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NAME	**: Mrs. SAPNA**		
AGE/ GENDER	: 34 YRS/FEMALE	**PATIENT ID**	: 1544240
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012408060061**
REFERRED BY	: LOOMBA HOSPITAL (AMBALA CANTT)	**REGISTRATION DATE**	: 06/Aug/2024 04:20 PM
BARCODE NO.	: 01514609	**COLLECTION DATE**	: 06/Aug/2024 04:22PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 06/Aug/2024 04:31PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC)

Test Name	Value	Unit	Biological Reference interval
RED BLOOD CELLS (RBCS) COUNT AND INDICES			
HAEMOGLOBIN (HB) *by CALORIMETRIC*	**10.8[L]**	**gm/dL**	**12.0 - 16.0**
RED BLOOD CELL (RBC) COUNT *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	4.69	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**34.6[L]**	**%**	**37.0 - 50.0**
MEAN CORPUSCULAR VOLUME (MCV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**73.8[L]**	**fL**	**80.0 - 100.0**
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**23[L]**	**pg**	**27.0 - 34.0**
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**31.2[L]**	**g/dL**	**32.0 - 36.0**
RED CELL DISTRIBUTION WIDTH (RDW-CV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**18.4[H]**	**%**	**11.00 - 16.00**
RED CELL DISTRIBUTION WIDTH (RDW-SD) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	50.9	fL	35.0 - 56.0
MENTZERS INDEX *by CALCULATED*	15.74	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX *by CALCULATED*	28.92	RATIO	BETA THALASSEMIA TRAIT: < = 65.0 IRON DEFICIENCY ANEMIA: > 65.0
WHITE BLOOD CELLS (WBCS)			
TOTAL LEUCOCYTE COUNT (TLC) *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	9430	/cmm	4000 - 11000
NUCLEATED RED BLOOD CELLS (nRBCS) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER & MICROSCOPY*	NIL		0.00 - 20.00
NUCLEATED RED BLOOD CELLS (nRBCS) % *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER & MICROSCOPY*	NIL	%	< 10 %
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			

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Test Name	Value	Unit	Biological Reference interval
NEUTROPHILS *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	70	%	50 - 70
LYMPHOCYTES *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	23	%	20 - 40
EOSINOPHILS *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	2	%	1 - 6
MONOCYTES *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	5	%	2 - 12
BASOPHILS *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	0	%	0 - 1
ABSOLUTE LEUKOCYTES (WBC) COUNT			
ABSOLUTE NEUTROPHIL COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	6601	/cmm	2000 - 7500
ABSOLUTE LYMPHOCYTE COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	2169	/cmm	800 - 4900
ABSOLUTE EOSINOPHIL COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	189	/cmm	40 - 440
ABSOLUTE MONOCYTE COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	472	/cmm	80 - 880
ABSOLUTE BASOPHIL COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	0	/cmm	0 - 110
PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.			
PLATELET COUNT (PLT) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	364000	/cmm	150000 - 450000
PLATELETCRIT (PCT) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	0.33	%	0.10 - 0.36
MEAN PLATELET VOLUME (MPV) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	9	fL	6.50 - 12.0
PLATELET LARGE CELL COUNT (P-LCC) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	75000	/cmm	30000 - 90000
PLATELET LARGE CELL RATIO (P-LCR) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	20.6	%	11.0 - 45.0
PLATELET DISTRIBUTION WIDTH (PDW) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	15.7	%	15.0 - 17.0

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

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Test Name	Value	Unit	Biological Reference interval
BLEEDING TIME (BT)			
BLEEDING TIME (BT) *by DUKE METHOD*	1 MIN. 25 SEC.	MINS	1 - 5

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Test Name	Value	Unit	Biological Reference interval
CLOTTING TIME (CT)			
CLOTTING TIME (CT) *by CAPILLARY TUBE METHOD*	5 MIN.45 SEC.	MINS	4 - 9

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INDIRECT COOMBS TEST (ICT)

Test Name	Value	Unit	Biological Reference interval
INDIRECT COOMBS TEST (ICT)	NEGATIVE (-ve)		NEGATIVE (-ve)

INTERPRETATION:-

SIGNIFICANCE:

1.The indirect Coombs test (also known as the indirect antiglobulin test or IAT) is used to detect in-vitro antibody-antigen reactions.
2.To detect very low concentrations of antibodies present in a patient's plasma/serum prior to a blood transfusion. The donor's and recipient's blood must be ABO and Rh D compatible.
3.In antenatal care, the IAT is used to screen pregnant women for antibodies IgG that are likely to pass through the placenta into the fetal blood and cause hemolytic disease of the newborn.
4.The IAT can also be used for compatibility testing, antibody identification, RBC phenotyping, and titration studies.

