Charak dhar
DIAGNOSTICS Pvt. Ltd.

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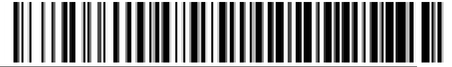
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Mr.KRISHNA KUMAR SHARMA	Visit No	: CHA250035574
Age/Gender	: 72 Y/M	Registration ON	: 27/Feb/2025 02:55PM
Lab No	**: 10132870**	Sample Collected ON	: 27/Feb/2025 03:01PM
Referred By	: Dr.RDSO LUCKNOW	Sample Received ON	: 27/Feb/2025 03:25PM
Refer Lab/Hosp	: RDSO LUCKNOW	Report Generated ON	: 27/Feb/2025 05:04PM
Doctor Advice	: APTT,PT/PC/INR,T3T4TSH		

PR.



Test Name	Result	Unit	Bio. Ref. Range	Method
PT/PC/INR				
PROTHROMBIN TIME	13 Second		13 Second	Clotting Assay
Protrhromin concentration	100 %		100 %	
INR (International Normalized Ratio)	1.00		1.0	
APTT				
Sample Type : SODIUM CITRATE				
APTT				
APTT Patient Value	29 Seconds	Seconds	26 - 38	Clotting Assay

INTERPRETATION

Determination of APTT helps in estimating abnormality in most of the clotting factors of the intrinsic pathway including congenital deficiency of factor VIII, IX, XI, and XII and is also a sensitive procedure for generating heparin response curve for monitoring heparin therapy.

Causes of a prolonged APTT:

- Disseminated intravascular coagulation.
- Liver disease.
- Massive transfusion with stored blood.
- Administration of heparin or contamination with heparin.
- A circulating anticoagulant.
- Deficiency of a coagulation factor other than factor VII.
- APTT is also moderately prolonged in patients on oral anticoagulant drugs and in the presence of Vitamin K deficiency.

Limitations of assay:

- Abnormalities of coagulation factor VII, factor XIII and platelets are not detected by this test procedure.
- Platelet factor IV, a heparin neutralizing factor can be released due to platelet aggregation or damage and may influence the test.
- Decrease in APTT time is observed in males under estrogen therapy and oral contraceptive administration in females.
- APTT based heparin therapeutic range is not established for this assay.

CHARAK

[Checked By]

Print.Date/Time: 27-02-2025 17:43:05
*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADABKHAN
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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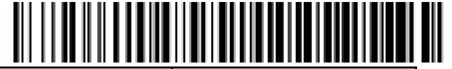
Refer Lab/Hosp	: RDSO LUCKNOW	Report Generated ON	: 27/Feb/2025 04:27PM
Doctor Advice	: APTT,PT/PC/INR,T3T4TSH		



PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.10	nmol/L	1.49-2.96	ECLIA
T4	144.60	n mol/l	63 - 177	ECLIA
TSH	1.44	uIU/ml	0.47 - 4.52	ECLIA

Note

(1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism,cretinism,juvenile mysedema or autoimmune disorders.

(2) Patients having low T3 & T4 levels but high TSH levels suffer from grave~s disease, toxic adenoma or sub-acute thyroiditis.

(3) Patients having either low or normal T3 & T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.

(4) Patients having high T3 & T4 levels but normal TSH levels may suffer from toxic multinodular goitre. This condition is mostly asymptomatic and may cause transient hyperthyroidism but no persistent symptoms.

(5) Patient with high or normal T3 & T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 Toxicosis respectively.

(6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the cacabolic state and may revert tonormal when the patient recovers.

(7) There are many drugs for eg.Glucocorticoids ,dopamine,Lithium,iodides ,oral radiographic dyes,ets.Which may affect the thyroid function tests.

(8) Generally when total T3& T4 results are indecisive then Free T3 & Free T4 test are recommended for further confirmation along with

(1 Beckman DxI-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

*** End Of Report ***

CHARAK

MC-2491

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Print.Date/Time: 27-02-2025 17:43:08

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DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

DR. ADITI D AGARWAL
PATHOLOGIST