

Patient Name : MR. AJAY KUMAR
Age / Sex : 43 years / Male
Ref. Doctor : APEX HOSPITAL
Client Name : CUDDLES N CURE DIAGNOSTIC CENTRE
Sample ID : 2403122728
Printed By : CUDDLES N CURE DIAGNOSTIC CENTRE



Patient ID / Billing ID : 1193055 / 1374682
Specimen Collected at : CUDDLES N CURE DIAGNOSTIC CENTRE
Sample Collected On : 29/03/2024, 07:46 p.m.
Reported On : 30/03/2024, 09:13 a.m.
Printed On : 30/03/2024, 09:18 p.m.



TEST DONE	OBSERVED VALUE	UNIT	REFERENCE RANGE	METHOD
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GLYCOSYLATED HAEMOGLOBIN (HbA1C), BLOOD

PRIMARY SAMPLE : BLOOD

Glycosylated Haemoglobin ^	5.8	%	< 5.6 Normal 5.7-6.4 Prediabetic >= 6.5 Diabetic	High Performance Liquid Chromatography Calculated
Mean Plasma Glucose	117.18	mg/dl	65.1 - 136.3	

Note

Tests marked with ^ are included in NABL scope.

Test results relate to the sample as received.

Hemoglobin electrophoresis (HPLC method) is recommended for detecting Hemoglobinopathy.

Interpretation

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG). 2. HbA1c has been endorsed by clinical groups and ADA (American Diabetes Association) guidelines 2019, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & hemolytic), chronic renal failure and liver diseases. Clinical correlation is suggested.
- To estimate the eAg from HbA1C value, the following equation is used: $eAG (mg/dL) = 28.7 * A1c - 46.7$
- Interferences of Hemoglobinopathies in HbA1c estimation: A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing HbA1c. B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status. C. Heterozygous state detected (D10 and Turbo is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.

Excellent Control: 6 - 7 %

Good Control : 7 - 8%

Unsatisfactory Control - 8 - 10% and

Poor Control - More than 10%

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END OF REPORT

Checked by

Dr. Vivek Bonde
MD Pathology

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PROSTATE SPECIFIC ANTIGEN (PSA)

Total PSA [^]	0.698	ng/ml	0 - 4.0	ECLIA
Free PSA [^]	0.403	ng/ml	0.0 - 0.5	ECLIA
Free PSA / PSA Ratio.	57.74	%	> 10 % s/o BPH < 10 % s/o Ca Prostate	ECLIA

Interpretation:

Elevated levels of Prostate Specific Antigen (PSA) have been associated with benign and malignant prostatic disorders. Studies indicate that in men 50 years or older measurement of PSA is a useful addition to the digital rectal exam in the early detection of prostate cancer. In addition, PSA decreases to undetectable levels following complete resection of the tumor and may rise again with recurrent disease or persist with residual disease. Thus, PSA levels may be of assistance in the management of prostate cancer patients. In men over 50 years with total PSA between 4.0 and 10.0 ng/mL, the percent (%) free PSA gives an estimate of the probability of cancer. In these circumstances the measurement of the % free PSA may aid in avoiding unnecessary biopsies. If prostatic tissue remains after surgery or if metastasis has occurred, the PSA appears to be useful in detecting residual and early recurrence of tumor, therefore serial PSA levels can help determine the success of prostatectomy and the need for further treatment such as radiation, endocrine or chemotherapy and in monitoring of the effectiveness of therapy. Free PSA/Total PSA Ratio: > 10 % s/o BPH (benign Prostate Hyperplasia). < 10 % s/o Ca Prostate

Note

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Test results relate to the sample as received.

By ECLIA method, false low values can be because of Biotin (Vitamin B 7) consumption.

Kindly correlate clinically.

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APEX HOSPITALS MULUND DIAGNOSTIC

ALL
CASHLESS
FACILITY

Veena Nagar Phase II, Tulsi Pipe Line Road,
Near Swapna Nagri Road, Mulund (W) Mumbai 400 080.
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Tele.:
022-41624000 (100 Lines)

Patient Name : **MR. AJAY KUMAR**
Age/Sex : 43 Years /Male
Ref Doctor : APEX HOSPITAL
Client Name : Apex Hospital

Patient ID : 86293
Sample Collected on : 29-3-24, 2:00 pm
Registration On : 29-3-24, 2:00 pm
Reported On : 29-3-24, 7:53 pm

Test Done	Observed Value	Unit	Ref. Range
Complete Blood Count(CBC)			
HEMOGLOBIN	15.7	gm/dl	12 - 16
Red Blood Corpuscles			
PCV (HCT)	46.2	%	42 - 52
RBC COUNT	5.22	$\times 10^6/\mu\text{L}$	4.70 - 6.50
RBC Indices			
MCV	88.5	fl	78 - 94
MCH	30.3	pg	26 - 31
MCHC	34.0	g/L	31 - 36
RDW-CV	14.8	%	11.5 - 14.5
White Blood Corpuscles			
TOTAL LEUCOCYTE COUNT	6200	/cumm	4000 - 11000
Differential Count			
NEUTROPHILS	70	%	40 - 75
LYMPHOCYTES	26	%	20 - 45
EOSINOPHILS	02	%	0 - 6
MONOCYTES	02	%	1 - 10
BASOPHILS	0	%	0 - 1
Platelets			
PLATELET COUNT	154000	Lakh/cumm	150000 - 450000
MPV	11.0	fl	6.5 - 9.8
RBC MORPHOLOGY	Normochromic, Normocytic		
WBC MORPHOLOGY	No abnormality detected		
PLATELETS ON SMEAR	Adequate on Smear		

:Instrument : Mindray BC 3000 Plus

Dr. Hrishikesh Chevie
(MBBS, DCF.)



