Pathkind Labs

Client

Gurugram

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Processed By

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Name	:	**Mr. PL13**	Billing Date	:	07/07/2023 12:29:50
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.	:	P1000100012890	Report Released on	:	20/07/2023 20:05:07
Accession No	:	**10002304946**	Barcode No.	:	10002304946-01
Referring Doctor	:	Self			
Referred By	:		Ref no.	:	

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
HAEMATOLOGY			
Pre Operative Extended Panel			
Complete Blood Count (CBC)			
Haemoglobin (Hb) *Sample: Whole Blood EDTA* *Method: Photometric measurement*	13.6	13.0 - 17.0	gm/dL
Total WBC Count / TLC *Sample: Whole Blood EDTA* *Method: Impedance*	6.5	4.0 - 10.0	thou/µL
RBC Count *Sample: Whole Blood EDTA* *Method: Impedance*	5.1	4.5 - 5.5	million/µL
PCV / Hematocrit *Sample: Whole Blood EDTA* *Method: Impedance*	42.1	40.0 - 50.0	%
MCV *Sample: Whole Blood EDTA* *Method: Calculated*	84.5	83.0 - 101.0	fL
MCH *Sample: Whole Blood EDTA* *Method: Calculated*	30.4	27.0 - 32.0	pg
MCHC *Sample: Whole Blood EDTA* *Method: Calculated*	32.6	31.5 - 34.5	g/dL
RDW (Red Cell Distribution Width) *Sample: Whole Blood EDTA* *Method: Calculated*	12.9	11.8 - 15.6	%
DLC (Differential Leucocyte Count) *Method: Flowcytometry/Microscopy*			
Neutrophils *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	60	40 - 80	%

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Lymphocytes *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	30	20 - 40	%
Eosinophils *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	05	01 - 06	%
Monocytes *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	05	02 - 10	%
Basophils *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	00	00 - 02	%
Absolute Neutrophil Count *Sample: Whole Blood EDTA*	3900	2000 - 7000	/µL
Absolute Lymphocyte Count *Sample: Whole Blood EDTA*	1950	1000 - 3000	/µL
Absolute Eosinophil Count *Sample: Whole Blood EDTA*	325	20 - 500	/µL
Absolute Monocyte Count *Sample: Whole Blood EDTA*	325	200 - 1000	/µL
Absolute Basophil Count *Sample: Whole Blood EDTA*	**00** L	20 - 100	/µL
Platelet Count *Sample: Whole Blood EDTA* *Method: Impedance*	210	150 - 410	thou/µL
MPV (Mean Platelet Volume) *Sample: Whole Blood EDTA* *Method: Calculated*	9.5	6.8 - 10.9	fL

Sample: Whole Blood EDTA

Blood Group

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
Blood Grouping *Sample: Whole Blood EDTA* *Method: Column Agglutination*	A		
Rh (D) Typing *Sample: Whole Blood EDTA* *Method: Column agglutination*	Positive		
Prothrombin Time (PT) *Method: Electromechanical Clot Detection*			
Prothrombin Time *Sample: Citrate Plasma*	**16.2 H**	11.2 - 15.3	Sec
MNPT *Sample: Citrate Plasma*	13.3		Sec
INR *Sample: Citrate Plasma*	1.45		
Activated Partial Thromboplastin Time (APTT) *Method: Electromechanical clot detection*			
APTT *Sample: Citrate Plasma*	34.2	22.5 - 34.4	seconds
# Control *Sample: Citrate Plasma*	28.4		Sec
Glucose Random *Sample: Fluoride Plasma - R* *Method: Hexokinase*	**142 H**	70 - 140	mg/dL
Blood Urea Nitrogen (BUN) *Sample: Serum* *Method: Spectrophotometry-Urease / GLDH*	**25.00 H**	8.87 - 20.50	mg/dL
Creatinine *Sample: Serum* *Method: Spectrophotometry Alkaline Picrate*	1.30	0.70 - 1.30	mg/dL
HIV Antibody, Rapid Card *Sample: Serum* *Method: Immunodot Assay*	Non Reactive	Non Reactive	

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Test Name	Result	Biological Ref. Interval	Unit
Hepatitis B Surface Antigen (HBsAg) Rapid Card *Sample: Serum* *Method: Immunochromatography*	Non Reactive	Non Reactive	
Hepatitis C Antibody (HCV), Rapid Card *Sample: Serum* *Method: Immunodot Assay*	Non Reactive	Non Reactive	
TSH 3rd Generation *Sample: Serum* *Method: ECLIA*	4.200	0.270 - 4.200	µIU/mL

Complete Blood Count (CBC)

Clinical Significance :

CBC comprises of estimation of the cellular componenets of blood including RBCs, WBCs and Platelets. Mean corpuscular volume (MCV) is a measure of the size of the average RBC, MCH is a measure of the hemoglobin cointent of the average RBC and MCHC is the hemoglobin concentration per RBC. The red cell distribution width (RDW) is a measure of the degree of variation in RBC size (anisocytosis) and is helpful in distinguishing between some anemias. CBC examination is used as a screening tool to confirm a hematologic disorder, to establish or rule out a diagnosis, to detect an unsuspected hematologic disorder, or to monitor effects of radiation or chemotherapy. Abnormal results may be due to a primary disorder of the cell-producing organs or an underlying disease. Results should be interpreted in conjunction with the patient's clinical picture and appropriate additional testing performed.

