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

NAME	**: Mr. R.K CHOPRA**		
AGE/ GENDER	: 62 YRS/MALE	**PATIENT ID**	: 1761476
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012502180048**
REFERRED BY	:	**REGISTRATION DATE**	: 18/Feb/2025 02:16 PM
BARCODE NO.	: 01525730	**COLLECTION DATE**	: 18/Feb/2025 02:18PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 18/Feb/2025 03:39PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR) *by RED CELL AGGREGATION BY CAPILLARY PHOTOMETRY*	**70^{H}**	mm/1st hr	0 - 20

INTERPRETATION:

1. ESR is a non-specific test because an elevated result often indicates the presence of inflammation associated with infection, cancer and auto-immune disease, but does not tell the health practitioner exactly where the inflammation is in the body or what is causing it.
2. An ESR can be affected by other conditions besides inflammation. For this reason, the ESR is typically used in conjunction with other test such as C-reactive protein
3. This test may also be used to monitor disease activity and response to therapy in both of the above diseases as well as some others, such as systemic lupus erythematosus

CONDITION WITH LOW ESR

A low ESR can be seen with conditions that inhibit the normal sedimentation of red blood cells, such as a high red blood cell count (polycythaemia), significantly high white blood cell count (leucocytosis) , and some protein abnormalities. Some changes in red cell shape (such as sickle cells in sickle cell anaemia) also lower the ESR.

NOTE:

1. ESR and C - reactive protein (C-RP) are both markers of inflammation.
2. Generally, ESR does not change as rapidly as does CRP, either at the start of inflammation or as it resolves.
3. **CRP is not affected by as many other factors as is ESR, making it a better marker of inflammation.**
4. If the ESR is elevated, it is typically a result of two types of proteins, globulins or fibrinogen.
5. Women tend to have a higher ESR, and menstruation and pregnancy can cause temporary elevations.
6. Drugs such as dextran, methyldopa, oral contraceptives, penicillamine procainamide, theophylline, and vitamin A can increase ESR, while aspirin, cortisone, and quinine may decrease it

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BARCODE NO.	: 01525730	**COLLECTION DATE**	: 18/Feb/2025 02:18PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 19/Feb/2025 08:55AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

AMMONIA (NH3)

AMMONIA (NH3): BLOOD *by ENZYMATIC - GLDH, SPECTROPHOTOMETRY*	**130^{H}**	µg/dL	27 - 102

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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