

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No
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Ref Doctor	Reporting Date
Passport No.	

Hematology

D-Dimer, (Quantitative), Citrate Plasma*, Sodium Citrate

Date	11/Dec/2021 02:15AM	10/Dec/21 02:19AM	09/Dec/21 12:42AM	07/Dec/21 12:58AM	06/Dec/21 01:21AM	Unit	Bio Ref Interval
D-Dimer, (Quantitative) Latex enhanced Immunoassay	376	282	253	456	524	ng/mL	0-243
.	0.75	0.56	0.51	0.91	1.05	ug FEU/ml	0.0 - 0.5

Comment D Dimer is a fibrin degradation product, a small fragment of protein present in blood after a blood clot is degraded by fibrinolysis.

D-dimer is increased in deep venous thrombosis (DVT), pulmonary embolism(PE) or disseminated intravascular coagulation (DIC).

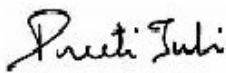
In cases of high D-dimer result further testings for DVT and pulmonary embolism should be performed – mainly including radiological tests.

Negative D-dimer report virtually rules out thromboembolism.

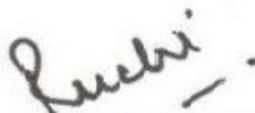
False positive readings can be due to various causes: liver disease, high rheumatoid factor, inflammation, malignancy, trauma, pregnancy, recent surgery as well as advanced age.

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Preeti Tuli, M.D.
Principal Consultant & Quality Manager
Pathology.



Dr. Ruchi Srivastava, M.D.
Consultant - Pathology



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Clinical Biochemistry

Renal Profile (Without Urine), Serum

Urea, Serum

Date	11/Dec/2021 08:47AM	10/Dec/21 02:19AM	09/Dec/21 12:42AM	08/Dec/21 12:46AM	07/Dec/21 12:58AM	Unit	Bio Ref Interval
Urea Urease, UV	125.1	145.5	145.5	139.0	138.2	mg/dL	17.0 - 43.0

Creatinine, Serum

Date	11/Dec/2021 08:47AM	10/Dec/21 02:19AM	09/Dec/21 12:42AM	08/Dec/21 12:46AM	07/Dec/21 12:58AM	Unit	Bio Ref Interval
Creatinine Alkaline picrate kinetic	1.22	1.36	1.25	1.29	1.45	mg/dL	0.6 - 1.1
eGFR MDRD	42.00	37.05	40.84	39.38	34.41	ml/min/1.73 m ²	

Ref. Range

eGFR - Estimated Glomerular Filtration Rate is calculated by MDRD equation which is most accurate for GFRs ≤ 60 ml / min / 1.73 m². MDRD equation is **used for adult population only.**

<60ml / min / 1.73 m² - Chronic Kidney Disease

<15 ml / min / 1.73 m² - Kidney failure

Sodium, Serum

Date	11/Dec/2021 08:47AM	10/Dec/21 02:19AM	09/Dec/21 12:42AM	08/Dec/21 12:46AM	07/Dec/21 12:58AM	Unit	Bio Ref Interval
Sodium ISE indirect	133.1	134.7	131.9	136.0	132.8	mmol/L	136 - 146



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Clinical Biochemistry

Renal Profile (Without Urine), Serum

Potassium, Serum

Date	11/Dec/2021 08:47AM	10/Dec/21 02:19AM	09/Dec/21 12:42AM	08/Dec/21 12:46AM	07/Dec/21 06:20PM	Unit	Bio Ref Interval
Potassium ISE indirect	3.65	3.34	4.06	3.89	3.52	mmol/L	3.5 - 5.1

Chloride, Serum

Date	11/Dec/2021 08:47AM	10/Dec/21 02:19AM	09/Dec/21 12:42AM	08/Dec/21 12:46AM	07/Dec/21 12:58AM	Unit	Bio Ref Interval
Chloride ISE indirect	91.2	91.1	90.1	93.7	89.4	mmol/L	101 - 109

Bicarbonate, Serum

Date	11/Dec/2021 08:47AM	10/Dec/21 02:19AM	09/Dec/21 12:42AM	08/Dec/21 12:46AM	07/Dec/21 12:58AM	Unit	Bio Ref Interval
Bicarbonate Enzymatic	26.2	26.1	24.7	27.7	24.5	mmol/L	21 - 31

CRP- C-REACTIVE PROTEIN, Serum

Date	11/Dec/2021 08:47AM	10/Dec/21 02:19AM	09/Dec/21 12:42AM	07/Dec/21 12:58AM	06/Dec/21 01:21AM	Unit	Bio Ref Interval
CRP Latex Particle Immunoturbidimetric	19.40	29.89	38.08	94.25	137.27	mg/L	0.0 - 5.0

Interpretation This helps in detecting neonatal septicemia, meningitis and useful to assess the activity of inflammatory diseases like rheumatoid arthritis. It is increased after myocardial infarction, stress, trauma, infection, inflammation, surgery, or neoplastic proliferation. The increase with inflammation occurs within 6 -12 hours and peaks at about 48 hours.



