

(A Unit of KOS Healthcare)



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

NAME : Mrs. PRIYANKA

**AGE/ GENDER** : 27 YRS/FEMALE **PATIENT ID** : 1802959

COLLECTED BY: SURJESH REG. NO./LAB NO. : 012503230034

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 : 23/Mar/2025 10:28 AM

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 : KOS DIAGNOSTIC LAB
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**CLIENT ADDRESS**: 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

# COAGULATION PANEL PROTHROMBIN TIME STUDIES (PT/INR)

PT TEST (PATIENT) by PHOTO OPTICAL CLOT DETECTION	12.6	SECS	11.5 - 14.5
PT (CONTROL) by PHOTO OPTICAL CLOT DETECTION	12	SECS	
ISI by PHOTO OPTICAL CLOT DETECTION	1.1		
INTERNATIONAL NORMALISED RATIO (INR) by PHOTO OPTICAL CLOT DETECTION	1.06		0.80 - 1.20
PT INDEX by PHOTO OPTICAL CLOT DETECTION	95.24	%	

#### **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			
Treatment of pulmonary embolism			
Prevention of systemic embolism in tissue heart valves			
Valvular heart disease	Low Intensity		2.0 - 3.0
Acute myocardial infarction		A	
Atrial fibrillation			
Bileaflet mechanical valve in aortic position			
Recurrent embolism			
Mechanical heart valve	High Intensity		2.5 - 3.5



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Antiphospholipid antibodies <sup>+</sup>			

#### **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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### ACTIVATED PARTIAL THROMBOPLASTIN TIME (APTT)

APTT (PATIENT VALUE)

32.6

SECS

28.6 - 38.2

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 Anticogulant.
- 6. Deficiency of a coagulation Factor other than factor 7.



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### CLINICAL CHEMISTRY/BIOCHEMISTRY LIVER FUNCTION TEST (COMPLETE)

BILIRUBIN TOTAL: SERUM by diazotization, spectrophotometry	0.41	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (CONJUGATED): SERUM by DIAZO MODIFIED, SPECTROPHOTOMETRY	0.12	mg/dL	0.00 - 0.40
BILIRUBIN INDIRECT (UNCONJUGATED): SERUM by CALCULATED, SPECTROPHOTOMETRY	0.29	mg/dL	0.10 - 1.00
SGOT/AST: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE	22.5	U/L	7.00 - 45.00
SGPT/ALT: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE	15.6	U/L	0.00 - 49.00
AST/ALT RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY	1.44	RATIO	0.00 - 46.00
ALKALINE PHOSPHATASE: SERUM by para nitrophenyl phosphatase by amino methyl propanol	99.15	U/L	40.0 - 130.0
GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM by SZASZ, SPECTROPHTOMETRY	11.15	U/L	0.00 - 55.0
TOTAL PROTEINS: SERUM by BIURET, SPECTROPHOTOMETRY	7.69	gm/dL	6.20 - 8.00
ALBUMIN: SERUM by Bromocresol green	3.65	gm/dL	3.50 - 5.50
GLOBULIN: SERUM by CALCULATED, SPECTROPHOTOMETRY	4.04 <sup>H</sup>	gm/dL	2.30 - 3.50
A: GRATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY	0.9 <sup>L</sup>	RATIO	1.00 - 2.00

**INTERPRETATION** 

NOTE:- To be correlated in individuals having SGOT and SGPT values higher than Normal Referance 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



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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 cholestatis: 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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