

23/12/2013.

Mr. Jectanwar Shete.

Kidney DM/HTN: yrs.
on Rx

B.P. - 160/100
ECG - 1st degree block

no any allergy to any medicine.

Cash over free

specks - no.

HT - 178 Kg
WT - 84 wt
BMI - overweight
26.5 Kg/m²

1/6 foot numb
one yr.
ago

Adv

- Decent cash
 - Blood investⁿ
- oxa

Adv
salt restricted diet
- Diabetic diet

Consult physician for blood changes



Pl. fit he can fence his new duties



ID: 506

Female
Jyotendra Shelar

Years

Req. No. :

BP-160/100

23-12-2023 08:37:21 AM

HR	: 67	bpm
P	: 112	ms
PR	: 210	ms
QRS	: 99	ms
QT/QTcBz	: 425/450	ms
P/QRS/T	: 12/-36/132	ms
RV5/SV1	: 0.816/0.938	mV

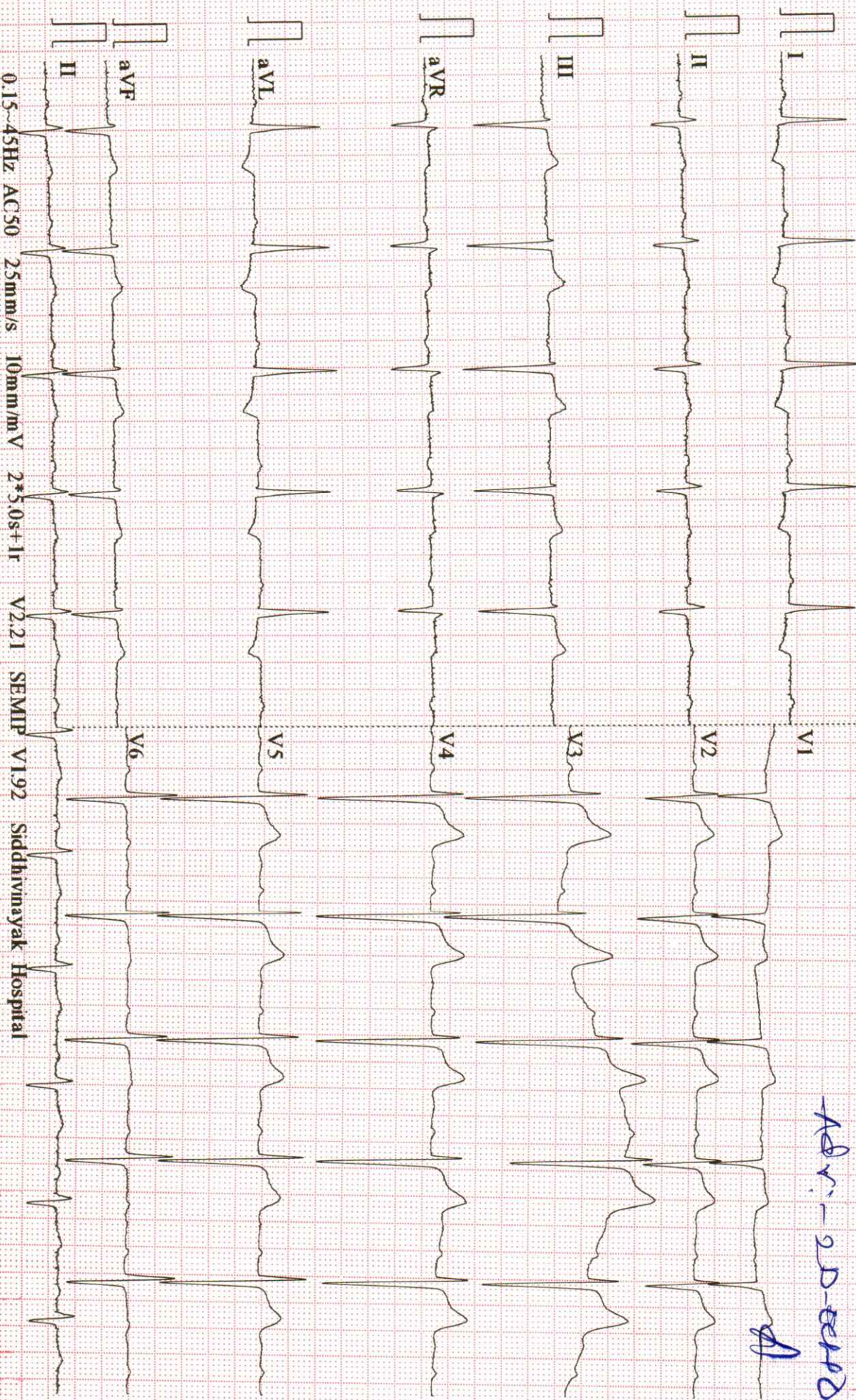
Diagnosis Information:

