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

Patient Name	: Mr.SHRI NATH YADAV	Visit No	: CHA250047076
Age/Gender	: 45 Y/M	Registration ON	: 17/Mar/2025 12:53PM
Lab No	**: 10144371**	Sample Collected ON	: 17/Mar/2025 12:54PM
Referred By	: Dr.KG1	Sample Received ON	: 17/Mar/2025 01:22PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 17/Mar/2025 03:51PM
Doctor Advice	: APTT,RANDOM,HCV,HBSAg,HIV,CALCIUM,NA+K+,CREATININE,UREA,LFT,PT/PC/INR,CBC (WHOLE BLOOD),USG WHOLE ABDOMEN,CRP (Quantitative),LIPASE,AMYLASE		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CRP-QUANTITATIVE				
CRP-QUANTITATIVE TEST	5.1	MG/L	0.1 - 6	

Method: Immunoturbidimetric

(Method: Immunoturbidimetric on photometry system)

SUMMARY : C - reactive protien (CRP) is the best known among the acute phase protiens, a group of protien whose concentration increases in blood as a response to inflammatory disorders.CRP is normally present in low concentration in blood of healthy individuals (< 1mg/L). It is elevated up to 500 mg/L in acute inflammatory processes associated with bacterial infections, post operative conditions tissue damage already after 6 hours reaching a peak at 48 hours.. The measurment of CRP represents a useful aboratory test for detection of acute infection as well as for monitoring inflammtory proceses also in acute rheumatic & gastrointestinal disease. In recent studies it has been shows that in apparrently healthy subjects there is a direct orrelation between CRP concentrations & the risk of developing oronary heart disease (CHD).

hsCRP cut off for risk assessment as per CDC/AHA

Level	Risk
<1.0	Low
1.0-3.0	Average
>3.0	High

All reports to be clinically corelated

SERUM CALCIUM				
CALCIUM	10.2	mg/dl	8.8 - 10.2	dapta / arsenazo III

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Test Name	Result	Unit	Bio. Ref. Range	Method
AMYLASE				
SERUM AMYLASE	55.9	U/L	20.0-80.00	Enzymatic

Comments:

Amylase is produced in the Pancreas and most of the elevation in serum is due to increased rate of Amylase entry into the blood stream / decreased rate of clearance or both. Serum Amylase rises within 6 to 48 hours of onset of Acute pancreatitis in 80% of patients, but is not proportional to the severity of the disease. Activity usually returns to normal in 3-5 days in patients with milder edematous form of the disease. Values persisting longer than this period suggest continuing necrosis of pancreas or Pseudocyst formation. Approximately 20% of patients with Pancreatitis have normal or near normal activity. Hyperlipemic patients with Pancreatitis also show spuriously normal Amylase levels due to suppression of Amylase activity by triglyceride. Low Amylase levels are seen in Chronic Pancreatitis, Congestive Heart failure, 2nd & 3rd trimesters of pregnancy, Gastrointestinal cancer & bone fractures.
amylase amylase amylase

LIPASE				
LIPASE	27.6	U/L	Upto 60	colorimetric

COMMENTS:as, such as acute pancreatitis, chronic pancreatitis, and obstruction of the pancreatic duct. In acute pancreatitis serum lipase activity tends to become elevated & remains for about 7 - 10 days .Increased lipase activity rarely lasts longer than 14 days, and prolonged increases suggest a poor prognosis or the presence of a cyst. Serum lipase may also be elevated in patients with chronic pancreatitis, obstruction of the pancreatic duct and non pancreatic conditions including renal diseases, various abdominal diseases such as acute cholecystitis, intestinal obstruction or infarction, duodenal ulcer, and liver disease, as well as alcoholism & diabetic keto-acidosis & in patients who have undergone endoscopic r

Lipase measurements are used in the diagnosis and treatment of diseases of the pancre

etrograde cholangiopancreatography. Elevation of serum lipase activity in patients with mumps strongly suggests significant pancreatic as well as salivary gland involvement by the disease.....

