Name	:	Z618				Collected	•	12:00:00AM
Lab No.	:	135091536	Age: 33 Years	Gender:	Male	Received Reported	•	10:51:00AM 2:52:58PM
A/c Status	:	Р	Ref By : Dr. UNKNWON			Report Status	: Final	

Test Name	Results	Units	Bio. Ref. Interval
LIVER FIBROSIS PANEL			
PROTHROMBIN TIME STUDIES (Photo optical Clot Detection)			
Mean Normal Prothrombin Time (PT)	10.70	sec	
Patient value	17.10	Sec	9.57 - 11.80
Prothrombin Ratio (PR)	1.60		
International Normalized Ratio (INR)	1.59		0.90 - 1.10
			0.00 1.10

Note

- 1. INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. Appropriate therapeutic range varies with the disease and treatment intensity
- 2. Prolonged INR suggests potential bleeding disorder / bleeding complications
- 3. Results should be clinically correlated
- 4. Test conducted on Citrated plasma

Recommended Therapeutic range for Oral Anticoagulant therapy

INR 2.0-3.0 :

- Treatment of Venous thrombosis & Pulmonary embolism
- Prophylaxis of Venous thrombosis (High risk surgery)
- Prevention of systemic embolism in tissue heart valves, AMI, Valvular heart disease & Atrial fibrillation
- Bileaflet mechanical valve in aortic position

INR 2.5-3.5:

- Mechanical prosthetic valves
- Systemic recurrent emboli

Comments

Prothrombin time measures the extrinsic coagulation pathway which consists of activated Factor VII (VIIa), Tissue factor and Proteins of the common pathway (Factors X, V, II & Fibrinogen). This assay is used to control long term oral anticoagulant therapy, evaluation of liver function & to evaluate coagulation disorders specially factors involved in the extrinsic pathway like Factors V, VII, X, Prothrombin & Fibrinogen.

AST (SGOT), SERUM (IFCC without P5P) 69

<50



U/L

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Test Name	Results	Units	Bio. Ref. Interval
ALT (SGPT), SERUM (IFCC without P5P)	73	U/L	<50
GGTP;GAMMA GLUTAMYL TRANSPEPTIDASE, SERUM (IFCC)	59	U/L	<55
ALKALINE PHOSPHATASE (ALP), SERUM (IFCC)	243	U/L	30 - 120
PROTEIN, TOTAL, SERUM			
(Spectrophotometry)			
Total Protein	8.20	g/dL	6.40 - 8.30
Albumin	4.30	g/dL	3.50 - 5.20
A : G Ratio	1.10		0.90 - 2.00

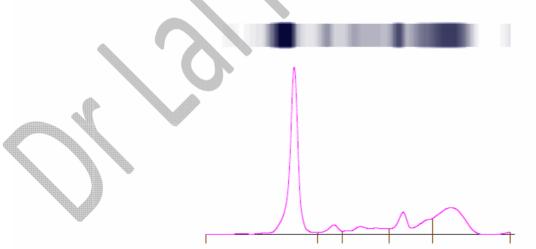


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Test Name	Results	Units	Bio. Ref. Interval
BILIRUBIN TOTAL, DIRECT AND INDIRECT, SERUM (DPD, Calculated)			
Bilirubin Total	0.56	mg/dL	0.30 - 1.20
Bilirubin Direct	0.32	mg/dL	<0.20
Bilirubin Indirect	0.24	mg/dL	<1.10

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A/c Status	:	Ρ	Ref By: Dr. UNKNW	/ON		Report Status	: Final		

Test Name		Results	Units	Bio. Ref. Interval
PROTEIN ELECT (Capillary Electro	ROPHORESIS, SERI	JM		$\overline{\mathbf{C}}$
Protein, Total		8.20	g/dL	6.40 - 8.30
Albumin		4.08	g/dL	3.50 - 5.78
Alpha 1 globulin		0.30	g/dL	0.17 - 0.42
Alpha 2 globulin		0.63	g/dL	0.31 - 0.87
Beta globulin		1.24	g/dL	0.49 - 1.35
Gamma globulin		1.95	g/dL	0.62 - 1.57
A : G Ratio		0.99		0.90 - 2.00
M Spike		Not Seen	g/dL	
	Sample num :-	25		01/09
	ID :-	242469110		



Interpretation

No "M" spike seen.

Polyclonal increase in gamma globulin. Consistent with Chronic infection / Inflammation. Advised: Immunoglobulins IgG, IgA & IgM estimation

Comment

Serum Protein electrophoresis (SPE) is used to identify patients with Monoclonal gammopathies like Multiple Myeloma (MM), Waldenstrom'smacroglobulinemia, AL Amyloidosis as well as premalignant conditions like Monoclonal gammopathy of unkown significance (MGUS) and Smoldering Myeloma and other serum protein abnormalities like Nephrotic syndrome, Alpha 1 antitrypsin disorder and inflammatory processes associated



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Test Name

Results

Units

Bio. Ref. Interval

with infection, liver diseases & autoimmune disorders. Monoclonal gammopathies indicate clonal expansion of plasma cells or mature B cells. They are present in 8% of geriatric patients and require further evaluation for monitoring & prognosis. SPE can be used for monitoring response to therapy, a decrease or increase of M spike by 0.5 g/dl is considered significant.

If SPE alone is used as initial diagnostic screen it will be able to detect approximately 88% of all MM, 66% of AL Amyloidosis and 56% of Light Chain Deposition Disease (LCDD) patients. SPE has good sensitivity in detecting intact monoclonal protein but has limited sensitivity in detecting monoclonal free light chains (FLC). Diagnosis of Light chain MM, Non secretory MM, about 40% cases of AL Amyloidosis & LCDD patients require more detailed testing which includes SPE along with IFE and FLC.

-End of report -



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