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Test Done	Observed Value	Unit	Ref. Range
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Blood Group & RH Factor

SPECIMEN	WHOLE BLOOD
ABO GROUP	'B'
RH FACTOR	POSITIVE
INTERPRETATION	

The ABO system consists of A, B, AB, and O blood types. People with type AB blood are called universal recipients, because they can receive any of the ABO types. People with type O blood are called universal donors, because their blood can be given to people with any of the ABO types. Mismatches with the ABO and Rh blood types are responsible for the most serious, sometimes life-threatening, transfusion reactions. But these types of reactions are rare.

Rh system

The Rh system classifies blood as Rh-positive or Rh-negative, based on the presence or absence of Rh antibodies in the blood. People with Rh-positive blood can receive Rh-negative blood, but people with Rh-negative blood will have a transfusion reaction if they receive Rh-positive blood. Transfusion reactions caused by mismatched Rh blood types can be serious.

Dr. Hrishikesh Chevle
(MBBS .DCP.)



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Test Done	Observed Value	Unit	Ref. Range
ESR (ERYTHROCYTES SEDIMENTATION RATE)			
ESR	12	mm/1hr.	0 - 20

METHOD - WESTERGREN

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Test Done	Observed Value	Unit	Ref. Range
BLOOD GLUCOSE FASTING & PP			
FASTING BLOOD GLUCOSE	83.2	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	109.6	mg/dL	70 - 140
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT

Method - GOD-POD

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Test Done	Observed Value	Unit	Ref. Range
RENAL FUNCTION TEST			
BLOOD UREA	27.1	mg/dL	10 - 50
BLOOD UREA NITROGEN	12.66	mg/dL	0.0 - 23.0
S. CREATININE	0.72	mg/dL	0.7 to 1.4
S. SODIUM	136.4	mEq/L	135 - 155
S. POTASSIUM	4.29	mEq/L	3.5 - 5.5
S. CHLORIDE	105.8	mEq/L	95 - 109
S. URIC ACID	4.20	mg/dL	3.5 - 7.2
S. CALCIUM	8.8	mg/dL	8.4 - 10.4
S. PHOSPHORUS	3.8	mg/dL	2.5 - 4.5
S. PROTIEN	5.2	g/dl	6.0 to 8.3
S. ALBUMIN	3.2	g/dl	3.5 to 5.3
S. GLOBULIN	2.00	g/dl	2.3 to 3.6
A/G RATIO	1.60		1.0 to 2.3

METHOD - EM200 Fully Automatic

INTERPRETATION -



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LIVER FUNCTION TEST			
TOTAL BILLIRUBIN	0.72	mg/dL	UP to 1.2
DIRECT BILLIRUBIN	0.23	mg/dL	UP to 0.5
INDIRECT BILLIRUBIN	0.49	mg/dL	UP to 0.7
SGOT(AST)	24.0	U/L	UP to 40
SGPT(ALT)	18.1	U/L	UP to 40
ALKALINE PHOSPHATASE	153.2	IU/L	64 to 306
S. PROTIEN	5.2	g/dl	6.0 to 8.3
S. ALBUMIN	3.2	g/dl	3.5 - 5.0
S. GLOBULIN	2.00	g/dl	2.3 to 3.6
A/G RATIO	1.60		0.9 to 2.3

METHOD - EM200 Fully Automatic



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LIPID PROFILE			
TOTAL CHOLESTEROL	239.1	mg/dL	200 - 240
S. TRIGLYCERIDE	175.1	mg/dL	0 - 200
S.HDL CHOLESTEROL	42	mg/dL	30 - 70
VLDL CHOLESTEROL	35	mg/dL	Up to 35
S.LDL CHOLESTEROL	162.08	mg/dL	Up to 160
LDL CHOL/HDL RATIO	3.86		Up to 4.5
CHOL/HDL CHOL RATIO	5.69		Up to 4.8
Transasia-EM200 FULLY AUTOMATIC			

INTERPRETATION

Above reference ranges are as per ADULT TREATMENT PANEL III RECOMMENDATION by NCEP (May 2015).



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URINE ROUTINE EXAMINATION

Physical Examination

VOLUME	30 ml	- -
COLOUR	Pale Yellow	Pale Yellow
APPEARANCE	Slightly Hazy	Clear
DEPOSIT	Absent	Absent

Chemical Examination

REACTION (PH)	Acidic	Acidic
SPECIFIC GRAVITY	1.020	1.003 - 1.035
PROTEIN (ALBUMIN)	Absent	Absent
OCCULT BLOOD	Negative	Negative
SUGAR	Absent	Absent
KETONES	Absent	Absent
BILE SALT & PIGMENT	Absent	Absent
UROBILINOGEN	Normal	Normal

Microscopic Examination

RED BLOOD CELLS	Absent	Absent
PUS CELLS	2-3 /HPF	0 - 5 /HPF
EPITHELIAL CELLS	1-2 /HPF	0 - 3 /HPF
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	Absent
YEAST CELLS	Absent	Absent
ANY OTHER FINDINGS	Absent	

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