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. PL189** | | Billing Date | : | 07/07/2023 12:28:59 |
| 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. | : P1000100012869 | | Report Released on | : | 20/07/2023 19:54:56 |
| **Accession No** | : **10002304925** | | Barcode No. | : | 10002304925-01 |
| Referring Doctor | : Self | | | | |
| Referred By | : | | Ref no. | : | |

**Report Status - Final**

| Test Name | Result | Biological Ref. Interval | Unit |
|---|---|---|---|
| **HAEMATOLOGY** | | | |
| **Inflammatory Panel-3** | | | |
| **Complete Blood Count (CBC)** | | | |
| **Haemoglobin (Hb)**<br>*Sample: Whole Blood EDTA*<br>*Method: Photometric measurement* | 13.8 | 13.0 - 17.0 | gm/dL |
| **Total WBC Count / TLC**<br>*Sample: Whole Blood EDTA*<br>*Method: Impedance* | 6.0 | 4.0 - 10.0 | thou/µL |
| **RBC Count**<br>*Sample: Whole Blood EDTA*<br>*Method: Impedance* | **4.1 L** | 4.5 - 5.5 | million/µL |
| **PCV / Hematocrit**<br>*Sample: Whole Blood EDTA*<br>*Method: Impedance* | **39.8 L** | 40.0 - 50.0 | % |
| **MCV**<br>*Sample: Whole Blood EDTA*<br>*Method: Calculated* | 91.1 | 83.0 - 101.0 | fL |
| **MCH**<br>*Sample: Whole Blood EDTA*<br>*Method: Calculated* | **32.4 H** | 27.0 - 32.0 | pg |
| **MCHC**<br>*Sample: Whole Blood EDTA*<br>*Method: Calculated* | **30.4 L** | 31.5 - 34.5 | g/dL |
| **RDW (Red Cell Distribution Width)**<br>*Sample: Whole Blood EDTA*<br>*Method: Calculated* | **9.4 L** | 11.8 - 15.6 | % |
| **DLC (Differential Leucocyte Count)**<br>*Method: Flowcytometry/Microscopy* | | | |
| **Neutrophils**<br>*Sample: Whole Blood EDTA*<br>*Method: VCS Technology & Microscopy* | 60 | 40 - 80 | % |



NATIONAL REFERENCE LAB
PATHKIND DIAGNOSTICS PVT. LTD.
Plot No. 55-56, Udyog Vihar, Phase-4, Gurugram
care@pathkindlabs.com | www.pathkindlabs.com
Customer Care: 75000-75111

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. PL189** | Billing Date | : | 07/07/2023 12:28:59 |
| 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. | : | P1000100012869 | Report Released on | : | 20/07/2023 19:54:56 |
| **Accession No** | : | **10002304925** | Barcode No. | : | 10002304925-01 |
| Referring Doctor | : | Self | | | |
| Referred By | : | | Ref no. | : | |

**Report Status - Final**

| Test Name | Result | Biological Ref. Interval | Unit |
|---|---|---|---|
| **Lymphocytes**<br>*Sample: Whole Blood EDTA*<br>*Method: VCS Technology & Microscopy* | 30 | 20 - 40 | % |
| **Eosinophils**<br>*Sample: Whole Blood EDTA*<br>*Method: VCS Technology & Microscopy* | 05 | 01 - 06 | % |
| **Monocytes**<br>*Sample: Whole Blood EDTA*<br>*Method: VCS Technology & Microscopy* | 05 | 02 - 10 | % |
| **Basophils**<br>*Sample: Whole Blood EDTA*<br>*Method: VCS Technology & Microscopy* | 00 | 00 - 02 | % |
| **Absolute Neutrophil Count**<br>*Sample: Whole Blood EDTA* | 3600 | 2000 - 7000 | /µL |
| **Absolute Lymphocyte Count**<br>*Sample: Whole Blood EDTA* | 1800 | 1000 - 3000 | /µL |
| **Absolute Eosinophil Count**<br>*Sample: Whole Blood EDTA* | 300 | 20 - 500 | /µL |
| **Absolute Monocyte Count**<br>*Sample: Whole Blood EDTA* | 300 | 200 - 1000 | /µL |
| **Absolute Basophil Count**<br>*Sample: Whole Blood EDTA* | **00** L | 20 - 100 | /µL |
| **Platelet Count**<br>*Sample: Whole Blood EDTA*<br>*Method: Impedance* | 240 | 150 - 410 | thou/µL |
| **MPV (Mean Platelet Volume)**<br>*Sample: Whole Blood EDTA*<br>*Method: Calculated* | 9.7 | 6.8 - 10.9 | fL |

