

Dr. Vinay Chopra
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Chairman & Consultant Pathologist

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CEO & Consultant Pathologist

NAME : Mr. GIAN CHAURASIA
AGE/ GENDER : 75 YRS/MALE
COLLECTED BY : SURJESH
REFERRED BY :
BARCODE NO. : 01513171
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1549127
REG. NO./LAB NO. : 012407150025
REGISTRATION DATE : 15/Jul/2024 09:11 AM
COLLECTION DATE : 15/Jul/2024 09:25AM
REPORTING DATE : 15/Jul/2024 09:47AM

Test Name	Value	Unit	Biological Reference interval
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HAEMATOLOGY

HAEMOGLOBIN (HB)

HAEMOGLOBIN (HB) by CALORIMETRIC	10.7 ^L	gm/dL	12.0 - 17.0
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INTERPRETATION:-

Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the bodys tissues and returns carbon dioxide from the tissues back to the lungs.

A low hemoglobin level is referred to as ANEMIA or low red blood count.

ANEMIA (DECREASED HAEMOGLOBIN):

- 1) Loss of blood (traumatic injury, surgery, bleeding, colon cancer or stomach ulcer)
- 2) Nutritional deficiency (iron, vitamin B12, folate)
- 3) Bone marrow problems (replacement of bone marrow by cancer)
- 4) Suppression by red blood cell synthesis by chemotherapy drugs
- 5) Kidney failure
- 6) Abnormal hemoglobin structure (sickle cell anemia or thalassemia).

POLYCYTHEMIA (INCREASED HAEMOGLOBIN):

- 1) People in higher altitudes (Physiological)
- 2) Smoking (Secondary Polycythemia)
- 3) Dehydration produces a falsely rise in hemoglobin due to increased haemoconcentration
- 4) Advanced lung disease (for example, emphysema)
- 5) Certain tumors
- 6) A disorder of the bone marrow known as polycythemia rubra vera,
- 7) Abuse of the drug erythropoietin (Epogen) by athletes for blood doping purposes (increasing the amount of oxygen available to the body by chemically raising the production of red blood cells).

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD



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BARCODE NO.	: 01513171	REPORTING DATE	: 15/Jul/2024 10:03AM
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	40 ^H	mm/1st hr	0 - 20
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by MODIFIED WESTERGREN AUTOMATED METHOD

INTERPRETATION:

1. ESR is a non-specific test because an elevated result often indicates the presence of inflammation associated with infection, cancer and autoimmune disease, but does not tell the health practitioner exactly where the inflammation is in the body or what is causing it.
2. An ESR can be affected by other conditions besides inflammation. For this reason, the ESR is typically used in conjunction with other test such as C-reactive protein
3. This test may also be used to monitor disease activity and response to therapy in both of the above diseases as well as some others, such as systemic lupus erythematosus

CONDITION WITH LOW ESR

A low ESR can be seen with conditions that inhibit the normal sedimentation of red blood cells, such as a high red blood cell count (polycythaemia), significantly high white blood cell count (leucocytosis), and some protein abnormalities. Some changes in red cell shape (such as sickle cells in sickle cell anaemia) also lower the ESR.

NOTE:

1. ESR and C - reactive protein (C-RP) are both markers of inflammation.
2. Generally, ESR does not change as rapidly as does CRP, either at the start of inflammation or as it resolves.
3. **CRP is not affected by as many other factors as is ESR, making it a better marker of inflammation.**
4. If the ESR is elevated, it is typically a result of two types of proteins, globulins or fibrinogen.
5. Women tend to have a higher ESR, and menstruation and pregnancy can cause temporary elevations.
6. Drugs such as dextran, methyldopa, oral contraceptives, penicillamine procainamide, theophylline, and vitamin A can increase ESR, while aspirin, cortisone, and quinine may decrease it




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BARCODE NO.	: 01513171	REPORTING DATE	: 19/Jul/2024 12:37PM
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IMMUNOPATHOLOGY/SEROLOGY

TB GOLD (QUANTIFERON): INTERFERON GAMMA RELEASE ASSAY (IGRA)

TB GOLD - QUANTIFERON

POSITIVE (+ve)

by ELISA (ENZYME LINKED IMMUNOASSAY)

TEST DETAILS (REFERENCE ONLY)

IFN-GAMMA FROM NEGATIVE CONTROL VIAL (N) by ELISA (ENZYME LINKED IMMUNOASSAY)	1.806	pg/mL
IFN-GAMMA FROM TB Ag CULTURE VIAL (T) by ELISA (ENZYME LINKED IMMUNOASSAY)	6.24	pg/mL
IFN-GAMMA DIFFERENCE (T-N) by ELISA (ENZYME LINKED IMMUNOASSAY)	4.43	pg/mL
(T-N/N) % VALUE by ELISA (ENZYME LINKED IMMUNOASSAY)	245.29	%

INTERPRETATION CRITERIA FOR IGRA

(T-N) VALUE SHOULD BE ≥ 0.35 AND $\geq 25\%$ OF NIL VALUE


INTERPRETATION:


NIL (IU/ML)	T - N (TB Antigen minus NIL Tube) IU/mL	SATNDARD E RESULT	INTERPRETATION
<= 8.0	< 0.35	NEGATIVE	NOT Infected with <i>Mycobacterium tuberculosis</i>
	≥ 0.35 and < 25 % of NIL VALUE		
	≥ 0.35 and $\geq 25\%$ of NIL VALUE	POSITIVE	Infected with <i>Mycobacterium tuberculosis</i> (active, latent or inapparent infection)
>8.0	ANY VALUE	INTERMEDIATE	Cannot determine whether <i>Mycobacterium tuberculosis</i> infection/ Result are indeterminate for TB Antigen responsiveness Any

NOTE:

1. Diagnosing or excluding tuberculosis disease, and assessing the probability of LTBI, Requires a combination of epidemiological, historical, medical, and diagnostic findings that should be taken into account when interpreting ELISA Report results.
2. NEGATIVE TEST DOES NOT PRECLUDE THE POSSIBILITY OF MYCOBACTERIUM TUBERCULOSIS INFECTION/DISEASE




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3. IGRA Test is approved as an in vitro diagnostic aid for detection of Mycobacterium tuberculosis infection (active disease and LTBI) and is intended for use in conjunction with risk assessment, radiography and other medical and diagnostic evaluations. The IGRA test does not differentiate between active and latent TB so latent patient will also be picked by IGRA. IGRA cannot be used as standalone test to diagnose TB infection. IGRA test is not established for any prognostic use.

3. The SD Biosensor TB Gold IGRA (Interferon Gamma Releasing Assay) test is whole blood test for detection of infection to Mycobacterium tuberculosis as occurs in active tuberculosis and latent tuberculosis infection (LTBI). If not detected and treated, LTBI may later develop into TB disease. This test measures the patient's immune reactivity to M. tuberculosis, the bacterium that causes TB. Blood samples are mixed with TB specific antigens and incubated for 20 to 24 hours. The antigens include ESAT-6 and CFP-10, proteins specific to tuberculosis complex. These antigens are not found in BCG strains or atypical Mycobacteria. If the patient is infected with M. tuberculosis, the patient's lymphocytes will recognize the antigens and release interferon -gamma in response. The TB Platinum test results are based on the amount of IFN -gamma that is released. Additional tests (such as chest radiograph) are needed to exclude TB disease and confirm the diagnosis of LTBI.

METHOD: Interferon Gamma Release Assay (IGRA);

CAUTION: Assay results should be interpreted only in the context of other laboratory finding and the total clinical status of the patient

*** End Of Report ***




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