

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

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

<b>NAME</b>	: Mrs. USHA GARG	<b>PATIENT ID</b>	: 1663107
<b>AGE/ GENDER</b>	: 74 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012411060052
<b>COLLECTED BY</b>	: SURJESH	<b>REGISTRATION DATE</b>	: 06/Nov/2024 01:51 PM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 06/Nov/2024 01:56PM
<b>BARCODE NO.</b>	: 01520240	<b>REPORTING DATE</b>	: 06/Nov/2024 03:37PM
<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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**ENDOCRINOLOGY**  
**PROCALCITONIN (PCT)**

PROCALCITONIN (PCT): SERUM	0.24	ng/mL	< 0.50
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by ELFA (ENZYME LINKED FLOUROSCENCE ASSAY)

**INTERPRETATION:**

Procalcitonin, the prohormone of calcitonin is below limit of detection 500 pg/ml in healthy individuals. It rises in response to an inflammatory stimulus especially of bacterial origin. It does not rise significantly with viral or non inflammations.

PROCALCITONIN (VALUE IN ng/mL)	INFERENCE
< 0.50 ng/mL	Minor local bacterial infection is possible. Severe systemic infection (Sepsis) is not likely
0.50- < 2.0 ng/mL	Systemic infection is possible, but various conditions are known to induce PCT as well (see below). Suggest repeat after 6-24 hours for a definitive diagnosis
2.0 - < 10.0 ng/mL	Systemic infection (Sepsis) is likely, unless other causes are known
>=10.0 ng/mL	Important systemic inflammatory response, almost exclusively due to severe bacterial sepsis or septic shock

**PCT levels can be elevated in non infectious causes like:**

- 1.The first days after a major trauma, major surgical intervention, burns, treatment with OKT3 antibodies and other drugs stimulating the release of pro-inflammatory cytokines, small cell lung cancer, medullary C-cell carcinoma of thyroid.
- 2.Patients with prolonged or severe cardiogenic shock, prolonged severe organ perfusion anomalies.
- 3.Neonates < 48 hrs of life.
- 4.Patients with PCT values 2000 pg/mL should be closely monitored both clinically and by reassessing PCT within 6-24 hrs.

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



  
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 MBBS, MD (PATHOLOGY)

