

**Dr. Vinay Chopra**  
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 Chairman & Consultant Pathologist

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

<b>NAME</b>	: <b>Baby. DRISHTY</b>	<b>PATIENT ID</b>	: 1629520
<b>AGE/ GENDER</b>	: 9 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: <b>012409300060</b>
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 30/Sep/2024 12:18 PM
<b>REFERRED BY</b>	: SNEH HOSPITAL (AMBALA CANTT)	<b>COLLECTION DATE</b>	: 30/Sep/2024 12:20PM
<b>BARCODE NO.</b>	: 01518033	<b>REPORTING DATE</b>	: 30/Sep/2024 01:53PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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**COAGULATION PANEL**  
**PROTHROMBIN TIME STUDIES (PT/INR)**


PT TEST (PATIENT) <i>by PHOTO OPTICAL CLOT DETECTION</i>	11.9	SECS	11.7 - 15.1
PT (CONTROL) <i>by PHOTO OPTICAL CLOT DETECTION</i>	12	SECS	
ISI <i>by PHOTO OPTICAL CLOT DETECTION</i>	1.1		
INTERNATIONAL NORMALISED RATIO (INR) <i>by PHOTO OPTICAL CLOT DETECTION</i>	0.99		0.87 - 1.20
PT INDEX <i>by PHOTO OPTICAL CLOT DETECTION</i>	100.84	%	


**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	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	High Intensity	2.5 - 3.5
Recurrent embolism		
Mechanical heart valve		



  
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Antiphospholipid antibodies <sup>+</sup>			
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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



  
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### ACTIVATED PARTIAL THROMBOPLASTIN TIME (APTT)

APTT (PATIENT VALUE)	32.9	SECS	31.8 - 43.7
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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.



  
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NAME	: Baby. DRISHTY	PATIENT ID	: 1629520
AGE/ GENDER	: 9 YRS/FEMALE	REG. NO./LAB NO.	: 012409300060
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### CLINICAL CHEMISTRY/BIOCHEMISTRY

BILIRUBIN COMPLETE			
BILIRUBIN TOTAL: SERUM	7.23 <sup>H</sup>	mg/dL	INFANT: 0.20 - 8.00
by DIAZOTIZATION, SPECTROPHOTOMETRY			ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (CONJUGATED): SERUM	6.42 <sup>H</sup>	mg/dL	0.00 - 0.40
by DIAZO MODIFIED, SPECTROPHOTOMETRY			
BILIRUBIN INDIRECT (UNCONJUGATED): SERUM	0.81	mg/dL	0.10 - 1.00
by CALCULATED, SPECTROPHOTOMETRY			





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#### SGOT/SGPT PROFILE

SGOT/AST: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	120.4 <sup>H</sup>	U/L	7.00 - 45.00
SGPT/ALT: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	368.8 <sup>H</sup>	U/L	0.00 - 49.00
SGOT/SGPT RATIO <i>by CALCULATED, SPECTROPHOTOMETRY</i>	0.33		

#### INTERPRETATION

**NOTE:-** To be correlated in individuals having SGOT and SGPT values higher than Normal Reference Range.

**USE:-** Differential diagnosis of diseases of hepatobiliary system and pancreas.

#### INCREASED:-

DRUG HEPATOTOXICITY	> 2
ALCOHOLIC HEPATITIS	> 2 (Highly Suggestive)
CIRRHOSIS	1.4 - 2.0
INTRAHEPATIC CHOLESTATIS	> 1.5
HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS	> 1.3 (Slightly Increased)

#### DECREASED:-


1. Acute Hepatitis due to virus, drugs, toxins (with AST increased 3 to 10 times upper limit of normal)
2. Extra Hepatic cholestasis: 0.8 (normal or slightly decreased).

#### PROGNOSTIC SIGNIFICANCE:-

NORMAL	< 0.65
GOOD PROGNOSTIC SIGN	0.3 - 0.6
POOR PROGNOSTIC SIGN	1.2 - 1.6

\*\*\* End Of Report \*\*\*



  
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