Prothrombin Time (PT)

PT measures the integrity pf the extrinsic pathway and the adequacy of the critical coagulation factors involved in it, namely Factor VII. This test,is therefore, used for monitoring the oral anticoagulation therapy which works by lowering multiple Vitamin K dependent coagulation factors in blood(namely Factors II, Vii, IX and X) including Factor VII.

The results of PT are expressed as International Normalized Ratio(INR) to neutralize the influence of variable sensitivity of reagents (Thromboplastin) used in the assay by different laboratories.

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INCREASED PT: may be due to

1.Factor deficiencies, 2. Drugs (e.g Coumarin type drugs for anticoagulant therapy, salicylates), 3. Severe Liver damage(E.g Poisoning, Hepatitis, Cirrhosis), 4. Hypofibrinogenemia (Acquired or Inherited), 5. Hemorrhagic disease of the newborn, 6. Poor Fat absorption (Obstructive jaundice, fistulas, sprue, steatorrhoea, chronic diarrhea, colitis)

RECOMMENDATION: This is a very sensitive reagent and therefore it is advisable to follow up with INR value rather than PT in seconds.

The recommended INR:

2-3 for Patients on Oral Anticoagulant Therapy in all conditions except mechanical valve replacement and prevention of Myocardial Infarction, where the INR may be maintained at 2.5-3.5.

Anticoagulant therapy is advised to be discontinued if INR > 4.5 .

Activated Partial Thromboplastin Time

Clinical Significance :
Prolongation of the activated partial thromboplastin time (APTT) is seen in case of deficiency of one or more coagulation factors, which may be acquired or congenital in origin, due to the presence of a coagulation inhibitor such as heparin, a lupus anticoagulant, a nonspecific inhibitor or a specific coagulation factor inhibitor, in cases of fibrinogen deficiency, liver disease, and vitamin K deficiency. Shortening of the APTT usually seen in case of increaed factor VIII activity often seen in acute or chronic illness or inflammation.

HIV Antibody, Rapid Card

Clinical Significance :
HIV Rapid test is a qualitative test used to screen for antibodies against HIV 1 and 2 viruses. As per NACO guidelines, all positive samples should be tested by using 3 different types of kits before report is released.

Hepatitis B Surface Antigen (HBsAg)

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Test Name	Result	Biological Ref. Interval	Unit

Clinical Significance :

Hepatitis B surface antigen (HBsAg) is the first serologic marker appearing in the serum at 6 to 16 weeks following exposure to HBV. In acute infection, HBsAg usually disappears in 1 to 2 months after the onset of symptoms. Persistence of HBsAg for more than 6 months in duration indicates development of either a chronic carrier state or chronic HBV infection.

In case of negative results:

Please note that while rapid test is a sensitive and reliable screening test, it should not be used as a sole criterion for diagnosis. It is recommended to use molecular testing (PCR) for confirmation.

In case of positive results:

The test has been performed on two different rapid technologies. Please note that while rapid test is a sensitive and reliable screening test, it should not be used as a sole criterion for diagnosis. It is recommended to use molecular testing (PCR) for confirmation.

Hepatitis C Antibody (HCV), Rapid Card

Clinical Significance :

HCV rapid test is a qualitative test used to screen for antibodies against Hepatitis C Virus.

In case of negative results:

Please note that while rapid test is a sensitive and reliable screening test, it should not be used as a sole criterion for diagnosis. It is recommended to use molecular testing (PCR) for confirmation.

In case of positive results:

The test has been performed on two different rapid technologies. Please note that while rapid test is a sensitive and reliable screening test, it should not be used as a sole criterion for diagnosis. It is recommended to use molecular testing (PCR) for confirmation.

TSH 3rd Generation

Clinical Significance :

TSH levels are elevated in primary hypothyroidism and low in primary hyperthyroidism. Evaluation of TSH is useful in the differential

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Test Name	Result	Biological Ref. Interval	Unit

diagnosis of primary from secondary and tertiary hypothyroidism. In primary hypothyroidism, TSH levels are elevated, whil secondary and tertiary hypothyroidism, TSH levels are low or normal. High TSH level in the presence of normal FT4 is subclinical hypothyroidism and low TSH with normal FT4 is called subclinical hyperthyroidism. Sick, hospitalized patients may have falsely low or transiently elevated TSH. Significant diurnal variation is also seen in TSH levels.

Guidelines for TSH levels in pregnancy, as per American Thyroid Association, are as follows:

PREGNANCY TRIMESTER	BIOLOGICAL REFERENCE INTERVAL	UNIT
FIRST TRIMESTER	0.100 - 2.500	µIU/mL
SECOND TRIMESTER	0.200 - 3.000	µIU/mL
THIRD TRIMESTER	0.300 - 3.000	µIU/mL

** End of Report**

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