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Chairman & Consultant Pathologist

Dr. Yugam Chopra  
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CEO & Consultant Pathologist

<b>NAME</b>	: Mrs. MOHINDER KAUR	<b>PATIENT ID</b>	: 1817482
<b>AGE/ GENDER</b>	: 66 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012504040016
<b>COLLECTED BY</b>	: SURJESH	<b>REGISTRATION DATE</b>	: 04/Apr/2025 09:34 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 04/Apr/2025 10:11AM
<b>BARCODE NO.</b>	: 01528331	<b>REPORTING DATE</b>	: 04/Apr/2025 10:24AM
<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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**HAEMATOLOGY**

**HAEMOGLOBIN (HB)**

HAEMOGLOBIN (HB) <i>by CALORIMETRIC</i>	12.2	gm/dL	12.0 - 16.0
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**INTERPRETATION:-**

Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the bodys tissues and returns carbon dioxide from the tissues back to the lungs.

A low hemoglobin level is referred to as ANEMIA or low red blood count.

**ANEMIA ( DECREASED HAEMOGLOBIN):**

- 1) Loss of blood (traumatic injury, surgery, bleeding, colon cancer or stomach ulcer)
- 2) Nutritional deficiency (iron, vitamin B12, folate)
- 3) Bone marrow problems (replacement of bone marrow by cancer)
- 4) Suppression by red blood cell synthesis by chemotherapy drugs
- 5) Kidney failure
- 6) Abnormal hemoglobin structure (sickle cell anemia or thalassemia).

**POLYCYTHEMIA (INCREASED HAEMOGLOBIN):**

- 1) People in higher altitudes (Physiological)
- 2) Smoking (Secondary Polycythemia)
- 3) Dehydration produces a falsely rise in hemoglobin due to increased haemoconcentration
- 4) Advanced lung disease (for example, emphysema)
- 5) Certain tumors
- 6) A disorder of the bone marrow known as polycythemia rubra vera,
- 7) Abuse of the drug erythropoetin (Epogen) by athletes for blood doping purposes (increasing the amount of oxygen available to the body by chemically raising the production of red blood cells).

**NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD**



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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

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Test Name	Value	Unit	Biological Reference interval
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**PROTHROMBIN TIME STUDIES (PT/INR)**

PT TEST (PATIENT) <i>by PHOTO OPTICAL CLOT DETECTION</i>	25.2 <sup>H</sup>	SECS	11.5 - 14.5
PT (CONTROL) <i>by PHOTO OPTICAL CLOT DETECTION</i>	12	SECS	
ISI <i>by PHOTO OPTICAL CLOT DETECTION</i>	1.1		
INTERNATIONAL NORMALISED RATIO (INR) <i>by PHOTO OPTICAL CLOT DETECTION</i>	2.26 <sup>H</sup>		0.80 - 1.20
PT INDEX <i>by PHOTO OPTICAL CLOT DETECTION</i>	47.62	%	

**ADVICE** **KINDLY CORRELATE CLINICALLY**

**INTERPRETATION:-**

1. INR is the parameter of choice in monitoring adequacy of oral anti-coagulant therapy. Appropriate 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 <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 deficiency

RECHECKED.

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

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