

**ADVANCE DIAGNOSTICS CENTRE**

C1-C2/17A, NEAR NIHARIKA TALKIES

KORBA- 495677

PH-09228333 MOBILE-9300888178

NAME : MR MOHAN THAKUR

33 Years / Male

Reg No. : 20736

Ref. By : DR. BHATT NEELIMA

Reg. Date : 21/08/2022 10:09AM

Address :

Collected At : MedZone Center

INVESTIGATION REPORT**CLINICAL BIOCHEMISTRY**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIOLOGICAL REF RANGE</u>	<u>TEST METHOD</u>
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CRP (C-Reactive Protein Quantitative)

Sample Type : SERUM

CRP (C-Reactive Protein Quantitative)	: 9.24	mg/L	Upto 6	Nephelometry (Fully Automated Quantitative Analyz
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C-reactive protein (CRP) is a protein found in the blood, the levels of which rise in response to inflammation (an acute-phase protein). Its physiological role is to bind to phosphocholine expressed on the surface of dead or dying cells (and some types of bacteria) in order to activate the complement system via C1q. CRP is synthesized by the liver in response to factors released by fat cells (adipocytes). It is a member of the pentraxin family of proteins. It is not related to C-peptide or protein C. CRP is used mainly as a marker of inflammation. Apart from liver failure, there are few known factors that interfere with CRP production. Measuring and charting CRP values can prove useful in determining disease progress or the effectiveness of treatments. CRP is therefore a test of value in medicine, reflecting the presence and intensity of inflammation, although an elevation in C-reactive protein is not the telltale diagnostic sign of any one condition.

METHOD : Turbidometry

INSTRUMENT: A-25 Biosystem (Spain) Fully Automated Chemistry Analyser

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Glycosylated Hemoglobin (GHb/HbA1c)

Sample Type : WB - EDTA

Glycosylated Hemoglobin (GHb/HbA1c)	: 5.1	%	4.8 - 6.0 : Non Diabetic 6.0 - 7.0 : Good Control 7.0 - 8.0 : Weak Control More than 8 : Poor Control	Biorad D10 HPLC
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Glycosylated hemoglobin (*hemoglobin A1c, HbA1c, A1C, or Hb1c*; sometimes also *HbA1c*) is a form of hemoglobin used primarily to identify the average plasma glucose concentration over prolonged periods of time. It is formed in a non-enzymatic pathway by hemoglobin's normal exposure to high plasma levels of glucose. Glycation of hemoglobin has been associated with cardiovascular disease, nephropathy and retinopathy in diabetes mellitus. Monitoring the HbA1c in type-1 diabetic patients may improve treatment. HbA1c is a weighted average of blood glucose levels during the preceding 120 days, which is the average life span of red blood cells. A large change in mean blood glucose can increase HbA1c levels within 1-2 weeks. Sudden changes in HbA1c may occur because recent changes in blood glucose levels contribute relatively more to the final HbA1c levels than earlier events. For instance, mean blood glucose levels in the 30 days immediately preceding blood sampling contribute 50% to the HbA1c level, whereas glucose levels in the preceding 90-120 day period contribute only 10%. Thus, it does not take 120 days to detect a clinically meaningful change in HbA1c following a significant change in mean plasma glucose level.

METHOD: Ion Exchange Chromatography High performance liquid chromatography(HPLC)

INSTRUMENT: D -10 Bio-Rad Laboratories;FRANCE

--- End Of Report ---

Sample Registered On : 21/08/2022 10:09AM

Sample Received On : 21/08/2022 10:11AM

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Sample Barcode : 

Checked By:tulesh

**Dr. VANDANA CHANDANI**

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INVESTIGATION REPORT**CLINICAL PATHOLOGY**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>TEST METHOD</u>
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INVESTIGATION REPORT**CLINICAL PATHOLOGY**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>TEST METHOD</u>
<u>Montoux test</u>			
Sample Type	: Select Sample Type		
Method	: DONE BY MANTOUX METHOD.10/5 TU OF PPD INJECTED INTRADERMALLY INTO VENTRAL ASPECT OF LEFT FORE-ARM 3cm BELOW THE ELBOW JOINT.		
P.P.D injected	: 5tu		
Induration	: READ AFTER 48 HRS.INDURATION OF 20 MM BY 18 MM IS NOTED.		
Interpretation	: TEST IS POSITIVE		



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INVESTIGATION REPORT

CLINICAL PATHOLOGY

TEST	RESULT	UNIT	TEST METHOD
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How Are TST Reactions Interpreted?