*Sample: Whole Blood EDTA*

**Prothrombin Time (PT)**

*Method: Electromechanical Clot Detection*



NATIONAL REFERENCE LAB
PATHKIND DIAGNOSTICS PVT. LTD.
Plot No. 55-56, Udyog Vihar, Phase-4, Gurugram
care@pathkindlabs.com | www.pathkindlabs.com
Customer Care: 75000-75111

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. PL189** | Billing Date | : | 07/07/2023 12:28:59 |
| 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. | : | P1000100012869 | Report Released on | : | 20/07/2023 19:54:56 |
| **Accession No** | : | **10002304925** | Barcode No. | : | 10002304925-01, 10002304925-02, 10002304925-03 |
| Referring Doctor | : | Self | | | |
| Referred By | : | | Ref no. | : | |

**Report Status - Final**

| Test Name | Result | Biological Ref. Interval | Unit |
|---|---|---|---|
| **Prothrombin Time**<br>*Sample: Citrate Plasma* | 15.1 | 11.2 - 15.3 | Sec |
| **MNPT**<br>*Sample: Citrate Plasma* | 13.3 | | Sec |
| **INR**<br>*Sample: Citrate Plasma* | 1.03 | | |
| **BIOCHEMISTRY** | | | |
| **Bilirubin Total**<br>*Sample: Serum*<br>*Method: Spectrophotometry-Diazo* | **1.5 H** | 0.0 - 1.2 | mg/dL |
| **SGOT / AST**<br>*Sample: Serum*<br>*Method: Spectrophotometry-IFCC Without Pyridoxal PO4* | 33 | 0 - 33 | U/L |
| **SGPT / ALT**<br>*Sample: Serum*<br>*Method: Spectrophotometry-IFCC Without Pyridoxal PO4* | 39 | 0 - 41 | U/L |
| **AST / ALT Ratio**<br>*Sample: Serum*<br>*Method: Calculated* | 0.85 | | |
| **Albumin**<br>*Sample: Serum*<br>*Method: Spectrophotometry-Bromocresol Purple* | **4.9 H** | 3.5 - 4.8 | g/dL |
| **Lactate Dehydrogenase (LDH)**<br>*Sample: Serum*<br>*Method: IFCC* | **485 H** | 0 - 480 | U/L |
| **Creatinine**<br>*Sample: Serum*<br>*Method: Spectrophotometry Alkaline Picrate* | 1.30 | 0.70 - 1.30 | mg/dL |
| **Ferritin**<br>*Sample: Serum*<br>*Method: ECLIA* | **560.00 H** | 30.00 - 400.00 | ng/mL |



NATIONAL REFERENCE LAB
PATHKIND DIAGNOSTICS PVT. LTD.
Plot No. 55-56, Udyog Vihar, Phase-4, Gurugram
care@pathkindlabs.com | www.pathkindlabs.com
Customer Care: 75000-75111

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. PL189** | Billing Date | : | 07/07/2023 12:28:59 |
| 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. | : | P1000100012869 | Report Released on | : | 20/07/2023 19:54:56 |
| **Accession No** | : | **10002304925** | Barcode No. | : | 10002304925-01, 10002304925-02, 10002304925-03 |
| Referring Doctor | : | Self | | | |
| Referred By | : | | Ref no. | : | |