- Sinus Rhythm ✓
- First-degree Atrioventricular Block ✓
- Suspect Left Anterior Fascicular Block ✓
- QS Wave in lead V1 ✓
- Inverted T Wave (aVL) ✓

Report Confirmed by:

Dr. Anant Ramkrishnanrao Munde
 MBBS, DNB, DM (Cardiology)
 Reg. No. 2005021228

ADV-20-2023



0.15-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r V2.21 SEMIP V1.92 Siddhivinayak Hospital



Name - Mr. Jitendra Shelar	Age - 53 Y/M
Ref by Dr.- Siddhivinayak Hospital	Date - 23/12/2023

USG ABDOMEN & PELVIS

FINDINGS: -

The **liver** dimension is **enlarged in size (16.3 cm)** It appears normal in morphology with **raised** echogenicity. No evidence of intrahepatic ductal dilatation.

The **GB**-gallbladder is distended normally. Wall thickness is normal.

The **CBD**- common bile duct is normal. The portal vein is normal.

The **pancreas** appears normal in morphology.

The **spleen** is normal in size (9.5 cm) and morphology.

Both **kidneys** demonstrate normal morphology.

Both kidneys show normal cortical echogenicity.

The right kidney measures 10.4 x 5.2 cm.

The left kidney measures 9.8 x 4.8 cm.

Urinary bladder: -normally distended. Wall thickness - normal.

Prostate is **borderline enlarged** in size. Size: 25 gms

No **free fluid** is seen.

IMPRESSION:-

- Hepatomegaly with fatty infiltration (grade I)
- Borderline prostatomegaly

DR. AMOL BENDRE
MBBS; DMRE
CONSULTANT RADIOLOGIST





Name - Mr. Jitendra Shelar	Age - 53 Y/M
Ref by Dr.- Siddhivinayak Hospital	Date - 23/12/2023

X- Ray chest (PA VIEW)

No obvious active parenchymal lesion seen in both lungs.

Cardiac and aortic shadows appear normal

No evidence of pleural of effusion is seen.

Both domes of diaphragm appear normal.

No obvious bony lesion is seen.

IMPRESSION:

- No significant abnormality seen.

Adv.: Clinical and lab correlation.

DR. MOHAMMAD SOHAIB
MBBS; DMRE
CONSULTANT RADIOLOGIST

Note: The above report represents interpretation of various radiographic / sonographic shadows, and hence has its own limitations. This report has to be co-related clinic-pathologically by the referring / physician and it does NOT represent the sole diagnosis.



OPHTHAL CHECK UP SCREENING

NAME OF EMPLOYEE Mr.JITENDRA SHELAR

AGE 53 DATE - 23.12.2023

Specs : Without Glasses

	RT Eye	Lt Eye
NEAR	N/8	N/8
DISTANT	6/6	6/6
Color Blind Test	NORMAL	



SIDDHIVINAYAK HOSPITALS





ECHOCARDIOGRAM

NAME	MR. JITENDRA SHELAR
AGE/SEX	51 YRS/M
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DATE OF EXAMINATION	23/12/2023

2D/M-MODE ECHOCARDIOGRAPHY

VALVES: MITRAL VALVE: <ul style="list-style-type: none"> • AML: Normal • PML: Normal • Sub-valvular deformity: Absent AORTIC VALVE: Normal <ul style="list-style-type: none"> • No. of cusps: 3 PULMONARY VALVE: Normal TRICUSPID VALVE: Normal	CHAMBERS: LEFT ATRIUM: Normal <ul style="list-style-type: none"> • Left atrial appendage: Normal LEFT VENTRICLE: Mild concentric LV hypertrophy <ul style="list-style-type: none"> • RWMA: No • Contraction: Normal RIGHT ATRIUM: Normal RIGHT VENTRICLE: Normal <ul style="list-style-type: none"> • RWMA: No • Contraction: Normal
GREAT VESSELS: <ul style="list-style-type: none"> • AORTA: Normal • PULMONARY ARTERY: Normal 	SEPTAE: <ul style="list-style-type: none"> • IAS: Intact • IVS: Intact
CORONARIES: Proximal coronaries normal CORONARY SINUS: Normal PULMONARY VEINS: Normal	VENACAVAE: <ul style="list-style-type: none"> • SVC: Normal • IVC: Normal and collapsing >20% with respiration PERICARDIUM: Normal

