

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

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

NAME : Mrs. KIRAN BALA
AGE/ GENDER : 79 YRS/FEMALE
COLLECTED BY : SURJESH
REFERRED BY :
BARCODE NO. : 01513362
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1552784
REG. NO./LAB NO. : 012407180022
REGISTRATION DATE : 18/Jul/2024 09:51 AM
COLLECTION DATE : 18/Jul/2024 10:10AM
REPORTING DATE : 18/Jul/2024 10:33AM

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

HAEMATOLOGY

PLATELET COUNT (P/C)

| | | | |
|----------------------|--------|------|-----------------|
| PLATELET COUNT (PLT) | 309000 | /cmm | 150000 - 450000 |
|----------------------|--------|------|-----------------|

by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE & MICROSCOPY

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD



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PROTHROMBIN TIME STUDIES (PT/INR)

| | | | |
|---|-------------------|------|-------------|
| PT TEST (PATIENT) by PHOTO OPTICAL CLOT DETECTION | 19.9 ^H | SECS | 11.5 - 14.5 |
| PT (CONTROL) by PHOTO OPTICAL CLOT DETECTION | 12 | SECS | |
| ISI by PHOTO OPTICAL CLOT DETECTION | 1.1 | | |
| INTERNATIONAL NORMALISED RATIO (INR) by PHOTO OPTICAL CLOT DETECTION | 1.74 ^H | | 0.80 - 1.20 |
| PT INDEX by PHOTO OPTICAL CLOT DETECTION | 60.3 | % | |

ADVICE KINDLY CORRELATE CLINICALLY

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 | 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 | 2.5 - 3.5 |
| Recurrent embolism | |
| Mechanical heart valve | |
| Antiphospholipid antibodies ⁺ | |




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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

RECHECKED.




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ACTIVATED PARTIAL THROMBOPLASTIN TIME (APTT)

| | | | |
|----------------------|------|------|-------------|
| APTT (PATIENT VALUE) | 34.2 | SECS | 28.6 - 38.2 |
|----------------------|------|------|-------------|

by PHOTO OPTICAL CLOT DETECTION

INTERPRETATION:-

The activated partial thromboplastin time (aPTT or APTT) is a performance indicator measuring the efficacy of both the **intrinsic** (now referred to as the contact activation pathway) and the common coagulation pathways. Apart from detecting abnormalities in blood clotting, it is also used to monitor the treatment effects with heparin, a major anticoagulant. It is used in conjunction with the prothrombin time (PT) which measures the extrinsic pathway.

COMMON CAUSES OF PROLONGED APTT :-

1. Disseminated intravascular coagulation.
2. Liver disease.
3. Massive transfusion with stored blood.
4. Heparin administration or contamination.
5. A circulating Anticoagulant.
6. Deficiency of a coagulation Factor other than factor 7.

*** End Of Report ***




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