

Client  
Gurugram  
Pathkind Diagnostics Pvt. Ltd.  
Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Processed By  
Pathkind Diagnostics Pvt. Ltd.  
Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Name	: Mr. BC363	Billing Date	: 07/07/2023 12:14:08
Age	: 35 Yrs	Sample Collected on	: 10/07/2023 10:01:31
Sex	: Male	Sample Received on	: 10/07/2023 11:02:13
P. ID No.	: P1000100012468	Report Released on	: 14/07/2023 12:49:01
Accession No	: 10002304524	Barcode No.	: 10002304524-01
Referring Doctor	: Self	Ref no.	:
Referred By	:		

**Report Status - Final**

Test Name	Result	Biological Ref. Interval	Unit
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**BIOCHEMISTRY**

# Procalcitonin (PCT) <i>Sample: Serum</i> <i>Method: Fluorescence Immunoassay</i>	0.40	< 0.5: Low risk for sepsis > 2 : High risk for sepsis 0.5 - 2 : Clinical Correlation	ng/mL
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**Procalcitonin (PCT)**

Procalcitonin level	Inferences
< 0.5 ng/mL	Minor local bacterial infection is possible. Severe systemic Infection (sepsis) is not likely
0.5 - < 2 ng/mL	Systemic infection is possible, but various conditions are known to induce PCT as well (see below). Suggest repeat after 6-24 hours for a definitive diagnosis
2.0 - <10 ng/mL	Systemic infection (sepsis) is likely, unless other causes are known
>10 ng/mL	Important systemic inflammatory response, almost exclusively due to severe bacterial sepsis or septic shock

Procalcitonin, the prohormone of calcitonin is below limit of detection (0.05 ng/ml) in healthy individuals. It rises in response to an inflammatory stimulus especially of bacterial origin. It does not rise significantly with viral or non infectious inflammations. PCT levels can be elevated in non infectious causes like:

- \*The first days after a major trauma, major surgical intervention, burns, treatment with OKT3 antibodies and other drugs stimulating the release of pro-inflammatory cytokines, small cell lung cancer, medullary C-cell carcinoma of thyroid.
- \*Patients with prolonged or severe cardiogenic shock, prolonged severe organ perfusion anomalies.
- \* Neonates < 48 hrs of life.
- \*Patients with PCT values <2 ng/ml should be closely monitored both clinically and by reassessing PCT within 6-24 hrs.

\*\* End of Report\*\*



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10002304524 Mr. BC363

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