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|-------------------|---|--|------------------|---|--|
| Patient Name | : | | Bill Date | : | |
| DOB/Age/Gender | : | | Sample Collected | : | |
| Patient ID / UHID | : | | Sample Received | : | |
| Referred By | : | | Report Date | : | |
| Sample Type | : | | Report Status | : | |
| Barcode No | : | | | | |

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

BIOCHEMISTRY REPORT

Adenosine Deaminase (ADA), Fluid

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|----------------------------|---------------|-----|---|
| Adenosine Deaminase; ADA | 3.3 | U/L | |
| Method : Spectrophotometry | | | |
| Specimen type | ASCITIC FLUID | - | - |

Interpretation:
Interpretation

| TYPE OF SPECIMEN | REFERENCE RANGE IN | U/L |
|--|--------------------|----------|
| Serum ,Plasma, Pleural fluid, Pericardial fluid, Ascitic fluid | Normal | <30.0 |
| | Suspected | 30 - 40 |
| | Strong Suspected | >40 - 60 |
| | Positive | >60.0 |
| Cerebrospinal Fluid | Normal | <10.0 |
| | Positive | >10.0 |

Comments

Adenosine deaminase (ADA) enzyme is seen in high concentrations in T lymphocytes and is significantly increased in tubercular infections. At a level of >50 U/L, the assay is highly sensitive, specific with both positive and negative predictive values for Tuberculosis in body fluids. However in patients with lymphocyte rich infusions from non - tubercular causes, ADA levels < 40 U/L are seen in approximately 97% cases.

Increased Serum Levels - Viral hepatitis, Infectious mononucleosis, Typhoid fever, Cirrhosis of liver and certain malignant tumors, Tuberculosis.

Increased Fluid Levels - Tuberculosis, Bacterial infections, Lymphoproliferative disorders and Rheumatologic diseases.

Decreased Levels - Type II Diabetes mellitus & Biliary tract diseases



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