**ADVANCE DIAGNOSTICS CENTRE**
**C1-C2/17A, NEAR NIHARIKA TALKIES**
**KORBA- 495677**
**PH-09228333 MOBILE-9300888178**

| | | | | | |
|---|---|---|---|---|---|
| NAME | : MRS BASANTI KUJUR | 63 | Years / Female | Reg No. | : 17582 |
| Ref. By | : DR. SUMAN KUJUR | | | Reg. Date | : 20/07/2022 11:35AM |
| Address | : | | | Collected At | : MedZone Center |

# INVESTIGATION REPORT

## CLINICAL BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REF RANGE | TEST METHOD |
|---|---|---|---|---|
| **Uric Acid** | | | | |
| **Sample Type** | : SERUM | | | |
| Uric Acid | : 4.9 | mg/dl | 2.3 - 6.0 | Fully Automated Roche E311 |
| **Electrolytes-Serum** | | | | |
| **Sample Type** | : SERUM | | | |
| Sodium | : **126** | mmol/L | 136-145 | |
| Potassium | : **5.5** | mmol/L | 3.5 - 5.1 | |
| chloride | : **93.0** | Meq/L | 96-106 | |
| **RENAL FUNCTION TEST** | | | | |
| **Sample Type** | : SERUM | | | |
| Blood urea | : 36.5 | mg/dl | 10-40 | Urease UV |
| Serum Creatinine | : 1.05 | mg/dl | 0.5-1.1 | Alkaline Picrate |
| Blood Urea Nitrogen | : 17.05 | mg/dl | 7-21 | |
| Serum Sodium | : **126** | mmol/L | 136-145 | ISE |
| Serum Potassium | : **5.5** | mmol/L | 3.5-5.1 | ISE |
| chloride | : 93.0 | Meq/L | 96-106 | |

Test repeated twice,same results obtained ; also control verified .
PLease corealte clinically.
Advice Repeat test if required clinically.

--- End Of Report ---

Sample Registered On : 20/07/2022 11:35AM
Sample Received On : 20/07/2022 11:36AM
Report Released On : 20/07/2022 04:51PM
**Sample Barcode :**

Checked By:Vandana

**Dr. VANDANA CHANDANI**

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# INVESTIGATION REPORT

## HAEMATOLOGY

| TEST | RESULT | UNIT | | TEST METHOD |
|---|---|---|---|---|

### Peripheral Smear Examination (Blood Picture)

**Sample Type** : WB - EDTA

| | |
|---|---|
| RBC. | : Mild to Moderate Hypochromia. Microcytes ++,few macrocytic hypochromic cells+ ,few target cells+, elliptocytes+ |
| . | : no significant anisopoikilocytosis. |
| .. | : No features of haemolysis seen |
| WBC | : Normal counts with relative neutrophilia. |
| ... | : No immature cells seen. |
| .. . | : hypersegmented neutrophils seen. |
| Platelet | : Adequate |
| Haemoparasite | : No Haemoparasite seen. |
| IMPRESSION | : S/o predominantly Microcytic hypochromic RBC picture with relative neutrophilia. |

### CBP (Complete Blood Picture)

**Sample Type** : WB - EDTA

| | | | | |
|---|---|---|---|---|
| Haemoglobin | : **9.9** | gm% | 11.5 - 16.0 | |
| Total Erythrocyte Count | : 4.60 | M/cmm | 4.0 - 6.2 | Cell Counter |
| Hemotocrit (PCV) | : **30.7** | Vol % | 35.0 - 50.0 | |
| Mean Corpuscular Volume | : **66.7** | fL | 80 - 100 | |
| Mean Corpuscular Hemoglobin | : **21.5** | PG | 26 - 34 | |
| MCHC | : 32.2 | g/L | 31 - 35 | |
| RDW | : 12.2 | % | 11.5 - 14.5 | |
| Total Leucocyte Count. | : 6470 | /cumm | 4000 - 11000 | |
| **DIFFERENTIAL COUNT :** | | | | |
| Neutrophils | : **81** | % | 40 - 75 | |
| Lymphocytes. | : **13** | % | 20 - 40 | Cell Counter |
| Monocytes. | : 05 | % | 2 - 10 | Cell Counter |
| Eosinophils | : 01 | % | 1 - 6 | Cell Counter |
| Basophils | : 0 | % | 0 - 1 | Cell Counter |
| Platelet Count | : 286000 | /cmm | 150000 - 450000 | |

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## INVESTIGATION REPORT

## HAEMATOLOGY

| TEST | RESULT | UNIT | TEST METHOD |
|---|---|---|---|

### PT (Prothrombin Time with INR)

| | | |
|---|---|---|
| **Sample Type** | : PLASMA -Na Citrate | |
| PT-Patient Value | : 14.8 | |
| PT-Control Value | : 13.5 | |
| ISI | : 1.1 | |
| PT-Ratio | : 1.1 | |
| PT-INR | : 1.10 | In Normal Subjects 0.8-1.1<br>Patients On Anticoagulants 2 - 3 |

The prothrombin time is the time it takes plasma to clot after addition of tissue factor (obtained from animals). This measures the quality of the extrinsic pathway (as well as the common pathway) of coagulation. The prothrombin time (PT) and its derived measures of prothrombin ratio (PR) and international normalized ratio (INR) are measures of the extrinsic pathway of coagulation. They are used to determine the clotting tendency of blood, in the measure of warfarin dosage, liver damage, and vitamin K status. The speed of the extrinsic pathway is greatly affected by levels of factor VII in the body. Factor VII has a short half-life and its synthesis requires vitamin K. The prothrombin time can be prolonged as a result of deficiencies in vitamin K, which can be caused by warfarin, malabsorption, or lack of intestinal colonization by bacteria (such as in newborns). In addition, poor factor VII synthesis (due to liver disease) or increased consumption (in disseminated intravascular coagulation) may prolong the PT.

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