

Patient ID : 250323018

Patient Name : MR. SOHOLKAR SAKET KIRAN

Age / Gender : 35 YEARS / MALE

Ref. By : RECEPTION AIMS

Affiliation : AIMS HOSPITAL



Registration Date : 25-Mar-2023 9:30 AM

Sample Collected on : 25-Mar-2023 9:30 AM

Sample Received on : 25-Mar-2023 11:36 AM

Report Released on : 25-Mar-2023 11:09 AM

## Glycosylated Haemoglobin (HbA1c)

Investigation	Result	Unit	Bio. Ref. Range
HbA1c (HPLC)	5.3	%	Above 8% : Action Suggested Between 6-8% : Goal Below 6% : Non-Diabetic Level
Sample Type : EDTA Whole Blood Method : Fully Automated H.P.L.C.			
Average Blood Glucose (ABG)	105	mg/dL	90 - 120 : Excellent Control 121 - 150 : Good Control 151 - 180 : Average Control 181 - 210 : Action Suggested > 211 : Panic Value

Method : Derived from HBA1c values

## 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 are 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 of 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, following values can be considered as a tool for monitoring the glycemic control.

Excellent Control - 6 to 7 %

Fair to Good Control - 7 to 8 %

Unsatisfactory Control - 8 to 10 %

Lab Equipment

Test performed on Fully Automated Biorad D10 - HbA1c Analyzer

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**BLOOD GROUP****Investigation****Result****Blood Group ABO & Rh Typing**

(EDTA Whole Blood)

Blood group (ABO Typing)

"A"

RhD Factor (Rh typing)

POSITIVE

Method

Manual Slide Hemagglutination

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**Blood Test at Home****ECG at Home****X-Ray at Home**

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## COMPLETE BLOOD COUNT

Investigation	Result	Unit	Bio. Ref. Range
<b>RBC PARAMETERS</b>			
Haemoglobin (HB)	16.1	gm%	13.5-18.0
Red Blood Cells (RBC)	5.5	mill/c.mm	4.5-5.5
Packed Cell Volume (PCV/HCT)	48.9	%	40.0-50.0
Mean Corpuscular Volume (MCV)	89.0	fl	83.0-101.0
Mean Corpuscular Hemoglobin(MCH)	29.3	pg	27.0-32.0
Mean Corp. Hemo. Conc.(MCHC)	33.0	g/dl	31.5-34.5
Red Cell Distribution Width (RDW-CV)	13.3	%	11.6-14.0
<b>WBC PARAMETERS</b>			
Total Leucocytes Count(TLC)	7700	/ cumm	4000-10000
Neutrophils	60.7	%	40-80
Lymphocytes	31.3	%	20-40
Eosinophils	3	%	01-06
Monocytes	5	%	2-10
Absolute Neutrophil Count	4674	/ cumm	2000-7000
Absolute Lymphocyte Count	2410	/ cumm	1000-4000
Absolute Eosinophil Count	231	/ cumm	20-500
Absolute Monocyte Count	385	/ cumm	200-1000
<b>PLATELET PARAMETERS</b>			
Platelet count	228	x 10 <sup>3</sup> /cm	150-450
Mean Platelet Volume (MPV)	<b>8.6</b>	fl	9.0-13.0
Platelet Cell Distribution Width (PDW)	15.5	%	9-17
Platelecrit (PCT)	0.2	%	0.2-0.5
Morphology of R.B.C.s	Predominantly Normocytic Normochromic		
Microcytes	-		
Macrocytes	-		
Anisocytosis	-		
Poikilocytosis	-		
Hypochromia	-		
Polychromasia	-		
Oval Cells	-		
Target Cells	-		
Pencil Cells	-		
Platelets on Smear	Adequate		

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**HAEMATOLOGY**

Investigation	Result	Unit	Bio. Ref. Range
<b>ESR (Western)</b>			
ESR (Western) (EDTA Whole Blood)	05	mm/1hr.	0-9
Method	Western		
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**ECG at Home**

**X-Ray at Home**

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## LIPID PROFILE

Investigation	Result	Unit	Bio. Ref. Range
Sample Type : SERUM			
Serum Triglycerides	<b>160.0</b>	mg/dL	Normal - Below 150 mg/dL Borderline High - 150-199 mg/dL High - 200-499 mg/dL
Method : Glycerol Phosphate Oxidase			
Serum Cholesterol -Total	149.0	mg/dL	No Risk - Below 200 mg/dL Moderate Risk - 200-239 mg/dL High Risk - Above 240 mg/dL
Method : Enzymatic			
HDL Cholesterol	<b>31.0</b>	mg/dL	Low - Below 40 High - Above 60
Method : Accelerator Selective Detergent			
NON - HDL Cholesterol	118.0	mg/dL	0-130
Method : Calculated			
LDL Cholesterol	86.0	mg/dL	Optimal : Below 100 mg/dL Near/Above Optimal : 100-129 mg/dL Borderline High : 130-159 mg/dL High : 160-189 mg/dL Very High : Above 180 mg/dL
Method : Liquid Selective Detergent			
VLDL Cholesterol	32.0	mg/dL	7-35
Method : Calculated			
LDL / HDL Ratio	2.8	Ratio	0-3.51
Method : Calculated			
CHOL/HDL Ratio	4.8	Ratio	3.0-5.0
Method : Calculated			

