



# P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

**A PIONEER DIAGNOSTIC CENTRE**

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

NAME	: Mr. HARSHPREET SINGH	PATIENT ID	: 1477909
AGE/ GENDER	: 21 YRS/MALE	REG. NO./LAB NO.	: 122407090003
COLLECTED BY	:	REGISTRATION DATE	: 09/Jul/2024 08:42 AM
REFERRED BY	:	COLLECTION DATE	: 09/Jul/2024 08:53AM
BARCODE NO.	: 12503496	REPORTING DATE	: 09/Jul/2024 04:01PM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTITUTE		
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA		

Test Name	Value	Unit	Biological Reference interval
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## HAEMATOLOGY

### D-DIMER (QUANTITATIVE)

D - DIMER (QUANTITATIVE) 120 ng/mL 0.00 - 500.00

by EFIA (FLUORESCENT ENZYME IMMUNOASSAY)

#### INTERPRETATION:

During coagulation sequence of reactions occurring in the body in response to variety of external and/or internal stimuli. The enzymatic cascade reaction terminates in the conversion of fibrinogen to fibrin by enzyme thrombin. The fibrin gel is then converted to a stable fibrin clot. The fibrin network is dissolved by enzyme plasmin to generate cross-linked FIBRIN DEGRADATION PRODUCTS. D-DIMER is the smallest plasmin resistant molecular unit present within FDP.

#### INCREASED D-DIMER IS SEEN IN FOLLOWING CONDITIONS:

1. Deep Vein Thrombosis (DVT)
2. Venous Thromboembolism
3. Recent Surgery
4. Trauma
5. Infection
6. Liver disease
7. Pregnancy
8. Eclampsia
9. Heart Disease
10. Some cancers
11. Elderly

#### NOTE:

1. A normal or low D-dimer helps to rule out clotting as cause of symptoms.
2. D- DIMER is approximately 6 hours in circulation of individuals with normal renal functions. Patients with stabilized clots and not going active fibrin deposition and plasmin activation may not give detectable D-Dimer elevation, anti-coagulant therapy.
3. In Pulmonary Embolism (PE), the larger the clot size, higher the expected level of circulating D-Dimer. Conversely, the amount of D – DIMER release from very small clots may be diluted by circulation and may not give detectable increase.
4. Fibrinolysis is a highly regulated process and in dynamic delicate balance. In case of hereditary, acquired deficiency and dysfunction of fibrinogen, the rate of fibrinolysis will be altered thereby not giving detectable D-Dimer level.
5. False positive may be seen with high levels of rheumatoid factor, bilirubin, lipemic sera and haemolysed blood

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



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