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Clinical Biochemistry

Renal Profile (Without Urine), Serum

Calcium, Serum

Date	11/Dec/2021 08:47AM	10/Dec/21 02:19AM	09/Dec/21 12:42AM	08/Dec/21 12:46AM	07/Dec/21 12:58AM	Unit	Bio Ref Interval
Calcium (Total)	9.54	10.13	9.20	9.43	9.16	mg/dL	8.8 - 10.6
Arsenazo III							

Comment

Increased in Primary and Tertiary hyperparathyroidism, malignant disease with bone involvement, Polycythemia vera, pheochromocytoma and Sarcoidosis.

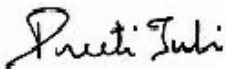
Advise: PTH testing. If normal or increased, then check urine Ca^{++} / Creatinine ratio to exclude Familial benign hypocalciuric hypercalcemia (FBHH)

Decreased in surgical or congenital hyperparathyroidism; Vitamin D deficiency, chronic renal failure; magnesium deficiency, prolonged anticonvulsant therapy, acute pancreatitis, hyperphosphatemia, massive blood transfusion, leprosy, proximal and distal renal tubular disease, alcoholism and hepatic cirrhosis.

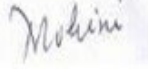
Advice: Albumin, Phosphate, Creatinine, Alkaline Phosphatase and PTH.

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Preeti Tuli, M.D.
Sr. Consultant - Lab Medicine



Dr. Mohini Bhargava, MD
Principal consultant (Biochemistry)



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Hematology

CBC (Complete Blood Count), Whole Blood EDTA

Date	11/Dec/2021 02:15AM	10/Dec/21 02:19AM	09/Dec/21 12:42AM	08/Dec/21 12:46AM	07/Dec/21 12:58AM	Unit	Bio Ref Interval
Haemoglobin Modified cyanmethemoglobin	12.4	12.6	11.9	11.6	10.8	g/dl	12.0 - 15.0
Packed Cell, Volume Calculated	38.0	39.8	35.6	35.4	32.9	%	40-50
Total Leucocyte Count (TLC) Electrical Impedance	15.0	14.5	11.2	11.3	14.3	10~9/L	4.0-10.0
RBC Count Electrical Impedance	4.68	4.80	4.37	4.39	4.07	10~12/L	3.8-4.8
MCV Electrical Impedance	81.1	82.8	81.5	80.7	80.9	fL	83-101
MCH Calculated	26.5	26.2	27.2	26.5	26.6	pg	27-32
MCHC Calculated	32.7	31.7	33.4	32.9	32.9	g/dl	31.5-34.5
Platelet Count Electrical Impedance	334	353	253	287	285	10~9/L	150-410
MPV Calculated	11.1	11.0	11.3	11.1	11.2	fl	7.8-11.2
RDW Calculated	15.8	15.9	15.6	15.8	15.8	%	11.5-14.5

Differential Cell Count

VCS / Light Microscopy

Neutrophils	85	87	95.6	93.0	84	%	40-80
Lymphocytes	07	04	2.8	2.3	10	%	20-40
Monocytes	06	06	1.6	4.5	05	%	2-10
Eosinophils	00	01	0.0	0.1	01	%	1-6
Basophils	00	00	0.0	0.1	00	%	0-2
Band Cell	02	02				%	

Absolute Leukocyte Count

Calculated from TLC & DLC

Absolute Neutrophil Count	12.75	12.62	10.71	10.51	12.01	10~9/L	2.0-7.0
Absolute Lymphocyte Count	1.0	0.6	0.3	0.3	1.4	10~9/L	1.0-3.0



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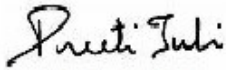
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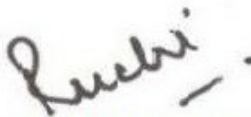
Hematology

Absolute Monocyte Count	0.9	0.87	0.18	0.51	0.72	10~9/L	0.2-1.0
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Kindly correlate with clinical findings

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

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Principal Consultant & Quality Manager
Pathology.



Dr. Ruchi Srivastava, M.D.
Consultant - Pathology



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