Charak dhar DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
**Phone** : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.**: 8688360360
**E-mail** : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

| | | | |
|---|---|---|---|
| Patient Name | : Mr.SANTOSH PURI | Visit No | : CHA250046651 |
| Age/Gender | : 56 Y/M | Registration ON | : 17/Mar/2025 09:11AM |
| **Lab No** | **: 10143946** | Sample Collected ON | : 17/Mar/2025 09:13AM |
| Referred By | : Dr.D DALELA** | Sample Received ON | : 17/Mar/2025 09:13AM |
| Refer Lab/Hosp | : CHARAK NA | Report Generated ON | : 17/Mar/2025 10:25AM |
| Doctor Advice | : URINE COM. EXMAMINATION,APTT,PSA-TOTAL,PT/PC/INR | | |

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.

[Checked By]

Print.Date/Time: 17-03-2025 11:10:58
*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **URINE EXAMINATION REPORT** | | | | |
| Colour-U | STRAW | | Light Yellow | |
| Appearance (Urine) | CLEAR | | Clear | |
| Specific Gravity | **1.005** | | 1.005 - 1.025 | |
| pH-Urine | Acidic (6.0) | | 4.5 - 8.0 | |
| PROTEIN | Absent | mg/dl | ABSENT | Dipstick |
| Glucose | Absent | | | |
| Ketones | Absent | | Absent | |
| Bilirubin-U | Absent | | Absent | |
| Blood-U | Absent | | Absent | |
| Urobilinogen-U | 0.20 | EU/dL | 0.2 - 1.0 | |
| Leukocytes-U | Absent | | Absent | |
| NITRITE | Absent | | Absent | |
| **MICROSCOPIC EXAMINATION** | | | | |
| Pus cells / hpf | Nil | /hpf | < 5/hpf | |
| Epithelial Cells | 2-3 | /hpf | 0 - 5 | |
| RBC / hpf | Nil | | < 3/hpf | |



[Checked By]

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| Age/Gender | : 56 Y/M | Registration ON | : 17/Mar/2025 09:11AM |
| **Lab No** | **: 10143946** | Sample Collected ON | : 17/Mar/2025 09:13AM |
| Referred By | : Dr.D DALELA** | Sample Received ON | : 17/Mar/2025 09:28AM |
| Refer Lab/Hosp | : CHARAK NA | Report Generated ON | : 17/Mar/2025 10:37AM |
| Doctor Advice | : URINE COM. EXMAMINATION,APTT,PSA-TOTAL,PT/PC/INR | | |

PR.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **PSA-TOTAL** | | | | |
| PROSTATE SPECIFIC ANTIGEN | 1.00 | ng/mL | 0.2-4.0 | CLIA |

COMMENT : 1. Prostate specific antigen (PSA) is useful for diagnosis of disseminated CA prostate & its equential measurement is the most sensitive measure of monitoring treatment of disseminated CA prostate with its shorter half life (half life of 2.2 days only) it is superior to prostatic acis phosphatase(PAP). PSA is elevated in nearly all patients with stage D carcinoma whereas PAP is elevated in only 45 % of patient. Mild PSA elevation are also reported in some patients of BHP.
2. Blood samples should be obtained before prostate biopsy or prostatecomy or prostatic massage or digital pre rectal examination as it may result intrasient levation of PSA value for few days.

NOTE :- PSA values obtained in different types of PSA assay methods cannot be used interchangeably as the PSA value in a given sample varies with assays from different manufactures due to difference in assay methodology and reagent specificity. If in the course of monitoring a patient the assay method used for determination is changed, additional sequential testing should be carried out to confirm baseline value.

DONE BY;
Enhanced Chemiluminescence "VITROS ECI"

***** End Of Report *****



MC-2491
[Checked By]
**Print.Date/Time: 17-03-2025 11:11:01**
***Patient Identity Has Not Been Verified. Not For Medicolegal**

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