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Test Name	Value	Unit	Biological Reference interval

PROTHROMBIN TIME STUDIES (PT/INR)

PT TEST (PATIENT) *by PHOTO OPTICAL CLOT DETECTION*	11.9	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*	0.99		0.80 - 1.20
PT INDEX *by PHOTO OPTICAL CLOT DETECTION*	100.84	%	

INTERPRETATION:-

1.INR is the parameter of choice in monitoring adequacy of oral anti-coagulant therapy. Appropiate 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		
Recurrent embolism	High Intensity	2.5 - 3.5
Mechanical heart valve		
Antiphospholipid antibodies+		

COMMENTS:

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Test Name	Value	Unit	Biological Reference interval

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 dificiency

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Test Name	Value	Unit	Biological Reference interval

LUPUS ANTICOAGULANT BY DRVVT SCREENING

LA (DRVVT) SCREEN PATIENT VALUE *by DRVTT (DILUTE RUSSEL VIPER VENOM TIME)*	35.2	SECS	34 - 54
LA (DRVVT) SCREEN CONTROL VALUE *by DRVTT (DILUTE RUSSEL VIPER VENOM TIME)*	35.4	SECS	
LA (DRVVT) SCREEN RATIO *by CALCULATED*	0.99	RATIO	0.9 - 1.0

INTERPRETATION

1. The lupus anticoagulant is an acquired autoantibody found in various autoimmune disorders and sometimes in otherwise healthy individuals. These immunoglobulins bind to certain proteins when bound to phospholipids. The effective sequestration of phospholipid can then cause prolongation of phospholipid dependant coagulation tests such as PT and APTT.
2.This test is based on qualitative determination or confirmation of lupus anticoagulants in human Plasma by clotting assay using Russell's viper venom is used to initiate clotting through direct activation of factor X Without the effect of factors XII, IX, XI, VIII or VII the test is performed with neat samples as well as 1:1 mixture with PNP (Pooled Normal Plasma) to correct the abnormalities due to plasma deficiencies of factors II,V or X. Lac initially recognized in patients with systemic lupus erythromatousus (SLE), these have now been described in other individuals and are considered a risk factor for thrombosis and recurrent spontaneous abortions.
3. Plasma treated with heparin and plasma from patients with DIC may give abnormal results/ prolonged times.

NOTE:

1. The presence of these antibodies in the plasma leads to prolongation of PT and APTT in vitro (anticoagulants), however in vivo they are associated with thrombotic tendencies including recurrent venous thrombo-embolism, cerebro-vascular accidents and arterial events. It is also associated with recurrent abortions, fetal loss and other complications of pregnancy.
2. Tests results are created by fully/semi-automated equipment's. Above values are not reliable if the sample was not sent in cool conditions. This is only a professional opinion, not the diagnosis. Please correlate with clinical conditions and drug history. This report is not valid for medico legal purpose

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Test Name	Value	Unit	Biological Reference interval

ENDOCRINOLOGY

THYROID STIMULATING HORMONE (TSH)

THYROID STIMULATING HORMONE (TSH): SERUM	2.688	µIU/mL	0.35 - 5.50

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

3rd GENERATION, ULTRASENSITIVE

INTERPRETATION:

AGE	REFFERENCE RANGE (µIU/mL)
0 – 5 DAYS	0.70 – 15.20
6 Days – 2 Months	0.70 – 11.00
3 – 11 Months	0.70 – 8.40
1 – 5 Years	0.70 – 7.00
6 – 10 Years	0.60 – 5.50
11 - 15	0.50 – 5.50
> 20 Years (Adults)	0.27 – 5.50
PREGNANCY	
1st Trimester	0.10 - 3.00
2nd Trimester	0.20 - 3.00
3rd Trimester	0.30 - 4.10

NOTE:-*TSH levels are subjected to circardian variation, reaching peak levels between 2-4 a.m and at a minimum between 6-10 pm. The variation is of the order of 50 %. Hence time of the day has influence on the measured serum TSH concentration.*

USE:- TSH controls biosynthesis and release of thyroid harmones T4 & T3. It is a sensitive measure of thyroid function, especially useful in early or subclinical hypothyroidism, before the patient develops any clinical findings or goitre or any other thyroid function abnormality.

