

VID : 0805234013
Name : Mr.BHOSALE PRASHANT PANDURANG
Age / Gender : 44 Y(s) /Male
Ref By : AIMS HOSPITAL
Client Name : AIMS - OPD
Sample Type : EDTA Whole Blood

Registration Date : 08-05-2023 09:38
Collection Date : 08-05-2023 09:40
Reporting Date : 08-05-2023 19:53
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Glycosylated Haemoglobin (HbA1c)

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
HbA1c Method : High-Performance Liquid Chromatography (HPLC)	: 6.0	%	Above 8 : Action Suggested Between 6-8 : Goal Below 6 : Non Diabetic Level
Average Blood Glucose (ABG)	: 125.5		90-120 : Excellent Control 121-150 : Good Control 151-180 : Average Control 181-210 : Action Suggested > 211 : Panic Value

EQUIPMENT: Bio-Rad D10 HPLC Analyser

INTERPRETATION:

NOTE: HbA1c PARAMETER IS NGSP LEVEL 1 CERTIFIED.

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycosylated haemoglobin (below 4%) in a non-diabetic individual is often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & hemolytic), chronic renal failure, and liver diseases, Clinic correlation is suggested.
- To estimate the eAG from the HbA1c value, the following equation is used: $eAG (mg/dl) = 28.7A1c - 46.7$
- Interference of Hemoglobinopathies in HbA1c estimation.
 - For hbF > 25%, an alternate platform (FRUCTOSAMINE) is recommended for testing HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state detected (D10/Tosho G8 is corrected for HbS and HbC trait).
- In Known diabetic patients, the following values can be considered as a tool for monitoring glycemic control.

Excellent Control - 6 to 7 %
Fair to Good Control - 7 to 8 %
Unsatisfactory Control - 8 to 10 %

*** End of the Report ***



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Client Name : AIMS - OPD
Sample Type : Fluoride Plasma
Registration Date : 08-05-2023 09:38
Collection Date : 08-05-2023 13:19
Reporting Date : 08-05-2023 14:35
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Blood Sugar Post Prandial

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
Blood Sugar Post Prandial Method : Hexokinase/G-6-PDH	: 104	mg/dl	70 - 140

EQUIPMENT: Roche Cobas C311

NOTE: AS PER THE AMERICAN DIABETES ASSOCIATION 2015 UPDATE

POSTPRANDIAL/POST GLUCOSE (75 grams)

- Normal glucose tolerance: 70-139 mg/dl
- Impaired glucose tolerance: 140-199 mg/dl
- Diabetes mellitus : ≥ 200 mg/dl

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*** End of the Report ***



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Sample Type : SERUM

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Lipid Profile

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<u>LIPID PROFILE</u>			
Triglycerides Method : Glycerol Phosphate Oxidase	: 234	mg/dl	0.00-150.00
Total Cholesterol Method : Enzymatic	: 167	mg/dl	0.00-200.00
HDL Cholesterol Method : Accelerator Selective Detergent	: 41	mg/dl	40.00-60.00
NON-HDL Cholesterol Method : Calculated Parameters	: 126	mg/dl	0.00-130.00
LDL Cholesterol Method : Liquid Selective Detergent	: 79.2	mg/dl	0.00-100.00
VLDL Method : Calculated Parameters	: 46.8	mg/dl	7.00-35.00
LDL/HDL Ratio Method : Calculated Parameters	: 1.93	Ratio	0.00-3.51
TC/HDL Ratio Method : Calculated Parameters	: 4.07	Ratio	3.00-5.00

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Name : Mr.BHOSALE PRASHANT PANDURANG
Age / Gender : 44 Y(s) /Male
Ref By : AIMS HOSPITAL
Client Name : AIMS - OPD
Sample Type : Urine

Registration Date : 08-05-2023 09:38
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Urine Routine

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<u>PHYSICAL EXAMINATION</u>			
Quantity	: 30 ML		---
Colour	: Pale Yellow		---
Appearance	: SLIGHT HAZY		---
<u>CHEMICAL EXAMINATION</u>			
pH	: 5.0		4.6 - 8.0
Specific Gravity	: 1.030		1.003 - 1.035
Albumin	: TRACE		Negative
Sugar	: Absent		NEGATIVE
Ketone Bodies	: Absent		NEGATIVE
Nitrite	: Absent		NEGATIVE
Blood	: Absent		ABSENT
Bile Salts	: Absent		NEGATIVE
Bile Pigments	: Absent		NEGATIVE
Urobilinogen	: Normal		NORMAL
<u>MICROSCOPIC EXAMINATION</u>			
Epithelial Cells	: 2-3/hpf		---
Pus Cells	: 5-6/hpf		0 - 5 cells/hpf
Red Blood Cells	: Absent		0 - 2 cells/hpf
Casts	: Absent		
Crystals	: Absent		
Amorphous Materials	: Absent		
Bacteria	: Absent		
Yeast Cells	: Absent		
Trichomonas Vaginalis	: Absent		
Mucus	: Absent		

METHOD:

Chemical Examination is done by Strip Method



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COMPLETE BLOOD COUNT

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<u>RBC PARAMETERS</u>			
Haemoglobin Method : Spectrophotometry	: 13.7	gm %	13.5-18.0
R.B.C. Count Method : Impedance	: 5.45	mill/c.mm	4.5 - 5.5
PCV Method : Calculated	: 42.1	%	40 - 50
MCV Method : Calculated	: 77	fl	83 - 101
MCH Method : Calculated	: 25.1	Pg	27 - 32
MCHC Method : Calculated	: 32.5	g/dl	31.5 - 34.5
RDW Method : Impedance	: 14.8	%	11.6 - 14.0
<u>WBC PARAMETERS</u>			
W.B.C. Count Method : Impedance	: 10000	/c.mm	4000 - 10000
Neutrophils Method : Impedance & Flowcytometry / Microscopy	: 53.3	%	40-80
Lymphocytes Method : Impedance & Flowcytometry / Microscopy	: 33.7	%	20 - 40
Eosinophils Method : Impedance & Flowcytometry / Microscopy	: 7.0	%	01 - 06
Monocytes Method : Impedance & Flowcytometry / Microscopy	: 5.8	%	2 - 10
Basophils Method : Impedance & Flowcytometry / Microscopy	: 0.2	%	0.0-1.0
Absolute Neutrophil Count Method : Calculated Parameters	: 5330	/c.mm	2000-7000
Absolute Lymphocyte Count Method : Calculated Parameters	: 3370	/c.mm	1500-4000
Absolute Eosinophil Count Method : Calculated Parameters	: 700	/c.mm	20 - 500
Absolute Monocyte Count Method : Calculated Parameters	: 580	/c.mm.	200 - 1000
Absolute Basophil Count Method : Calculated Parameters	: 20	/c.mm	20-200

PLATELET PARAMETERS



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COMPLETE BLOOD COUNT

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
Platelet Count Method : Impedance	: 267	10 ^ 3/c.mm	150-450 10 cap; 3/c.mm
MPV Method : Calculated	: 9.2	fl	9.0 - 13.0
PDW	: 18.5	%	9 - 17
PCT	: 0.246		

PERIPHERAL SMEAR FINDINGS

Morphology of R.B.C : Predominantly Normocytic Normochromic.
Microcytes : +
Anisocytosis : +
Platelet : Adequate.

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Erythrocyte Sedimentation Rate (ESR)

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<u>ERYTHROCYTE SEDIMENTATION RATE</u>			
ESR	: 05	mm / 1hr.	0-9

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Blood Sugar Fasting

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
Blood Sugar Fasting Method : Hexokinase/G-6-PDH	: 99	mg/dl	70-110

NOTE: AS PER THE AMERICAN DIABETES ASSOCIATION 2015 UPDATE

FASTING GLUCOSE LEVEL

- Normal glucose tolerance: 70-110 mg/dl
- Impaired Fasting glucose (IFG): 110-125 mg/dl
- Diabetes mellitus : ≥ 126 mg/dl

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Calcium

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
Calcium Method : Arsenazo III	: 9.7	mg/dl	8.6-10.0

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Blood Group

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
ABO And RhD Typing	: "O" Rh Positive		
Method	: Done by slide method.		

METHOD: Manual Slide Hemagglutination

NOTE: Sample collected at Outside.

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Sample Type : SERUM Ref no. :



Thyroid Function Test (TFT)

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
T3 (Tri-iodothyronine) Method : Competitive Chemi Luminescent Immuno Assay	: 96.05	ng/dl	70-204
T4 (Thyroxine)	: 7.34	ug/dl	4.6-10.5
TSH Method : ECLIA	: 0.722	uIU/ML	0.27-4.2

REFERENCE : TIETZ Fundamentals of ClinicalChemistry

INTERPRETATION :

1. Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism.
 2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites
Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc. In such cases Free T3 and Free T4 gives corrected values.
 3. Total T3 may decrease by <25 percent in healthy older individuals. - In cases of primary hypothyroidism, T3 and T4 levels are low and TSH is significantly elevated. In the case of pituitary dysfunction, either due to intrinsic hypothalamic or pituitary disease i.e central hypothyroidism, normal or marginally elevated basal TSH levels are often seen despite significant reduction in T4 and T3 levels.
- Primary hyperthyroidism (eg: Grave~s disease, nodular goiter) is associated with high levels of thyroid hormones and depressed or undetectable levels of TSH.

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Liver Profile (AiMS)

Bilirubin (Total)	: 0.51	mg/dl	0.0-1.2
Bilirubin (Direct)	: 0.15	mg/dl	0.0 - 0.25
Bilirubin (Indirect)	: 0.36	mg/dl	0.0 - 1.0
SGOT	: 24.4	U/L	0.0 - 37.00
Method : NADH (without P-5-P)			
SGPT/ALT	: 29.3	U/L	0.0 - 40.00
Alkaline Phosphatase	: 122	U/L	40-130
Total Proteins	: 7.41	gm/dl	6.6-8.7
Albumin	: 4.38	g/dl	3.5-5.2
Globulin	: 3.03	gm/dl	1.8-3.6
A/G Ratio	: 1.45		1.10 - 2.20

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Renal Profile (AIMS)

BLOOD UREA	: 30.2	mg/dl	16.6-48.5
Creatinine	: 1.00	mg/dl	0.70-1.20
Sodium	: 139	mEq/L	136-145
Method : Ion Selective Electrode diluted(Indirect)			
Potassium	: 4.34	mEq/L	3.5-5.0
Method : Ion Selective Electrode diluted(Indirect)			
Chlorides	: 107.3	mEq/L	98-108
Method : Ion Selective Electrode diluted(Indirect)			
Uric Acid	: 9.9	mg/dl	3.40 - 7.00

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