



# PKR JAIN HEALTHCARE INSTITUTE NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

## A PIONEER DIAGNOSTIC CENTRE

**NAME** : Mrs. MANJINDER KAUR

AGE/ GENDER : 45 YRS/FEMALE **PATIENT ID** : 1809499

**COLLECTED BY** REG. NO./LAB NO. : 122503280018

REFERRED BY **REGISTRATION DATE** : 28/Mar/2025 10:56 AM BARCODE NO. : 12507760 **COLLECTION DATE** : 28/Mar/2025 11:32AM CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE REPORTING DATE : 28/Mar/2025 03:15PM

**CLIENT ADDRESS** : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

Value Unit Test Name **Biological Reference interval** 

# **HAEMATOLOGY** HAEMOGLOBIN (HB)

HAEMOGLOBIN (HB) gm/dL 12.0 - 16.0  $8.2^{L}$ 

by CALORIMETRIC

**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 (DECRESED 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



DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY)



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## A PIONEER DIAGNOSTIC CENTRE

**■** 0171-2532620, 8222896961 ■ pkrjainhealthcare@gmail.com

REPORTING DATE

: 28/Mar/2025 08:08PM

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**Test Name** Value Unit **Biological Reference interval** 

### PROTHROMBIN TIME STUDIES (PT/INR)

PT TEST (PATIENT) by PHOTO OPTICAL CLOT DETECTION	18.4 <sup>H</sup>	SECS	11.5 - 14.5
PT (CONTROL) by PHOTO OPTICAL CLOT DETECTION	12	SECS	
ISI by PHOTO OPTICAL CLOT DETECTION	1.1		
INTERNATIONAL NORMALISED R by PHOTO OPTICAL CLOT DETECTION	ATIO (INR) 1.6 <sup>H</sup>		0.80 - 1.20
PT INDEX by PHOTO OPTICAL CLOT DETECTION	65.22	%	
ADVICE	KINDLY CORE	KINDLY CORRELATE CLINICALLY	

### INTERPRETATION:-

CLIENT CODE.

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



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Unit Test Name Value **Biological Reference interval** 

Antiphospholipid antibodies+

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

**End Of Report** 



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