INCREASED LEVELS:

1.Primary or untreated hypothyroidism, may vary from 3 times to more than 100 times normal depending on degree of hypofunction.
2.Hypothyroid patients receiving insufficient thyroid replacement therapy.
3.Hashimotos thyroiditis.
4.DRUGS: Amphetamines, Iodine containing agents and dopamine antagonist.
5.Neonatal period, increase in 1st 2-3 days of life due to post-natal surge.

DECREASED LEVELS:

1.Toxic multi-nodular goitre & Thyroiditis.
2.Over replacement of thyroid harmone in treatment of hypothyroidism.
3.Autonomously functioning Thyroid adenoma
4.Secondary pituatary or hypothalmic hypothyroidism
5.Acute psychiatric illness
6.Severe dehydration.

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Test Name	Value	Unit	Biological Reference interval

7.DRUGS: Glucocorticoids, Dopamine, Levodopa, T4 replacement therapy, Anti-thyroid drugs for thyrotoxicosis.
8.Pregnancy: 1st and 2nd Trimester

LIMITATIONS:

1.TSH may be normal in central hypothyroidism, recent rapid correction of hyperthyroidism or hypothyroidism, pregnancy, phenytoin therapy.
2.Autoimmune disorders may produce spurious results.

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Test Name	Value	Unit	Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY

ANTI CARDIOLIPIN ANTIBODY IgG

ANTI CARDIOLIPIN ANTIBODY IgG	5.62	GPL U/mL	< 10

by ELISA (ENZYME LINKED IMMUNOASSAY)

INTREPRETATION:-

1.Anticardiolipin antibodies are autoantibody found in various autoimmune disorders and sometimes in otherwise healthy individuals. These immunoglobulins bind to certain proteins when bound to phospholipids.
2.The effective sequestration of phospholipid can then cause prolongation of phospholipid dependant coagulation tests such as PT and APTT.

3.The presence of these antibodies in the plasma leads to prolongation of PT and APTT in vitro (anticoagulants), however in vivo they are associated with thrombotic tendencies including recurrent venous thrombo-embolism, cerebro-vascular accidents and arterial events.
4. It is also associated with recurrent abortions, fetal loss and other complications of pregnancy.

5.Three classes of Cardiolipin antiboies are known, the IgG, IgM and the IgA classes.

NOTE:-Positivity for IgA antibodies is not specific for disease association while high values for IgG antibody (>40 GPL) and IgM (>40 MPL) is considered highly significant for the diagnosis of anti-phospholipid syndrome.

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Test Name	Value	Unit	Biological Reference interval

ANTI CARDIOLIPIN ANTIBODY IgM

ANTI CARDIOLIPIN ANTIBODY IgM *by ELISA (ENZYME LINKED IMMUNOASSAY)*	6.35	MPL U/mL	< 10

INTREPRETATION:-

1.Anticardiolipin antibodies are autoantibody found in various autoimmune disorders and sometimes in otherwise healthy individuals. These immunoglobulins bind to certain proteins when bound to phospholipids.
2.The effective sequestration of phospholipid can then cause prolongation of phospholipid dependant coagulation tests such as PT and APTT.

3.The presence of these antibodies in the plasma leads to prolongation of PT and APTT in vitro (anticoagulants), however in vivo they are associated with thrombotic tendencies including recurrent venous thrombo-embolism, cerebro-vascular accidents and arterial events.
4. It is also associated with recurrent abortions, fetal loss and other complications of pregnancy.

5.Three classes of Cardiolipin antiboies are known, the IgG, IgM and the IgA classes.

NOTE:-Positivity for IgA antibodies is not specific for disease association while high values for IgG antibody (>40 GPL) and IgM (>40 MPL) is considered highly significant for the diagnosis of anti-phospholipid syndrome.