Skin test interpretation depends on two factors:

Measurement in millimeters of the induration

- Person's risk of being infected with TB and of progression to disease if infected

Classification of the Tuberculin Skin Test Reaction

An **induration of 5 or more millimeters** is considered positive in

- HIV-infected persons
- A recent contact of a person with TB disease
- Persons with fibrotic changes on chest radiograph consistent with prior TB
- Patients with organ transplants
- Persons who are immunosuppressed for other reasons (e.g., taking the equivalent of >15 mg/day of prednisone for 1 month or longer, taking TNF- α antagonists)

An **induration of 10 or more millimeters** is considered positive in

- Recent immigrants (< 5 years) from high-prevalence countries
- Injection drug users
- Residents and employees of high-risk congregate settings
- Mycobacteriology laboratory personnel
- Persons with clinical conditions that place them at high risk
- Children < 4 years of age
- Infants, children, and adolescents exposed to adults in high-risk categories

An **induration of 15 or more millimeters** is considered positive in any person, including persons with no known risk factors for TB. However, targeted skin testing programs should only be conducted among high-risk groups.

What Are False-Positive Reactions?

Some persons may react to the TST even though they are not infected with M. tuberculosis. The causes of these false-positive reactions may include, but are not limited to, the following:

Infection with nontuberculosis mycobacteria

Previous BCG vaccination

Incorrect method of TST administration

Incorrect interpretation of reaction

- Incorrect bottle of antigen used

What Are False-Negative Reactions?

Some persons may not react to the TST even though they are infected with M. tuberculosis. The reasons for these false-negative reactions may include, but are not limited to, the following:

Cutaneous anergy (anergy is the inability to react to skin tests because of a weakened immune system)

Recent TB infection (within 8-10 weeks of exposure)

Very old TB infection (many years)

Very young age (less than 6 months old)

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<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>TEST METHOD</u>
Recent live-virus vaccination (e.g., measles and smallpox) Overwhelming TB disease Some viral illnesses (e.g., measles and chicken pox) Incorrect method of TST administration ·Incorrect interpretation of reaction			

--- End Of Report ---

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INVESTIGATION REPORT**HAEMATOLOGY**

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
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CBP (Complete Blood Picture)

Sample Type : WB - EDTA

Haemoglobin	: 12.5	gm%	12.0 - 18.0	
Total Erythrocyte Count	: 3.93	M/cmm	4.0 - 6.2	Cell Counter
Hematocrit (PCV)	: 38.4	Vol %	35.0 - 50.0	
Mean Corpuscular Volume	: 97.7	fL	80 - 100	
Mean Corpuscular Hemoglobin	: 31.8	PG	26 - 34	
MCHC	: 32.6	g/L	31 - 35	
RDW	: 14.8	%	11.5 - 14.5	
Total Leucocyte Count.	: 5110	/cumm	4000 - 11000	

DIFFERENTIAL COUNT :

Neutrophils	: 55	%	40 - 75	
Lymphocytes.	: 36	%	20 - 40	Cell Counter
Monocytes.	: 05	%	2 - 10	Cell Counter
Eosinophils	: 04	%	1 - 6	Cell Counter
Basophils	: 0	%	0 - 1	Cell Counter
Platelet Count	: 143000	/cmm	150000 - 450000	

ESR (Erythrocyte Sedimentation Rate)

Sample Type : PLASMA -Na Citrate

ESR (Erythrocyte Sedimentation Rate) : 25 mm/hr 0 - 15 :1st Hour Sedimentation me

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