

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

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

NAME	: Mr. SUBHASH GUPTA	PATIENT ID	: 1569749
AGE/ GENDER	: 74 YRS/MALE	REG. NO./LAB NO.	: 012408030051
COLLECTED BY	:	REGISTRATION DATE	: 03/Aug/2024 04:32 PM
REFERRED BY	:	COLLECTION DATE	: 03/Aug/2024 04:39PM
BARCODE NO.	: 01514377	REPORTING DATE	: 03/Aug/2024 06:16PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

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

HAEMATOLOGY

D-DIMER (QUANTITATIVE)

D - DIMER (QUANTITATIVE)	2550 ^H	ng/mL	0.00 - 500.00
---------------------------------	-------------------	-------	---------------

by EFIA (FLUORESCENT ENZYME IMMUNOASSAY)

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

RECHECKED.

*** End Of Report ***




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


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

