



Dr. Vinay ChopraDr. Yugam ChopraMD (Pathology & Microbiology)MD (Pathology)Chairman & Consultant PathologistCEO & Consultant Pathologist							
NAME	: Mr. RITIK						
AGE/ GENDER	: 16 YRS/MALE	PATIENT ID	: 1820205				
COLLECTED BY	:	REG. NO./LAB NO.	: 012504060048				
REFERRED BY	:	REGISTRATION DA	ATE : 06/Apr/2025 02:45 PM				
BARCODE NO.	:01528474	COLLECTION DATE	E : 06/Apr/2025 02:46PM				
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPORTING DATE	: 06/Apr/2025 03:36PM				
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT						
Test Name		Value Uni	it Biological Reference interval				
HAEMATOLOGY							
DIRECT COOMBS TEST (DCT)							
DIRECT COOMBS TEST (DCT) NEGAT		NEGATIVE (-ve)	NEGATIVE (-ve)				

Interpretation:-

The direct Coombs test (also known as the **direct antiglobulin test** or DAT) is used to detect if antibodies or complement system factors have bound to RBC surface antigens *in vivo*.

The direct Coombs test is used clinically when immune-mediated hemolytic anemia (antibody-mediated destruction of RBCs) is suspected. This mechanism could be autoimmunity, alloimmunity or a drug-induced immune-mediated mechanism.



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CLIENT CODE.	: KOS DIAGNOSTIC LAB	DIAGNOSTIC LAB REPORTING DATE		:06/Apr/202506:42PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD,	AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
		AL CHEMISTRY fe dehydrogen		
	ROGENASE (LDH): SERUM PECTROPHOTOMETRY	1694.7 ^H	U/L	225.0 - 450.0
1.Lactate dehydrogen erythrocytes.				ns in heart, liver, muscle, kidney, lung, and ate dehydrogenase elevations in patients with

INCREASED (MARKED) :-

- 1.Megaloblastic anemia.
- 2. Untreated pernicious anemia.
- 3.Hodgkins disease. 4.Abdominal and lung cancers.
- 5.Severe shock.
- 6.Hypoxia.

- **INCREASED (MODERATE):-**1. Myocardial infarction (MI).
- 2.Pulmonary infarction and pulmonary embolism.
- 3.Leukemia.
- 4.Hemolytic anemia.
- 5.Infectious mononucleosis.
- 6. Progressive muscular dystrophy (especially in the early and middle stages of the disease)
- 7.Liver disease and renal disease.

NOTE:-

1.In liver disease, elevations of LDH are not as great as the increases in aspartate amino transferase (AST) and alanine aminotransferase (ALT). 2. Serum LDH may be falsely elevated in otherwise healthy individuals which can be due to mechanical destrunction of RBCs. Therefore, Possibility of mechanical errors (Transportation or vigorous shaking) should always be ruled out.

*** End Of Report ***





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