

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

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

<b>NAME</b>	: Mrs. PRIYA	<b>PATIENT ID</b>	: 1545540
<b>AGE/ GENDER</b>	: 34 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012407110040
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 11/Jul/2024 12:18 PM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 11/Jul/2024 12:32PM
<b>BARCODE NO.</b>	: 01512936	<b>REPORTING DATE</b>	: 11/Jul/2024 12:57PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
-----------	-------	------	-------------------------------

**HAEMATOLOGY**

**D-DIMER (QUANTITATIVE)**

<b>D - DIMER (QUANTITATIVE)</b> <i>by EIA (FLUORESCENT ENZYME IMMUNOASSAY)</i>	520 <sup>H</sup>	ng/mL	0.00 - 500.00
---	------------------	-------	---------------

**INTERPRETATION:**

During coagulation sequence of reactions occurring 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 enzyme thrombin. The fibrin gel is then converted to a stable fibrin clot. The fibrin network is dissolved by enzyme plasmin to generate cross-linked FIBRIN DEGRADATION PRODUCTS. D-DIMER is the smallest plasmin resistant molecular unit present within FDP.

**INCREASED D-DIMER IS SEEN IN FOLLOWING CONDITIONS:**

1. Deep Vein Thrombosis (DVT)
2. Venous Thromboembolism
3. Recent Surgery
4. Trauma
5. Infection
6. Liver disease
7. Pregnancy
8. Eclampsia
9. Heart Disease
10. Some cancers
11. Elderly

**NOTE:**

1. A normal or low D-dimer helps to rule out clotting as cause of symptoms.
2. D- DIMER is approximately 6 hours in circulation of individuals with normal renal functions. Patients with stabilized clots and not going active fibrin deposition and plasmin activation may not give detectable D-Dimer elevation, anti-coagulant therapy.
3. In Pulmonary Embolism (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 diluted by circulation and may not give detectable increase.
4. Fibrinolysis is a highly regulated process and in dynamic delicate 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.
5. False positive may be seen with high levels of rheumatoid factor, bilirubin, lipemic sera and haemolysed blood

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



DR. VINAY CHOPRA  
CONSULTANT PATHOLOGIST  
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR. YUGAM CHOPRA  
CONSULTANT PATHOLOGIST  
MBBS, MD (PATHOLOGY)

