

**Dr. Vinay Chopra**  
 MD (Pathology & Microbiology)  
 Chairman & Consultant Pathologist

**Dr. Yugam Chopra**  
 MD (Pathology)  
 CEO & Consultant Pathologist

<b>NAME</b>	: Mrs. SUKHWINDER KAUR	<b>PATIENT ID</b>	: 1541424
<b>AGE/ GENDER</b>	: 71 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012407070049
<b>COLLECTED BY</b>	: SURJESH	<b>REGISTRATION DATE</b>	: 07/Jul/2024 05:28 PM
<b>REFERRED BY</b>	: C. LAL HOSPITAL (AMBALA CANTT)	<b>COLLECTION DATE</b>	: 07/Jul/2024 05:37PM
<b>BARCODE NO.</b>	: 01512701	<b>REPORTING DATE</b>	: 07/Jul/2024 06:24PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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### HAEMATOLOGY

#### PROTHROMBIN TIME STUDIES (PT/INR)

PT TEST (PATIENT) <i>by PHOTO OPTICAL CLOT DETECTION</i>	12.8	SECS	11.5 - 14.5
PT (CONTROL) <i>by PHOTO OPTICAL CLOT DETECTION</i>	12	SECS	
ISI <i>by PHOTO OPTICAL CLOT DETECTION</i>	1.1		
INTERNATIONAL NORMALISED RATIO (INR) <i>by PHOTO OPTICAL CLOT DETECTION</i>	1.07		0.80 - 1.20
PT INDEX <i>by PHOTO OPTICAL CLOT DETECTION</i>	93.75	%	

#### INTERPRETATION:-

1. INR is the parameter of choice in monitoring adequacy of oral anti-coagulant therapy. Appropriate therapeutic range varies with the disease and treatment intensity.
2. Prolonged INR suggests potential bleeding disorder /bleeding complications
3. Results should be clinically correlated.
4. Test conducted on Citrated Plasma

#### RECOMMENDED THERAPEUTIC RANGE FOR ORAL ANTI-COAGULANT THERAPY (INR)

INDICATION		INTERNATIONAL NORMALIZED RATIO (INR)
Treatment of venous thrombosis	Low Intensity	2.0 - 3.0
Treatment of pulmonary embolism		
Prevention of systemic embolism in tissue heart valves		
Valvular heart disease		
Acute myocardial infarction		
Atrial fibrillation		
Bileaflet mechanical valve in aortic position	High Intensity	2.5 - 3.5
Recurrent embolism		
Mechanical heart valve		



  
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Antiphospholipid antibodies <sup>+</sup>			

**COMMENTS:**

The prothrombin time (PT) and its derived measures of prothrombin ratio (PR) and international normalized ratio (INR) are measures of the efficacy of the extrinsic pathway of coagulation. PT test reflects the adequacy of factors I (fibrinogen), II (prothrombin), V, VII, and X. It is used in conjunction with the activated partial thromboplastin time (aPTT) which measures the intrinsic pathway.

The common causes of prolonged prothrombin time are :

- 1.Oral Anticoagulant therapy.
- 2.Liver disease.
- 3.Vit K. deficiency.
- 4.Disseminated intra vascular coagulation.
- 5.Factor 5, 7 , 10 or Prothrombin deficiency




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## CLINICAL CHEMISTRY/BIOCHEMISTRY

### ELECTROLYTES COMPLETE PROFILE

SODIUM: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i>	139.3	mmol/L	135.0 - 150.0
POTASSIUM: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i>	3.89	mmol/L	3.50 - 5.00
CHLORIDE: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i>	104.48	mmol/L	90.0 - 110.0

#### INTERPRETATION:-

##### **SODIUM:-**

Sodium is the major cation of extra-cellular fluid. Its primary function in the body is to chemically maintain osmotic pressure & acid base balance & to transmit nerve impulse.

##### **HYPONATREMIA (LOW SODIUM LEVEL) CAUSES:-**

1. Low sodium intake.
2. Sodium loss due to diarrhea & vomiting with adequate water and inadequate salt replacement.
3. Diuretics abuses.
4. Salt loosing nephropathy.
5. Metabolic acidosis.
6. Adrenocortical insufficiency .
7. Hepatic failure.

##### **HYPERNATREMIA (INCREASED SODIUM LEVEL) CAUSES:-**

1. Hyperapnea (Prolonged)
2. Diabetes insipidus
3. Diabetic acidosis
4. Cushing's syndrome
5. Dehydration

##### **POTASSIUM:-**

Potassium is the major cation in the intracellular fluid. 90% of potassium is concentrated within the cells. When cells are damaged, potassium is released in the blood.

##### **HYPOKALEMIA (LOW POTASSIUM LEVELS):-**

1. Diarrhoea, vomiting & malabsorption.
2. Severe Burns.
3. Increased Secretions of Aldosterone

##### **HYPERKALEMIA (INCREASED POTASSIUM LEVELS):-**

1. Oliguria





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2.Renal failure or Shock  
 3.Respiratory acidosis  
 4.Hemolysis of blood

\*\*\* End Of Report \*\*\*



  
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