H·O·D
HOUSE of DIAGNOSTICS

Patient Name :	Demo Patient Name	**Lab No :**	Demo Visit No
Age / Sex :	61 Y / F	**Registration On :**	21-Jan-25 16:57
Referred By :	DEMO HOSPITAL	**Patient ID :**	UHID.DEMO.001
Centre :	HOD Head Office		

D-Dimer

Sodium Citrate 3.2% Sample

Accession No: DEMO_BARCODE **Collected On:** 21-Jan-25 16:57 **Received On:** 21-Jan-25 19:42 **Approved On:** 21-Jan-25 20:19

Observation	Result	Unit	Biological Ref. Interval	Method
D-Dimer	**3.24**	µg/mL FEU	<0.50	Latex Enhanced Immunoassay

kindly correlate clinically and treatment history of the patient.

kindly follow up with fresh sample.

Clinical Significance of D-Dimer: The formation of D-Dimer requires three hemostatic stages: formation of clot (coagulation), Factor XIIIa crosslinking, and clot breakdown of fibrin (fibrinolysis). Several studies have shown a correlation of increased D-dimer levels with clinical conditions that relate to the formation of fibrin, mirroring an in vivo lysis of formed cross-linked fibrin. These conditions include deep venous thrombosis (DVT), disseminated intravascular coagulation (DIC), pulmonary embolism (PE), postoperative states, malignancy, trauma, and pre-eclampsia. Signs and symptoms of DVT are non-specific and present in a myriad of non-thrombotic disorders; hence, timely, accurate, and fast D-dimer assay could provide significant utility for managing and monitoring patients with suspected DVT. Pulmonary embolism may result from deep vein thrombosis; hence, stressing an essential need of early diagnosis and treatment of DVT.

Clinical Notes for D-Dimer:

1. D dimer half-life is approximately 6 hours in circulation of individuals with normal renal function. Patients with stabilized clots and not undergoing active fibrin deposition and plasmin activation may not give detectable D dimer elevations, anti-coagulant therapy.
2. In PE, the larger the clot size, higher the expected level of circulating D dimer. Conversely, the amount of D-dimer release from very small clots may be diluted by the circulation and may not give a detectable increase.
3. Fibrinolysis is a highly regulated process and in delicate dynamic balance. In case of hereditary, acquired deficiency and dysfunction of Fibrinogen, the rate of fibrinolysis will be altered there by not givin detectable D dimer level
4. False positive may be seen with high levels of rheumatoid factor,bilirubin, lipemic sera and hemolysed blood.

Remarks: Please correlate results with clinical conditions.
Advise: The D-Dimer test should be read in conjunction with other clinical parameters.

This is a Demo Signature
and the doctor's signature should appear here

In case of any unexpected or alarming results, please contact us immediately for re-confirmation, clarifications, and rectifications, if needed.

Scan to Validate