**Report Status - Final**

| Test Name | Result | Biological Ref. Interval | Unit |
|---|---|---|---|
| | **SEROLOGY** | | |
| **C-Reactive Protein (CRP), Quantitative**<br>*Sample: Serum*<br>*Method: Immunoturbidimetry* | **25.00 H** | 0.00 - 5.00 | mg/L |
| | **HAEMATOLOGY** | | |
| **D-Dimer(Quantitative)**<br>*Sample: Citrate Plasma*<br>*Method: IMMUNOTURBIDIMETRY* | 0.45 | <0.50 | µg/ml |
| | **BIOCHEMISTRY** | | |
| **Troponin I, Rapid Card**<br>*Sample: Serum*<br>*Method: Immunochromatography* | **Detected** | Not Detected | |
| **# Procalcitonin (PCT)**<br>*Sample: Serum*<br>*Method: Fluorescense Immunoassay* | 0.40 | < 0.5: Low risk for sepsis<br>> 2 : High risk for sepsis<br>0.5 - 2 : Clinical Correlation | ng/mL |
| **IL-6 (Interleukin-6)**<br>*Sample: Whole Blood EDTA*<br>*Method: ECLIA* | **23.60 H** | <7.00 | pg/mL |

**Haemoglobin (Hb)**

Hemoglobin is the iron containing protein molecule in red blood cells that carries oxygen from the lungs to the body's tissues and returns carbon dioxide from the tissues back to the lungs. Decrease in Hemoglobin levels results in anaemia and very high Hemoglobin levels results in hemochromatosis.

**PCV / Hematocrit**

Clinical Significance :



NATIONAL REFERENCE LAB
PATHKIND DIAGNOSTICS PVT. LTD.
Plot No. 55-56, Udyog Vihar, Phase-4, Gurugram
care@pathkindlabs.com | www.pathkindlabs.com
Customer Care: 75000-75111

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. PL189** | Billing Date | : | 07/07/2023 12:28:59 |
| 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. | : | P1000100012869 | Report Released on | : | 20/07/2023 19:54:56 |
| **Accession No** | : | **10002304925** | Barcode No. | : | 10002304925-01, 10002304925-02, 10002304925-03 |
| Referring Doctor | : | Self | | | |
| Referred By | : | | Ref no. | : | |

**Report Status - Final**

| Test Name | Result | Biological Ref. Interval | Unit |
|---|---|---|---|

Hemoglobin is the iron containing protein molecule in red blood cells that carries oxygen from the lungs to the body's tissues and returns carbon dioxide from the tissues back to the lungs. Decrease in Hemoglobin levels results in anaemia and very high Hemoglobin levels results in hemochromatosis. Hematocrit or Packed cell volume (PCV) is the proportion of blood volume occupied by red blood cells and is typically about three times the hemoglobin concentration.

### Platelet Count

Clinical Significance :

Platelets or thrombocytes are a cellular component of blood whose function is to stop bleeding by clumping or clotting blood vessel injuries. Low platelet count, also known as Thrombocytopenia, can be either due to less production or increased destruction of platelets. High platelet count or Thrombocytosis can be due to unregulated production, secondary to congenital, reactive or neoplastic conditions.

### 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.



NATIONAL REFERENCE LAB
PATHKIND DIAGNOSTICS PVT. LTD.
Plot No. 55-56, Udyog Vihar, Phase-4, Gurugram
care@pathkindlabs.com | www.pathkindlabs.com
Customer Care: 75000-75111

**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. PL189** | Billing Date | : | 07/07/2023 12:28:59 |
| 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. | : | P1000100012869 | Report Released on | : | 20/07/2023 19:54:56 |
| **Accession No** | : | **10002304925** | Barcode No. | : | 10002304925-01, 10002304925-02, 10002304925-03 |
| Referring Doctor | : | Self | | | |
| Referred By | : | | Ref no. | : | |

**Report Status - Final**

| Test Name | Result | Biological Ref. Interval | Unit |
|---|---|---|---|

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 .

**Bilirubin Total**

## Interpretation

Bilirubin is one of the most commonly used tests to assess liver function. Approximately 85% of the total bilirubin produced is derived from hemoglobin, while the remaining 15% is produced from RBC precursors destroyed in the bone marrow and from the catabolism of other heme-containing proteins. After production in peripheral tissues, bilirubin is rapidly taken up by hepatocytes where it is conjugated and then excreted in the bile. A number of inherited and acquired diseases affect one or more of the steps involved in the production, uptake, storage, metabolism, and excretion of bilirubin. In hepatobiliary diseases of various causes, bilirubin uptake, storage, and excretion are impaired to varying degrees.

The most commonly occurring form of unconjugated hyperbilirubinemia is that seen in newborns and referred to as physiological jaundice. Indirect bilirubin is a calculated parameter its range has not been defined for neonatal period (0-14 days).

