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

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



| | | | |
|---|---|---|---|
| **NAME** | **: Mr. VATAN ANAND** | | |
| **AGE/ GENDER** | : 31 YRS/MALE | **PATIENT ID** | : 1685303 |
| **COLLECTED BY** | : | **REG. NO./LAB NO.** | **: 012411280066** |
| **REFERRED BY** | : | **REGISTRATION DATE** | : 28/Nov/2024 06:31 PM |
| **BARCODE NO.** | : 01521639 | **COLLECTION DATE** | : 28/Nov/2024 06:38PM |
| **CLIENT CODE.** | : KOS DIAGNOSTIC LAB | **REPORTING DATE** | : 28/Nov/2024 08:18PM |
| **CLIENT ADDRESS** | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |

## HAEMATOLOGY

### PROTHROMBIN TIME STUDIES (PT/INR)

| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|
| PT TEST (PATIENT)<br>*by PHOTO OPTICAL CLOT DETECTION* | **17.3$^{H}$** | SECS | 11.5 - 14.5 |
| PT (CONTROL)<br>*by PHOTO OPTICAL CLOT DETECTION* | 12 | SECS | |
| ISI<br>*by PHOTO OPTICAL CLOT DETECTION* | 1.1 | | |
| INTERNATIONAL NORMALISED RATIO (INR)<br>*by PHOTO OPTICAL CLOT DETECTION* | **1.5$^{H}$** | | 0.80 - 1.20 |
| PT INDEX<br>*by PHOTO OPTICAL CLOT DETECTION* | 69.36 | % | |
| **ADVICE** | **KINDLY CORRELATE CLINICALLY** | | |

***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 | | |

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| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|
| Antiphospholipid antibodies$^{+}$ | | | |

**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 dificiency

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| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|

## CLINICAL CHEMISTRY/BIOCHEMISTRY

### AMMONIA (NH3)

| | | | |
|---|---|---|---|
| AMMONIA (NH3): BLOOD<br>*by ENZYMATIC - GLDH, SPECTROPHOTOMETRY* | 82.4 | µg/dL | 27 - 90 |

***INTERPRETATION:***

Ammonia is elevated in the following condition:
1.Liver disease
2.urinary tract infection with distentionand stasis
3.Reye syndrome
4.inborn errors of metabolism including deficiency of enzymes in the urea cycle
5.HHH syndrome (hyperammonemia - homocitrullinuria, hyperornithinemia)
6.Some normal neonates (usually returning to normal in 48 hours)
7.Total parenteral nutrition
8. Ureterosigmoidostomy
9.Sodium valproate therapy.
10.Ammonia determination is indicated in neonates with neurological deterioration, subjects with lethargy and/or emesis not explained, and in patients with possible encephalopathy.
11.Ammonia measurements are mainly of use in the diagnosis of urea cycle deficiencies (any neonate with unexplained nausea, vomiting, or neurological deterioration appearing after first feeding

*** End Of Report ***

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