MEASUREMENTS:

AORTA		LEFT VENTRICLE STUDY		RIGHT VENTRICLE STUDY	
PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE
Aortic annulus	23 mm	Left atrium	38 mm	Right atrium	mm
Aortic sinus	mm	LV1Dd	42.0 mm	RVd (Base)	mm
Sino-tubular junction	mm	LVIDs	26.8 mm	RVEF	%
Ascending aorta	mm	IVSd	12.1 mm	TAPSE	mm
Arch of aorta	mm	LVPWd	12.1 mm	MPA	mm
Desc. thoracic aorta	mm	LVEF	66 %	RVOT	mm
Abdominal aorta	mm	LVOT	mm	IVC	13.7 mm



274

COLOR - FLOW & DOPPLER ECHOCARDIOGRAPHY

NAME	MR. JITENDRA SHELAR
AGE/SEX	51 YRS/M
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DATE OF EXAMINATION	23/12/2023

	MITRAL	TRICUSPID	AORTIC	PULMONARY
FLOW VELOCITY (m/s)			1.24	1.19
PPG (mmHg)				
MPG (mmHg)				
VALVE AREA (cm ²)				
DVI (ms)				
PRE END DIASTOLIC VELOCITY (m/s)				
ACCELERATION/ DECELERATION TIME (ms)				
PHT (ms)				
VENA CONTRACTA (mm)				
REGURGITATION		TRJV= m/s PASP= mmHg		
E/A	E<A			
E/E'				

FINAL IMPRESSION: MILD HYPERTENSIVE HEART DISEASE

- No RWMA
- Normal LV systolic function (LVEF 66 %)
- Mild concentric LV hypertrophy
- Good RV systolic function
- Grade I diastolic dysfunction
- All cardiac valves are normal
- All cardiac chambers are normal
- IAS/IVS intact
- No pericardial effusion/ clot/vegetations

ADVICE: Control HTN

ECHOCARDIOGRAPHER:

Dr. ANANT MUNDE

DNB, DM (CARDIOLOGY)

INTERVENTIONAL CARDIOLOGIST

Dr. Anant Ramkishanrao Munde
MBBS, DNB, DM (Cardiology)
Reg. No. 2005021228



Name : Mr. JEETENDR SHELAR
Lab ID. : 178326
Age/Sex : 53 Years / Male
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS

Collected On : 23/12/2023 9:42 am
Received On : 23/12/2023 9:52 am
Reported On : 23/12/2023 7:02 pm
Report Status : FINAL



***LIPID PROFILE**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE)	175.0	mg/dL	Desirable blood cholesterol: - <200 mg/dl. Borderline high blood cholesterol: - 200 - 239 mg/dl. High blood cholesterol: - >239 mg/dl.
S.HDL CHOLESTEROL (DIRECT MEASURE - PEG)	35.8	mg/dL	Major risk factor for heart : <30 mg/dl. Negative risk factor for heart disease: >=80 mg/dl.
S. TRIGLYCERIDE (ENZYMATIC, END POINT)	280.3	mg/dL	Desirable level : <161 mg/dl. High : >= 161 - 199 mg/dl. Borderline High : 200 - 499 mg/dl. Very high : >499mg/dl.
VLDL CHOLESTEROL (CALCULATED VALUE)	56	mg/dL	UPTO 40
S.LDL CHOLESTEROL (CALCULATED VALUE)	83	mg/dL	Optimal: <100 mg/dl. Near Optimal: 100 - 129 mg/dl. Borderline High: 130 - 159 mg/dl. High : 160 - 189mg/dl. Very high : >= 190 mg/dl.
LDL CHOL/HDL RATIO (CALCULATED VALUE)	2.32		UPTO 3.5
CHOL/HDL CHOL RATIO (CALCULATED VALUE)	4.89		<5.0

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

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

Checked By
SHAISTA Q

DR. SMITA RANVEER.
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist





Name : Mr. JEETENDR SHELAR Collected On : 23/12/2023 9:42 am
Lab ID. : 178326 Received On : 23/12/2023 9:52 am
Age/Sex : 53 Years / Male Reported On : 23/12/2023 7:02 pm
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS Report Status : FINAL



