024 16:42:20
Reported On:	17/05/2024 18:22:47
Print Date & Time:	17/05/2024 18:43:25

TEST REPORT

Date: 17/05/2024 **Patient ID: 6724898** **Mob:7060375665**
Name: Mr. SUBHASH CHAND ARORA **Age: 76 Yrs** **Gender: Male**
ID / PW : 6724898 / 36648380 **D.O.B.:**
Refd by:Dr. TARUN MITTAL,D.M. Nephrology,(Sr. Consultant Nephrologist)

Test	Value	Biological Ref Interval	Unit
Anti HCV Result	Non Reactive		

Technology: VITROS Microwell, MicroSensor & Intellicheck Technology
Analyzer: Fully Automated Integrated Biochemistry & ImmunoAssay Analyzer: VITROS-XT7600

Result In Index	Remarks
< 0.90	Non Reactive
0.90 - 1.00	Dubious
> 1.00	Provisionally Reactive

Note

1. False positive results are seen in Autoimmune diseases, Rheumatoid factor, Hypergammaglobulinemia, Paraproteinemia, passive antibody transfer, Anti- idiotypes & Anti superoxide dismutase
2. Flase negative results are seen in early Acute infection, immunosupperssion & Immuno-incompetence
3. HCV-RNA PCR recommended in all reactive results to differentiate between past & present infection.

Comments

Comments Hepatitis C (HCV) is an RNA virus of Flavivirus group transmitted via blood transfusions, transplantation, injection drug users, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10% of new cases show sexual transmission. As compared to HAV & HBV, chronic infection with HCV occurs in 85% of infected individuals. In high risk populations, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25%.

Uses

1. Indicator of past or present infection, but does not differentiate between Acute / Chronic / Resolved infection.
2. Routine screening of low and high prevalence populations including blood donors.

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

If Results Marked with HC=High Critical & LC=Low Critical Results.

Test Requested: ANTI HCV,COLLECTION CHARGE,HBs Ag,HIV,PROTHROMBIN TIME,UACR

DR.ANIRUDH GUPTA
MD (MICROBIOLOGY)
G-24091

DR.TRISHALA BHADHKARIA
MD (PATHOLOGY)
R.No.- 62759