**SGOT / AST**

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. PL189** | Billing Date | : | 07/07/2023 12:28:59 |
| 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. | : | P1000100012869 | Report Released on | : | 20/07/2023 19:54:56 |
| **Accession No** | : | **10002304925** | Barcode No. | : | 10002304925-01, 10002304925-02, 10002304925-03 |
| Referring Doctor | : | Self | | | |
| Referred By | : | | Ref no. | : | |

**Report Status - Final**

| Test Name | Result | Biological Ref. Interval | Unit |
|---|---|---|---|

Clinical Significance :

"Elevated aspartate aminotransferase (AST) values are seen most commonly in parenchymal liver diseases. Values can be elevated from 10 to 100 times the normal range, though commonly 20 to 50 times elevations are seen. AST levels are raised in infectious hepatitis and other inflammatory conditions affecting the liver along with ALT, though ALT levels are higher. The ALT:AST ratio which is normally <1 is reversed in these conditions and becomes >1. AST levels are usually raised before clinical signs and symptoms of disease appear. AST and ALT also rise in primary or metastatic carcinoma of the liver, with AST usually being higher than ALT.Elevated AST values may also be seen in disorders affecting the heart, skeletal muscle and kidney, such as myocardial infarction, muscular dystrophy, dermatomyositis, acute pancreatitis and crushed muscle injuries."

### SGPT / ALT

Clinical Significance :

Elevated alanine aminotransferase (ALT) values are seen in parenchymal liver diseases characterized by a destruction of hepatocytes. Values are at least 10 times higher the normal range and may reach up to 100 times the upper reference limit. Commonly, values are seen to be 20 - 50 times higher than normal. In infectious hepatitis and other inflammatory conditions affecting the liver, ALT levels rise more than aspartate aminotransferase (AST), and the ALT/AST ratio, which is normally <1, is reversed and becomes >1. ALT levels usually rise before clinical signs and symptoms of disease appear.

### Albumin

Clinical Significance :

"Hypoalbuminemia can be caused by impaired synthesis due to liver disease (primary) or due to diminished protein intake (secondary), increased catabolism due to tissue damage and inflammation; malabsorption of amino acids; and increased renal excretion (eg, nephrotic syndrome).Hyperalbuminemia is seen in dehydration."

### Lactate Dehydrogenase (LDH)

Clinical Significance :

Lactate dehydrogenase (LD) levels are raised in megaloblastic anemia, untreated pernicious anemia, Hodgkin's disease, abdominal and lung cancers, severe shock, and hypoxia, myocardial infarction (MI), pulmonary infarction, pulmonary embolism, leukemia, hemolytic anemia, infectious mononucleosis, progressive muscular dystrophy, liver disease, and renal disease.

### Creatinine



NATIONAL REFERENCE LAB
PATHKIND DIAGNOSTICS PVT. LTD.
Plot No. 55-56, Udyog Vihar, Phase-4, Gurugram
care@pathkindlabs.com | www.pathkindlabs.com
Customer Care: 75000-75111

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. PL189** | Billing Date | : | 07/07/2023 12:28:59 |
| 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. | : | P1000100012869 | Report Released on | : | 20/07/2023 19:54:56 |
| **Accession No** | : | **10002304925** | Barcode No. | : | 10002304925-01, 10002304925-02, 10002304925-03 |
| Referring Doctor | : | Self | | | |
| Referred By | : | | Ref no. | : | |

**Report Status - Final**

| Test Name | Result | Biological Ref. Interval | Unit |
|---|---|---|---|

Clinical Significance :

Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.

## Ferritin

Clinical Significance :

Decreased levels of serum Ferritin is associated with increased risk for developing iron deficiency which in turn cn lead to anaemia. Increased levels of serum ferritin is associated with iron overload conditions( like hereditary hemochromatosis), common liver disorders, neoplasms, acute or chronic inflammation and hereditary hyperferritinemia-cataract syndrome.

## C-Reactive Protein (CRP), Quantitative

Clinical Significance :

"C-reactive protein (CRP) is a trace protein which rises in acute inflammation. After onset of an acute phase response, the serum CRP concentration rises rapidly within 6-12 hours and peaks at 24-48 hours and extensively. Very high CRP levels are associated with severe trauma and infection (sepsis)."