URINE ROUTINE EXAMINATION

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>URINE ROUTINE EXAMINATION</u>			
<u>PHYSICAL EXAMINATION</u>			
VOLUME	30 ml		
COLOUR	Pale yellow	Text	Pale Yellow
APPEARANCE	Clear		CLEAR
<u>CHEMICAL EXAMINATION</u>			
REACTION (methyl red and Bromothymol blue indicator)	Acidic		Acidic
SP. GRAVITY (Bromothymol blue indicator)	1.010		1.005 - 1.022
PROTEIN (Protein error of PH indicator)	Absent		Absent
BLOOD (Peroxidase Method)	Absent		Absent
SUGAR (GOD/POD)	Absent		Absent
KETONES (Acetoacetic acid)	Absent		Absent
BILE SALT & PIGMENT (Diazonium Salt)	Absent		Absent
UROBILINOGEN (Red azodye)	Absent		Normal
LEUKOCYTES (pyrrole amino acid ester diazonium salt)	Absent	Text	Absent
NITRITE (Diazonium compound With tetrahydrobenzo quinolin 3-phenol)	Absent		Negative
<u>MICROSCOPIC EXAMINATION</u>			
RED BLOOD CELLS	Absent	Text	Absent
PUS CELLS	1-2	/ HPF	0 - 5
EPITHELIAL	2-3	/ HPF	0 - 5
CASTS	Absent		

Checked By
SHAISTA Q

DR. SMITA RANVEER.
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist





Name : Mr. JEETENDR SHELAR Collected On : 23/12/2023 9:42 am
Lab ID. : 178326 Received On : 23/12/2023 9:52 am
Age/Sex : 53 Years / Male Reported On : 23/12/2023 7:02 pm
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS Report Status : FINAL



URINE ROUTINE EXAMINATION

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
CRYSTALS	Absent		
BACTERIA	Absent		Absent
YEAST CELLS	Absent		Absent
ANY OTHER FINDINGS	Absent		

REMARK Result relates to sample tested. Kindly correlate with clinical findings.

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

Checked By
SHAISTA Q

DR. SMITA RANVEER.
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist



Name	: Mr. JEETENDR SHELAR	Collected On	: 23/12/2023 9:42 am
Lab ID.	: 178326	Received On	: 23/12/2023 9:52 am
Age/Sex	: 53 Years / Male	Reported On	: 23/12/2023 7:02 pm
Ref By	: SIDDHIVINAYAK HOSPITAL CGHS /ESIS	Report Status	: FINAL



IMMUNO ASSAY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>TFT (THYROID FUNCTION TEST)</u>			
SPACE		Space	-
SPECIMEN	Serum		
T3	119.3	ng/dl	84.63 - 201.8
T4	8.04	µg/dl	5.13 - 14.06
TSH	2.25	µIU/ml	0.270 - 4.20
T3 (Triiodo Thyronine hormone)	T4 (Thyroxine)	TSH(Thyroid stimulating hormone)	
AGE	RANGE	AGE	RANGES
1-30 days	100-740	1-14 Days	11.8-22.6
1-11 months	105-245	1-2 weeks	9.9-16.6
1-5 yrs	105-269	1-4 months	7.2-14.4
6-10 yrs	94-241	4 -12 months	7.8-16.5
11-15 yrs	82-213	1-5 yrs	7.3-15.0
0.1-2.5			
15-20 yrs	80-210	5-10 yrs	6.4-13.3
0.20-3.0			
		11-15 yrs	5.6-11.7
0.30-3.0			

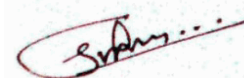
INTERPRETATION :

TSH stimulates the production and secretion of the metabolically active thyroid hormones, thyroxine (T4) and triiodothyronine (T3), by interacting with a specific receptor on the thyroid cell surface. The synthesis and secretion of TSH is stimulated by Thyrotropin releasing hormone (TRH), in response to low levels of circulating thyroid hormones. Elevated levels of T3 and T4 suppress the production of TSH via a classic negative feedback mechanism. Failure at any level of regulation of the hypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction (hyperthyroidism) of T4 and/or T3.

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

Checked By
SHAISTA Q



DR. SMITA RANVEER.
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist





Name : Mr. JEETENDR SHELAR Collected On : 23/12/2023 9:42 am
Lab ID. : 178326 Received On : 23/12/2023 9:52 am
Age/Sex : 53 Years / Male Reported On : 23/12/2023 7:02 pm
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS Report Status : FINAL



HAEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>BLOOD GROUP</u>			
SPECIMEN	WHOLE BLOOD EDTA & SERUM		
* ABO GROUP	'O'		
RH FACTOR	POSITIVE		
Method: Slide Agglutination and Tube Method (Forward grouping & Reverse grouping)			
Result relates to sample tested, Kindly correlate with clinical findings.			
----- END OF REPORT -----			

