

BML505802

Laboratory Investigation Report

Name	: Mr. ROBINDERSINGH KULDEEPSINGH BAMBAH	Ref No.	: 45347
DOB	: 22/07/1986	Sample No.	: 2412518121
Age / Gender	: 38 Y / Male	Collected	: 26/12/2024 17:00
Referred by	: DR ENOMEN	Registered	: 26/12/2024 23:39
Centre	: CITICARE MEDICAL CENTER	Reported	: 27/12/2024 00:13

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
GLUCOSE (FASTING)	110	H	mg/dL	< 100 Please note change. Source: The American Diabetes Association (ADA)	Hexokinase

Sample Type : Fluoride Plasma

End of Report



Dr. Adley Mark Fernandes
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Pathologist

Vyoma V. Shah
Dr. Vyoma V Shah
M.D (Pathology)
Clinical Pathologist

Harshad Manikandan
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Laboratory Technician

This is an electronically authenticated report

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BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
C-REACTIVE PROTEIN (CRP)	87.5	CH	mg/L	< 5.0 Please note change. Source: Roche IFU.	Particle-enhanced immunoturbidimetric assay

INTERPRETATION NOTES :

- CRP measurements are used as aid in diagnosis, monitoring, prognosis, and management of suspected inflammatory disorders and associated diseases, acute infections and tissue injury.
- C-reactive protein is the classic acute phase protein in inflammatory reactions.
- CRP is the most sensitive of the acute phase reactants and its concentration increases rapidly during inflammatory processes. The CRP response frequently precedes clinical symptoms, including fever. After onset of an acute phase response, the serum CRP concentration rises rapidly and extensively. The increase begins within 6 to 12 hours and the peak value is reached within 24 to 48 hours. Levels above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).
- CRP response may be less pronounced in patients suffering from liver disease.
- CRP assays are used to detect systemic inflammatory processes (apart from certain types of inflammation such as systemic lupus erythematosus (SLE) and Colitis ulcerosa); to assess treatment of bacterial infections with antibiotics; to detect intrauterine infections with concomitant premature amniorrhexis; to differentiate between active and inactive forms of disease with concurrent infection, e.g. in patients suffering from SLE or Colitis ulcerosa; to therapeutically monitor rheumatic disease and assess anti-inflammatory therapy; to determine the presence of post-operative complications at an early stage, such as infected wounds, thrombosis and pneumonia, and to distinguish between infection and bone marrow transplant rejection.

Sample Type : Serum

End of Report

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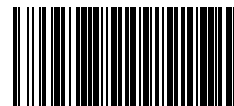
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BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
D-DIMER	507	CH	ng/mL	< 255 Source: ACL IFU.	Turbidimetric Immunoassay

Comments : Rechecked. Please correlate clinically.

INTERPRETATION NOTES :

1. D-dimer is a fibrin degradation product, a small protein fragment present in the blood after a blood clot is degraded by fibrinolysis. The product increases in conditions inducing inappropriate fibrinolysis.
2. This assay can aid in the diagnosis of Deep Vein Thrombosis (DVT) & pulmonary embolism (PE). The test results should be correlated with Imaging studies (e.g. Colour Doppler). The negative predictive value (NPV) with a cut off of 0.5 µg/ml is 95 to 100% for DVT & PE.
3. Elevated D-dimer is seen in hypercoagulability, DVT (Deep Vein Thrombosis, DIC (Disseminated Intravascular Coagulation), recent surgery, trauma or infection.

Limitations:

1. False Negative: Anticoagulant therapy
2. False Positive: Elderly, Liver disease, Pregnancy, Eclampsia, Heart disease, Rheumatoid arthritis, Some cancers, High triglycerides, Hemolysis, Lipemia, Hyperbilirubinemia

Sample Type : Citrated Plasma

End of Report

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