

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

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


NAME	: Mr. RAMA SETHI	PATIENT ID	: 1621270
AGE/ GENDER	: 69 YRS/MALE	REG. NO./LAB NO.	: 012409210069
COLLECTED BY	:	REGISTRATION DATE	: 21/Sep/2024 09:44 PM
REFERRED BY	:	COLLECTION DATE	: 21/Sep/2024 09:47PM
BARCODE NO.	: 01517435	REPORTING DATE	: 22/Sep/2024 10:23AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		


Test Name	Value	Unit	Biological Reference interval
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CLINICAL PATHOLOGY
PLEURAL FLUID EXAMINATION

TYPE OF SAMPLE	PLEURAL FLUID		
<u>MACROSCOPIC EXAMINATION</u>			
VOLUME	20	ML	
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	HAZY		CLEAR
COAGULUM	SEEN		NOT SEEN
BLOOD	NEGATIVE (-ve)		NEGATIVE (-ve)
<u>CHEMICAL ANALYSIS</u>			
PROTEINS <i>by SPECTROPHOTOMETRY</i>	4.19	gm/dL	
GLUCOSE <i>by SPECTROPHOTOMETRY</i>	162.74	mg/dL	0
<u>CYTOLOGY</u>			
TOTAL LEUCOCYTE COUNT (TLC) <i>by MICROSCOPY</i>	2400 CELLS	/cmm	
LYMPHOCYTES <i>by MICROSCOPY</i>	15	%	
POLYMORPHS <i>by MICROSCOPY</i>	85	%	
**EXUDATE MAINLY.			




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ADENOSINE DEAMINASE ACTIVITY (ADA)

ADENOSINE DEAMINASE ACTIVITY (ADA)	9.08	U/L	0 - 40
<i>by KINETIC, SPECTROPHOTOMETRY</i>			

INTERPRETATION

Normal	U/L	<30
Suspect	U/L	30- 40
Strong suspect	U/L	40- 60
Positive	U/L	>60

1. Adenosine deaminase is widely distributed in mammalian tissues, especially in T lymphocytes.
2. Increased levels of ADA are found in various forms of tuberculosis making it a marker for the same.

NOTE:-Though ADA is also increased in various infections like infectious mononucleosis, typhoid, viral hepatitis & in cases of malignant tumours, the same can be ruled out clinically.



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LACTATE DEHYDROGENASE (LDH): FLUID

LACTATE DEHYDROGENASE (LDH): FLUID 305.8
by BASED ON SCE, SPECTROPHOTOMETRY

Transudate:
Absolute LDH: < 200 IU/L
P.fluid/serum ratio < 0.6

Exudate :
Absolute LDH: > 200 IU/L
P.fluid/serum ratio > 0.6



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CYTOLOGY

CYTOLOGY/CYTOLOGY EXAMINATION BODY FLUIDS/CYTOLOGY FOR MALIGNANT CELLS

TEST NAME:
CYTOLOGY

CLINICAL HISTORY (IF ANY):


SITE:
 Pleural fluid


NATURE/APPEARANCE OF SPECIMEN :
 Pale yellow & hazy

MICROSCOPIC EXAMINATION:
 Smear show many inflammatory cells consisting of mainly polymorphs. Many scattered mesothelial cells & foamy cells also present. Occasionally cells with mild atypia seen.

INTERPRETATION/RESULT:
 Correlate clinically.




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BARCODE NO.	: 01517435	REPORTING DATE	: 24/Sep/2024 10:06AM
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MICROBIOLOGY

CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: OTHERS

CULTURE AND SUSCEPTIBILITY

DATE OF SAMPLE	21-09-2024
SPECIMEN SOURCE	PLEURAL FLUID
INCUBATION PERIOD	48 HOURS
CULTURE	STERILE
<i>by AUTOMATED BROTH CULTURE</i>	
ORGANISM	NO AEROBIC PYOGENIC ORGANISM GROWN AFTER 48 HOURS OF INCUBATION AT 37°C
<i>by AUTOMATED BROTH CULTURE</i>	

AEROBIC SUSCEPTIBILITY

INTERPRETATION

SUSCEPTIBILITY:

1. A test interpreted as **SENSITIVE** implies that infection due to isolate may be appropriately treated with the dosage of an antimicrobial agent recommended for that type of infection and infecting species, unless otherwise indicated.
2. A test interpreted as **INTERMEDIATE** implies that the "Infection due to the isolate may be appropriately treated in body sites where the drugs are physiologically concentrated or when a high dosage of drug can be used".
3. A test interpreted as **RESISTANT** implies that the "isolates are not inhibited by the usually achievable concentration of the agents with normal dosage, schedule and/or fall in the range where specific microbial resistance mechanism are likely (e.g. beta-lactamases), and clinical efficacy has not been reliable in treatment studies.

CAUTION:

Conditions which can cause a false Negative culture:

1. Patient is on antibiotics. Please repeat culture post therapy.
2. Anaerobic bacterial infection.
3. Fastidious aerobic bacteria which are not able to grow on routine culture media.
4. Besides all these factors, at least in 25-40 % of cases there is no direct correlation between in vivo clinical picture.
5. Renal tuberculosis to be confirmed by AFB studies.



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ACID FAST BACILLI (AFB)/ZEIHL-NEELSEN (Z-N) STAIN EXAMINATION

TEST NAME:

ACID FAST BACILLI (AFB)/ZEIHL-NEELSEN (Z-N) STAIN EXAMINATION

CLINICAL HISTORY (IF ANY):

NATURE OF SPECIMEN:

PLEURAL FLUID

MICROSCOPIC EXAMINATION :

Smear show many inflammatory cells .

ZEIHL NEELSEN (Z.N) STAIN FOR ACID FAST BACILLI:


No acid fast bacilli seen in Z.N stained smear .


IMPRESSION:

Negative for AFB (Acid fast bacilli) .

*** End Of Report ***




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