## D-Dimer(Quantitative)

**COMMENTS / INTERPRETATION :**

- D-Dimer measurements are used to diagnose the symptoms of a thrombotic episode such as Deep vein thrombosis, Pulmonary embolism and Disseminated intravascular Coagulation etc.
- Its levels can be used to monitor thrombolytic therapy.

*Results can vary significantly if pre-analytical processes are not in compliance with recommended guidelines.Suggest a repeat testing if results are not correlating with clinical history.*

## Troponin I, Rapid Card



NATIONAL REFERENCE LAB
PATHKIND DIAGNOSTICS PVT. LTD.
Plot No. 55-56, Udyog Vihar, Phase-4, Gurugram
care@pathkindlabs.com | www.pathkindlabs.com
Customer Care: 75000-75111

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. PL189** | Billing Date | : | 07/07/2023 12:28:59 |
| 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. | : | P1000100012869 | Report Released on | : | 20/07/2023 19:54:56 |
| **Accession No** | : | **10002304925** | Barcode No. | : | 10002304925-01, 10002304925-02, 10002304925-03 |
| Referring Doctor | : | Self | | | |
| Referred By | : | | Ref no. | : | |

**Report Status - Final**

| Test Name | Result | Biological Ref. Interval | Unit |
|---|---|---|---|

Clinical Significance :

Troponin I is present only in cardiac muscle and is released into the bloodstream within hours of the onset of symptoms of myocardial infarction or ischemic damage. It can be detected at 3 to 6 hours following onset of chest pain with peak concentrations at 12 to 16 hours, and remains elevated for 5 to 9 days.

## 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.

## IL-6 (Interleukin-6)

1. Patient samples may contain heterophilic antibodies or mouse monoclonal antibodies that could react in immunoassays to give a falsely elevated or depressed result.



NATIONAL REFERENCE LAB
PATHKIND DIAGNOSTICS PVT. LTD.
Plot No. 55-56, Udyog Vihar, Phase-4, Gurugram
care@pathkindlabs.com | www.pathkindlabs.com
Customer Care: 75000-75111

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. PL189** | Billing Date | : | 07/07/2023 12:28:59 |
| 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. | : | P1000100012869 | Report Released on | : | 20/07/2023 19:54:56 |
| **Accession No** | : | **10002304925** | Barcode No. | : | 10002304925-01, 10002304925-02, 10002304925-03 |
| Referring Doctor | : | Self | | | |
| Referred By | : | | Ref no. | : | |

**Report Status - Final**

| Test Name | Result | Biological Ref. Interval | Unit |
|---|---|---|---|

2. Results should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.
3. Patients receiving Biotin therapy in high doses (>5mg/day) should not be tested for at least 8 hours after the last dose.
4. Interleukin-6 is a nonspecific marker associated with an inflammatory response and is not diagnostic for any specific disease or disease process.
5. Test conducted on serum.

Comments:

Interleukin-6 (IL-6) is a pleiotropic cytokine with a wide range of functions. IL-6 production is rapidly induced in the course of acute inflammatory reactions associated with injury, trauma, stress, infection, brain death, neoplasia, and other situations. Sequential measurements of IL-6 in serum or plasma of patients admitted to the ICU (intensive care unit) showed to be useful in evaluating the severity of SIRS (Systemic Inflammatory Response Syndrome), sepsis & septic shock and to predict the outcome of these patients. It is also useful as an early alarm marker for the detection of neonatal sepsis. IL-6 also plays a role in chronic inflammation e.g. Rheumatoid arthritis IL-6 values (pg/mL) observed on samples from 281 ICU patients with either a known or suspected infection (Reference: Roche IFU).

** End of Report**

**Dr. Aarti Khanna Nagpal**
DNB (Pathology)
Senior Consultant

**Dr. Saloni Garg**
MD
Consultant Microbiology



NATIONAL REFERENCE LAB
PATHKIND DIAGNOSTICS PVT. LTD.
Plot No. 55-56, Udyog Vihar, Phase-4, Gurugram
care@pathkindlabs.com | www.pathkindlabs.com
Customer Care: 75000-75111