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Test Name	Value	Unit	Biological Reference interval

ANTI PHOSPHOLIPID ANTIBODY IgG

ANTI PHOSPHOLIPID ANTIBODY IgG *by ELISA (ENZYME LINKED IMMUNOASSAY)*	3.95	GPL U/mL	0.00 - 12.00

INTERPRETATION:-

ANTI PHOSPHOLIPID IgG RESULT	UNIT	VALUE
NEGATIVE	GPL U/mL	< 12.00
POSITIVE	GPL U/mL	12 OR >12.00

1.Antiphospholipid antibody syndrome (commonly called antiphospholipid syndrome or APS) is an autoimmune disease present mostly in young women. 2.Those with APS make abnormal proteins called antiphospholipid autoantibodies in the blood which interact with the negatively charged cell membrane phospholipids including those present on vascular endothelial cells.
3.Various antiphospholipid antibodies are responsible for the development of this disorder, these are anticardiolopin, 2 glycoprotein 1, phosphatidyl-serine-choline-ethanolamine-sphingomyelin and inositol.
4.The presence of these antibodies in the plasma leads to prolongation of PT and APTT in vitro (anticoagulants), however in vivo they are associated with thrombotic tendencies including recurrent venous thrombo-embolism, cerebro-vascular accidents and arterial events.
5. It is also associated with recurrent abortions, fetal loss and other complications of pregnancy.

This test picks up antibodies belonging to all the above subtypes.

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NAME	**: Mrs. SAPNA**		
AGE/ GENDER	: 34 YRS/FEMALE	**PATIENT ID**	: 1544240
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012408060061**
REFERRED BY	: LOOMBA HOSPITAL (AMBALA CANTT)	**REGISTRATION DATE**	: 06/Aug/2024 04:20 PM
BARCODE NO.	: 01514609	**COLLECTION DATE**	: 06/Aug/2024 04:22PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 07/Aug/2024 07:49AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

ANTI PHOSPHOLIPID ANTIBODY IgM

ANTI PHOSPHOLIPID ANTIBODY IgM *by ELISA (ENZYME LINKED IMMUNOASSAY)*	5.89	MPL U/mL	0.00 - 12.00

INTERPRETATION:-

ANTI PHOSPHOLIPID IgM RESULT	UNIT	VALUE
NEGATIVE	MPL IU/mL	< 12.00
POSITIVE	MPL IU/mL	12 OR >12.00

1.Antiphospholipid antibody syndrome (commonly called antiphospholipid syndrome or APS) is an autoimmune disease present mostly in young women. 2.Those with APS make abnormal proteins called antiphospholipid autoantibodies in the blood which interact with the negatively charged cell membrane phospholipids including those present on vascular endothelial cells.
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Test Name	Value	Unit	Biological Reference interval

CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC EXAMINATION

PHYSICAL EXAMINATION

QUANTITY RECIEVED *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	10	ml	
COLOUR *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	AMBER YELLOW		PALE YELLOW
TRANSPARANCY *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	HAZY		CLEAR
SPECIFIC GRAVITY *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	<=1.005		1.002 - 1.030

CHEMICAL EXAMINATION

REACTION *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	NEUTRAL		
PROTEIN *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	Negative		NEGATIVE (-ve)
SUGAR *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	Negative		NEGATIVE (-ve)
pH *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	7		5.0 - 7.5
BILIRUBIN *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	Negative		NEGATIVE (-ve)
NITRITE *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.*	Negative		NEGATIVE (-ve)
UROBILINOGEN *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	Normal	EU/dL	0.2 - 1.0
KETONE BODIES *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	Negative		NEGATIVE (-ve)
BLOOD ***by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY***	**1+**		**NEGATIVE (-ve)**
ASCORBIC ACID *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	NEGATIVE (-ve)		NEGATIVE (-ve)

MICROSCOPIC EXAMINATION

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Test Name	Value	Unit	Biological Reference interval
RED BLOOD CELLS (RBCs) *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT*	8-10	/HPF	0 - 3
PUS CELLS *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT*	3-5	/HPF	0 - 5
EPITHELIAL CELLS *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT*	12-15	/HPF	ABSENT
CRYSTALS *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT*	NEGATIVE (-ve)		NEGATIVE (-ve)
CASTS *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT*	NEGATIVE (-ve)		NEGATIVE (-ve)
BACTERIA *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT*	NEGATIVE (-ve)		NEGATIVE (-ve)
OTHERS *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT*	NEGATIVE (-ve)		NEGATIVE (-ve)
TRICHOMONAS VAGINALIS (PROTOZOA) *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT*	ABSENT		ABSENT

*** End Of Report ***

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