Dhande Pathlab
Dedicated to Excellence
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DHANDE PATHLAB DIAGNOSTICS PVT. LTD.
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94030 85417, 80802 44202, 90492 34055
Timing : 8.00 a.m. to 8.30 p.m. Sunday : 8.00 a.m. to 12.30 p.m.
Dr. Nitin L. Dhande
M. D. (Path)
Reg. No. 52301
Add. Reg. No. 6398
Dr. Ashish N. Dhande
M. D. (Path)
Reg. No. 2014/04/1752
Add. Reg. No. 3439/2017

Registration.Date	:	31/05/2024	Permanent ID No.	:	270389
Patient Name	:	**MR. SIVARAMAKRISHNAN B.A.**	Patient ID No.	:	1203552
Age / Gender	:	76 Yrs / Male	Reg Date/Time	:	31-05-2024 10:28am
Reference (Dr.)	:	Javadekar Narendra;MD,DNB	Sample Coll.Date/Time	:	31-05-2024 00:00
Sample Collected	:	At Dhande Pathlab Diagnostics Pvt. Ltd.	Report Date/Time	:	31-05-2024 03:21pm

HAEMOGRAM (CBC)

Investigation		Result	Units	Reference Range
Haemoglobin	: L	**9.30**	gm/dL	13.0 - 17.0
RBC Count	: L	**2.97**	mill/cu mm	4.5 - 6.5
Haematocrit (PCV)	: L	**27.10**	%	40 - 52
MCV (Mean Corpuscular Volume)	:	91.10	fL	83 - 101
MCH (Mean Corpuscular Hb)	:	31.30	pg	27 - 32
MCHC (Mean Corpuscular Hb Conc.)	:	34.30	gm/dL	32 - 36
RDW (Red cell Distribution Width)	: H	**16.0**	%	11.6 - 14.0
RBC Morphology	:	Mild hypochromia, Microcytes +, Macrocytes Few.		
Total WBC (Leucocyte) Count	:	6790	/cu mm	4,000 - 11,000
Neutrophils	: H	**76**	%	40 - 75
Lymphocytes	: L	**18**	%	20 - 40
Eosinophils	:	02	%	1 - 6
Monocytes	:	04	%	1 - 10
Basophils	:	00	%	0 - 2
Neutrophil/Lymphocyte ratio(N/L ratio) *(Calculated)*	: H	**4.22**	Ratio	1.05 - 2.67
Absolute Neutrophil Count	:	5160	/cu mm	2000 - 7000
Absolute Lymphocyte Count	:	1222	/cu mm	1000 - 3000
Absolute Eosinophil Count	:	136	/cu mm	20 - 500
Absolute Monocyte Count	:	272	/cu mm	200 - 1000
Absolute Basophil Count	:	0	/cu mm	0 - 100
Platelet Count	:	224000	/cu mm	1,50,000 - 4,50,000
MPV (Mean Platelet Volume)	:	8.6	fL	7.8 - 12.0
Platelet Remarks	:	Adequate		
PBS For Parasites	:	Malarial Parasites Not Seen		

EDTA Whole Blood - [Tests done on fully automated five part Haematology analyzer , XNL550, (Sysmex)/ BC-6800 Plus (Mindray). WBC, RBC, Platelet count by Impedance method, WBC Differential by Fluorescent Flowcytometry & other parameters are calculated.] Diffferential WBC count,Platelet Count are correlated microscopically. All abnormal Haemograms are reviewed and confirmed microscopically.

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PROTHROMBIN TIME (PT) & INR

Investigation		Result	Units	
PROTHROMBIN TIME				
Test *(Sodium citrate, Automated coagulation)*	: H	**13.4**	Sec	10 - 13
Control	:	11.1	Sec	
Prothrombin Index *(Calculated parameter)*	:	82.84	%	
Prothrombin Ratio *(Calculated parameter)*	:	1.21	Ratio	
ISI of Reagent	:	0.96		
INR *(Calculated parameter)*	:	1.20		0.8 - 1.2

NOTE:
1. INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. Appropriate therapeutic range varies with the disease and treatment intensity.
2. Prolonged INR suggests potential bleeding disorder or if on warfarin therapy, a potential for bleeding complications.
3. Results should be clinically correlated
4. Test conducted on Citrated plasma

Recommended Therapeutic range for Oral Anticoagulant therapy:-
INR 2.0-3.0:
1. Treatment of Venous thrombosis & Pulmonary embolism.
2. Prophylaxis of Venous thrombosis (High risk surgery).
3. Prevention of systemic embolism in tissue heart valves, AMI, Valvular heart disease & Atrial fibrillation.
4. Bileaflet mechanical valve in aortic position.

INR 2.5-3.5:
1. Mechanical prosthetic valves.
2.Systemic recurrent emboli.

COMMENTS:
Prothrombin time measures the extrinsic coagulation pathway which consists of activated Factor VII (VIIa), Tissue factor and Proteins of the common pathway (Factors X, V, II & Fibrinogen). This assay is used to control long term oral anticoagulant therapy, evaluation of liver function & to evaluate coagulation disorders specially factors involved in the extrinsic pathway like Factors V, VII, X, Prothrombin & Fibrinogen.

