

Dr. Vinay Chopra
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Chairman & Consultant Pathologist

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

NAME : Mr. RAJESH KUMAR
AGE/ GENDER : 26 YRS/MALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 01519662
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT
PATIENT ID : 1654986
REG. NO./LAB NO. : 012410270050
REGISTRATION DATE : 27/Oct/2024 06:12 PM
COLLECTION DATE : 27/Oct/2024 07:02PM
REPORTING DATE : 28/Oct/2024 10:17AM

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

TYPE OF SAMPLE	PLEURAL FLUID		
MACROSCOPIC EXAMINATION			
VOLUME	3	ML	
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	HAZY		CLEAR
COAGULUM	SEEN		NOT SEEN
BLOOD	NEGATIVE (-ve)		NEGATIVE (-ve)
CHEMICAL ANALYSIS			
PROTEINS by SPECTROPHOTOMETRY	5.01	gm/dL	
GLUCOSE by SPECTROPHOTOMETRY	48.74	mg/dL	0
CYTOLOGY			
TOTAL LEUCOCYTE COUNT (TLC) by MICROSCOPY	960 cells	/cmm	
LYMPHOCYTES by MICROSCOPY	92	%	
POLYMORPHS by MICROSCOPY	8	%	
**EXUDATE MAINLY.			



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BARCODE NO.	: 01519662	REPORTING DATE	: 28/Oct/2024 10:16AM
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ADENOSINE DEAMINASE ACTIVITY (ADA)

ADENOSINE DEAMINASE ACTIVITY (ADA)	74.4^H	U/L	0 - 40
by KINETIC, SPECTROPHOTOMETRY			

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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BARCODE NO.	: 01519662	REPORTING DATE	: 28/Oct/2024 10:18AM
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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/APPEAREANCE OF SPECIMEN :
 Pale yellow

MICROSCOPIC EXAMINATION:
 Smear show inflammatory cells comprising of mainly lymphocytes.No malignant cells seen.

INTERPRETATION/RESULT:
 Correlate clinically




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BARCODE NO.	: 01519662	REPORTING DATE	: 29/Oct/2024 01:44PM
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MOLECULAR PATHOLOGY

POLYMERASE CHAIN REACTION (PCR) FOR MYCOBACTERIUM

TYPE OF SAMPLE	PLEURAL FLUID
by RT-PCR (REAL TIME-POLYMERASE CHAIN REACTION)	
MYCOBACTERIUM TUBERCULOSIS COMPLEX	POSITIVE (+ve)
by RT-PCR (REAL TIME-POLYMERASE CHAIN REACTION)	
NON TUBERCULOUS MYCOBACTERIUM	NEGATIVE (-ve)
by RT-PCR (REAL TIME-POLYMERASE CHAIN REACTION)	
INTERNAL CONTROL	POSITIVE (+ve)
by RT-PCR (REAL TIME-POLYMERASE CHAIN REACTION)	

INTERPRETATION:


RESULT	COMMENTS
MYCOBACTERIUM TUBERCULOSIS - IF DETECTED	Infection likely with any of the following species: <i>M. tuberculosis</i> , <i>M. bovis</i> , <i>M. microti</i> & <i>M. africanum</i> .
NON TUBERCULOUS MYCOBACTERIA- IF DETECTED	Infection likely with <i>M. avium</i> complex and <i>M. kansasii</i> causing pulmonary disease or <i>M. abscessus</i> , <i>M. chelonae</i> , <i>M. marinum</i> & <i>M. fortuitum</i> which causes skin and soft tissue infections.
INHIBITORS- IF DETECTED	Inhibitors detected in the sample provided. Repeat sample is Recommended
MYCOBACTERIUM TUBERCULOSIS COMPLEX & NON TUBERCULOUS MYCOBACTERIA- NOT DETECTED	Mycobacteria not detected in the sample provided.


COMMENTS:

1. Mycobacterium tuberculosis complex (*M. tuberculosis*, *M. bovis*, *M. Microti* & *M. africanum*) are the only mycobacteria that are transmitted from person to person and therefore are of public health importance.
2. Non Tuberculous Mycobacteria most commonly encountered are *M. avium* Complex and *M. kansasii* which causes pulmonary disease; *M. abscessus*, *M. chelonae*, *M. marinum* & *M. fortuitum* which causes skin and soft tissue infections.
3. Many of the non tuberculous mycobacteria are environmental contaminants. Nucleic acid amplification tests provide direct detection of various Mycobacteria.

NOTE:




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- 1.This test does not differentiate between Mycobacterium species.
- 2.Mycobacterium culture is recommended in case inhibition is detected.

*** End Of Report ***




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