PT/PC/INR				
PROTHROMBIN TIME	13 Second		13 Second	Clotting Assay
Protrhromin concentration	100 %		100 %	
INR (International Normalized Ratio)	1.00		1.0	

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Test Name	Result	Unit	Bio. Ref. Range	Method
APTT				
Sample Type : SODIUM CITRATE				
APTT				
APTT Patient Value	26 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.

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Test Name	Result	Unit	Bio. Ref. Range	Method
HEPATITIS B SURFACE ANTIGEN (HBsAg)				
Sample Type : SERUM				
HEPATITIS B SURFACE ANTIGEN	NON REACTIVE		<1 - Non Reactive >1 - Reactive	CMIA

Note: This is only a Screening test. Confirmation of the result (Non Reactive/Reactive)should be done by performing a PCR based test.

COMMENTS:

-HBsAg is the first serological marker after infection with Hepatitis B Virus appearing one to ten weeks after exposure and two to eight weeks before the onset of clinical symptoms. HBsAg persists during the acute phase and clears late in the convalescence phase. Failure to clear HBsAg within six months indicates a chronic HBsAg carrier state. HBsAg assays are used to identify the persons infected with HBV and to prevent transmission of the virus by blood and blood products as well as to monitor the status of infected individuals in combination with other hepatitis B serological markers.
-Borderline cases must be confirmed with confirmatory neutralizing assay.

LIMITATIONS:

-Results should be used in conjunction with patient history and other hepatitis markers for diagnosis of acute and chronic infections.
-Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may contain human anti-mouse antibodies (HAMA) which may produce anomalous values when tested with assay kits that employs mouse monoclonal antibodies.
-Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or animal serum products can be prone to this interference and anomalous results may be observed.
-Cross reactivity for specimens from individual with medical conditions (Pregnancy, HIV etc) has been observed.
-HBsAg mutations may result in a false negative result in some HBsAg assays.
-If HBsAg results are inconsistent with clinical evidence, additional testing is suggested to confirm the result.

HIV			
HIV-SEROLOGY	NON REACTIVE	<1.0 : NON REACTIVE >1.0 : REACTIVE	

Done by: Vitros ECI (Sandwich Assay)
Note:-Elisa test is a screening method for HIV.It is known to give false Positive & Negative result.
Hence confirmation:"Western Blot" method is advised.

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Test Name	Result	Unit	Bio. Ref. Range	Method
HEPATITIS C VIRUS (HCV) ANTIBODIES				
HEPATITIS C VIRUS (HCV) ANTIBODIES	NON REACTIVE		Non Reactive	

(TRIO DOT ASSAY)
Note:This is only a Screening test. Confirmation of the result (Non Reactive/Reactive)should be done by performing a PCR based test.

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Doctor Advice	: APTT,RANDOM,HCV,HBSAg,HIV,CALCIUM,NA+K+,CREATININE,UREA,LFT,PT/PC/INR,CBC (WHOLE BLOOD),USG WHOLE ABDOMEN,CRP (Quantitative),LIPASE,AMYLASE		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	13.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.80	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	41.7	%	36 - 45	Pulse hieght detection
MCV	87.6	fL	80 - 96	calculated
MCH	28.8	pg	27 - 33	Calculated
MCHC	32.9	g/dL	30 - 36	Calculated
RDW	13.5	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	9870	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	67	%	40 - 75	Flowcytrometry
LYMPHOCYTES	**20**	%	25 - 45	Flowcytrometry
EOSINOPHIL	**10**	%	1 - 6	Flowcytrometry
MONOCYTE	3	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	324,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	324000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	6,613	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,974	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	987	/cmm	20-500	Calculated
Absolute Monocytes Count	296	/cmm	200-1000	Calculated
Mentzer Index	18			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic.WBCs show eosinophilia. Platelets are adequate. No immature cells or parasite seen.

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	91.9	mg/dl	70 - 170	Hexokinase
NA+K+				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.3	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	23.30	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.90	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.62	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.11	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.51	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	**123.80**	U/L	30 - 120	PNPP, AMP Buffer
SGPT	**62.0**	U/L	5 - 40	UV without P5P
SGOT	38.0	U/L	5 - 40	UV without P5P

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

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