

**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

<b>Name</b> : Mr. PL193	<b>Billing Date</b> : 07/07/2023 12:28:50
<b>Age</b> : 35 Yrs	<b>Sample Collected on</b> : 10/07/2023 10:01:31
<b>Sex</b> : Male	<b>Sample Received on</b> : 10/07/2023 11:02:13
<b>P. ID No.</b> : P1000100012866	<b>Report Released on</b> : 15/07/2023 19:57:09
<b>Accession No</b> : 10002304922	<b>Barcode No.</b> : 10002304922-03, 10002304922-02, 10002304922-01
<b>Referring Doctor</b> : Self	<b>Ref no.</b> :
<b>Referred By</b> :	

### Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
<b>Inflammatory Panel-1</b>			
<b>D-Dimer(Quantitative)</b> <i>Sample: Citrate Plasma</i> <i>Method: IMMUNOTURBIDIMETRY</i>	0.42	<0.50	µg/ml
<b>C-Reactive Protein (CRP), Quantitative</b> <i>Sample: Serum</i> <i>Method: Immunoturbidimetry</i>	36.00 H	0.00 - 5.00	mg/L
<b>IL-6 (Interleukin-6)</b> <i>Sample: Whole Blood EDTA</i> <i>Method: ECLIA</i>	65.00 H	<7.00	pg/mL

### 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.*

### 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



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(sepsis)."

**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.
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)  
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Consultant Microbiology