Lab Equipment : Roche Cobas-C311

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**CALCIUM****Investigation****Result****Unit****Bio. Ref. Range**

Sample Type : SERUM

**Sr. Calcium**

9.7

mg/dL

8.6-10.0

Method

Arsenazo III

Lab Equipment

Roche Cobas-C311

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**POSTPRANDIAL PLASMA GLUCOSE**

Investigation	Result	Unit	Bio. Ref. Range
Sample Type : Fluoride Plasma			
<b>Post Prandial Plasma Glucose</b>	100	mg/dL	70-140
Method	(2 hrs. after Lunch ) (Hexokinase/G-6-PDH)		
Note	<p>AS PER AMERICAN DIABETES ASSOCIATION 2015 UPDATE-</p> <p>POSTPRANDIAL/POST GLUCOSE (75 grams)</p> <ul style="list-style-type: none"> <li>- Normal glucose tolerance : 70-139 mg/dl</li> <li>- Impaired glucose tolerance : 140-199 mg/dl</li> <li>- Diabetes mellitus : <math>\geq 200</math> mg/dl</li> </ul> <p>***Any positive criteria should be tested on subsequent day with same or other criteria</p>		



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**RENAL FUNCTION TEST - AIMS****Investigation****Result****Unit****Bio. Ref. Range****Kidney Function Test**

Blood Urea	16.9	mg/dL	16.6-48.5
Creatinine	1.05	mg/dL	0.70-1.20
Uric Acid	7.0	mg/dL	3.4-7
Sodium	141	mEq/L	136-145
Potassium	4.78	mEq/L	3.5-5
Chlorides	107.9	mEq/L	98-108

Lab Equipment

Roche Cobas-C311

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**LIVER FUNCTION TEST-AIMS**

Investigation	Result	Unit	Bio. Ref. Range
<b>Liver Function Test</b>			
Bilirubin-Total	0.46	mg/dL	0.2-1.2
Bilirubin-Direct	0.18	mg/dL	0.0-0.5
Bilirubin- Indirect	0.28	mg/dL	0.1-1.0
SGOT (AST)	19.2	U/L	0-40
SGPT (ALT)	26.4	U/L	0-45
Alkaline Phosphatase	116	U/L	40-130
Total Protein	8.12	g/dl	6.6-8.7
Albumin	5.00	g/dl	3.5-5.0
Globulin	3.12	g/dl	1.8-3.6
A/G Ratio	1.60	Text	1.1-2.2

Lab Equipment : Roche Cobas C-311

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**BIOCHEMISTRY**

Investigation	Result	Unit	Bio. Ref. Range
<b>Blood Sugar Fasting</b>	96	mg/dL	70-110
Method	(Hexokinase/G-6-PDH)		
Note	AS PER 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 : $\geq 126$ mg/dl  ***Any positive criteria should be tested on subsequent day with same or other criteria.		



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### THYROID FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Range
Total Triiodothyronine (T3) Method ECLIA	116.6	ng/dl	70-204
Total Thyroxine (T4) Method ECLIA	7.61	ug/dl	4.6-10.5
Thyroid Stimulating Hormone (TSH) Method ECLIA	<b>5.81</b>	uIU/mL	0.27-4.2

REFERENCE : TIETZ Fundamentals of ClinicalChemistry

#### INTERPRETATION :

- Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism.
- 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.
- 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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## Urine Routine

## Investigation

## Result

## Unit

## Bio. Ref. Range

Sample Type : URINE

## PHYSICAL EXAMINATION

Quantity	30 ml		
Colour	Pale Yellow		
Appearance	Clear		
pH	6.0	-	4.6-8.0
Specific Gravity	1.	-	1.003-1.035

## CHEMICAL EXAMINATION

Protein	1.010		
Sugar	Absent		
Ketone Bodies	Absent		
Nitrite	Absent		
Blood	Absent		
Bile Salts	Absent		
Bile Pigments	Absent		
Urobilinogen	Absent		

## MICROSCOPIC EXAMINATION

Epithelial Cells	Occasional		
Pus Cells	Occasional	cells/hpf	0-5 cells/hpf
Red Blood Cells	Absent		
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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