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HBsAg by ECLIA

Investigation		Result	Units	Reference Range
Hepatitis 'B' Surface Antigen (HBsAg) *(Serum, Method: ECLIA)*	:	0.294	COI	Non-Reactive: <0.90 Borderline: >/=0.90 - <1.0 Reactive: >/=>1.0
RESULT:	:	Non-Reactive		

Clinical Significance:
1. HBsAg is the surface antigen of Hepatitis B.
2. It is used to diagnose Hepatitis B infection, carriers of HBV, to assess the progression and prognosis of disese process and to screen blood donors.
3. HBsAg is the first serological marker after infection with HBV, appearing 1-10 weeks after exposure and 2-8 weeks after onset of clinical symptoms.
4. HBsAg persists during acute phase and clears during convalescence period.
5. Failure to clear HBsAg within 6 months indicates a chronic carrer state.
6. Hepatitis B causes infection of the liver with clinical features ranging from absent or mild disease to severe liver failure.
7. Hepatitis B is transmitted primarily by body fluids, especially serum. It can also spread by sexal contact and for mother to fetus.
8. In most patients, HBV hepatitis is self limited and patient fully recovers. About 1-2% of normal adolescents and adults have persistent viral replication resulting in chronic hepatitis.

Reflex Tests:
1. HBV DNA PCR
2. Anti HBcIgM
3. HbeAg and Anti Hbe.

Limitations of the test:
Heterophile antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays.
2 Patients routinely exposed to animals or animal serum products can be prone to this interference.

Note:
All initially reactive or boderline samples must be reconfirmed by HbSag by ELFA method or HBV DNA PCR.

References:
1. Roche HbSAg (Generation II) kit pack insert.
2. Bakermans ABCs of Interpretive Laboratory Data.
3. Wallach's Interpretation of Diagnostic Tests, 9th Edition.
4. Henry's Clinical Diagnosis and Management by Laboratory methods, 21st Edition.

CRP (C REACTIVE PROTEIN)

Investigation	Result	Units	Reference Range

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C-Reactive Protein, Serum	: H **43.92**	mg/L	0 to 5
(Serum, Immuno-turbidimetric method)			

COMMENTS:
1. C Reactive Protein (CRP) is the most sensitive acute phase reactant for inflammation.
2. The levels increase dramatically after severe trauma, bacterial infection, surgery & neoplastic proliferation.
3. It is most useful as an indicator of activity in Rheumatoid arthritis, Rheumatic fever, tissue injury or necrosis.
4. It is used in inflammatory disorders for monitoring course and effect of therapy. It assesses response to antibiotic treatment and differentiates between active and inactive disease forms with concurrent infection.
5. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc.

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HCV TOTAL ANTIBODIES

Investigation		Result	Units	Reference Range
HCV TOTAL ANTIBODIES *(Serum, ECLIA)*	:	0.0444	S/CO	<0.9: Non Reactive >=0.9-1.0: Borderline >= 1.0: Reactive Please note change in method and reference range.

NOTE:
This is a screening test only. All reactive results particularly weak positive results need to be confirmed by Immunoblot or HCV RNA PCR or by demonstrating rising titre in repeat test after 1 month.

COMMENTS:
1. Hepatitis C (HCV) is an RNA virus of Flavivirus group transmitted via blood transfusions, transplantation, injection drug users, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10% of new cases show sexual transmission.
2. As compared to HAV & HBV, chronic infection with HCV occurs in 85% of infected individuals.

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BIOCHEMICAL TEST

Investigation		Result	Units	Reference Range
Blood Urea *(Serum, Method: Urease)*	:	18	mg/dL	17 - 49
Creatinine *(Serum, Method: Modified Jaffe)*	:	1.09	mg/dL	0.60 - 1.30
Sodium *(Serum, Method: ISE Indirect)*	:	135	mmol/L	135 - 145
Potassium *(Serum, Method: ISE Indirect)*	: L	**3.2**	mmol/L	3.5 - 5.3
Chloride *(Serum, Method: ISE Indirect)*	:	99	mmol/L	97 - 110
Bilirubin Total *(Serum, Method: Diazo)*	:	1.02	mg/dL	0.1 - 1.2
Bilirubin Direct *(Serum, Method: Diazo)*	: H	**0.72**	mg/dL	0 - 0.3
Bilirubin Indirect *(Serum, Calculated)*	:	0.30	mg/dL	
SGOT (AST), Serum *(IFCC-UV Kinetic- P5P activated)*	:	31	U/L	1 - 35
SGPT (ALT), Serum *(IFCC-UV Kinetic- P5P activated)*	:	16	U/L	1 - 45
Alkaline Phosphatase *(Serum, Method: IFCC Colorimetric)*	: H	**136**	U/L	30 - 120
Total Proteins, Serum *(Biuret Method)*	:	7.0	gms/dL	6.4 - 8.3
Albumin, Serum *(Bromocresol Green Method)*	: L	**2.3**	gms/dL	3.5 - 5.2
Globulin, Serum *(Calculated parameter)*	: H	**4.70**	gms/dL	1.8 - 3.9

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NT-PRO BNP (N-terminal Pro Brain Natriuretic Peptide)

Investigation		Result	Units
NT-Pro BNP(N-terminal Pro Brain Natriuretic Peptide) *(Serum, ECLIA)*	:	21506.00	pg/mL
Remark	:	NT-Pro BNP is high. Please correlate clinically.	

INTERPRETATION:

CUT OFF LEVELS:

Normal level :<300
Age < 50 years : >450-Increased risk for Heart failure.
Age 50 to 75 years: >900-Increased risk for Heart failure.
Age >75 years : >1800-Increased risk for Heart failure.

Clinical Use:

1. Determination of NT-pro-BNP helps to identify subjects with left ventricular dysfunction.
2. Changes in NT-proBNP concentration can be used to evaluate the success of treatment in patients with left ventricular dysfunction.
3. There are indication that NT-proBNP functions are suitable for use in assessing vascular remodelling and therefore it contributes to the establishment of individualized rehabitation procedures.
4. To assess severity of heart failure in already diagnosed cases of Congestive Heart Failure (CHF).
5. For risk stratification of patients with Acute Coronary Syndrome & CHF.

--End Of Report--

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