Checked By
SHAISTA Q

DR. SMITA RANVEER.
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist



Name : Mr. JEETENDR SHELAR
Lab ID. : 178326
Age/Sex : 53 Years / Male
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS

Collected On : 23/12/2023 9:42 am
Received On : 23/12/2023 9:52 am
Reported On : 23/12/2023 7:02 pm
Report Status : FINAL



* 1 7 8 3 2 6 *

Peripheral smear examination

TEST NAME	RESULTS
SPECIMEN RECEIVED	Whole Blood EDTA
RBC	Normocytic Normochromic
WBC	Total leucocyte count is normal on smear. Neutrophils:55 % Lymphocytes:35 % Monocytes:05 % Eosinophils:05 % Basophils:00 %
PLATELET	Adequate on smear.
HEMOPARASITE	No parasite seen.

Result relates to sample tested, Kindly correlate with clinical findings.
----- END OF REPORT -----

Checked By
SHAISTA Q

DR. SMITA RANVEER.
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist





Name : Mr. JEETENDR SHELAR
Lab ID. : 178326
Age/Sex : 53 Years / Male
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS

Collected On : 23/12/2023 9:42 am
Received On : 23/12/2023 9:52 am
Reported On : 23/12/2023 7:02 pm
Report Status : FINAL



LIVER FUNCTION TEST

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL BILLIRUBIN (Method-Diazo)	0.58	mg/dL	0.0 - 2.0
DIRECT BILLIRUBIN (Method-Diazo)	0.23	mg/dL	0.0 - 0.4
INDIRECT BILLIRUBIN Calculated	0.35	mg/dL	0 - 0.8
SGOT(AST) (UV without PSP)	21.5	U/L	0 - 37
SGPT(ALT) UV Kinetic Without PLP (P-L-P)	31.6	U/L	UP to 40
ALKALINE PHOSPHATASE (Method-ALP-AMP)	62.0	U/L	53 - 128
S. PROTIEN (Method-Biuret)	7.17	g/dl	6.4 - 8.3
S. ALBUMIN (Method-BCG)	4.48	g/dl	3.5 - 5.2
S. GLOBULIN Calculated	2.69	g/dl	1.90 - 3.50
A/G RATIO Calculated	1.67		0 - 2

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

Checked By
SHAISTA Q

DR. SMITA RANVEER.
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist





Name : Mr. JEETENDR SHELAR Collected On : 23/12/2023 9:42 am
Lab ID. : 178326 Received On : 23/12/2023 9:52 am
Age/Sex : 53 Years / Male Reported On : 23/12/2023 7:02 pm
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS Report Status : FINAL



HAEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
HEMOGLOBIN	14.4	gm/dl	13 - 18
HEMATOCRIT (PCV)	43.2	%	42 - 52
RBC COUNT	4.5	x10 ⁶ /uL	4.70 - 6.50
MCV	96	fl	80 - 96
MCH	32.0	pg	27 - 33
MCHC	33	g/dl	33 - 36
RDW-CV	14.3	%	11.5 - 14.5
TOTAL LEUCOCYTE COUNT	5650	/cumm	4000 - 11000
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS	56	%	40 - 80
LYMPHOCYTES	34	%	20 - 40
EOSINOPHILS	04	%	0 - 6
MONOCYTES	06	%	2 - 10
BASOPHILS	00	%	0 - 1
PLATELET COUNT	210000	/cumm	150000 - 450000
MPV	9.5	fl	6.5 - 11.5
PDW	16.1	%	9.0 - 17.0
PCT	0.200	%	0.200 - 0.500
RBC MORPHOLOGY	Normocytic Normochromic		
WBC MORPHOLOGY	Normal		
PLATELETS ON SMEAR	Adequate		

Method : EDTA Whole Blood- Tests done on Automated Six Part Cell Counter.RBC and Platelet count by Electric Impedance ,WBC by SF Cube method and Differential by flow cytometry . Hemoglobin by Cyanide free reagent for hemoglobin test (Colorimetric Method).Rest are calculated parameters.

ESR

ESR 35 mm/1hr. 0 - 20

METHOD - WESTERGREN

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

Checked By
SHAISTA Q

DR. SMITA RANVEER.
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist





Name : Mr. JEETENDR SHELAR
Lab ID. : 178326
Age/Sex : 53 Years / Male
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS

Collected On : 23/12/2023 9:42 am
Received On : 23/12/2023 9:52 am
Reported On : 23/12/2023 7:02 pm
Report Status : FINAL



BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BLOOD UREA (Urease UV GLDH Kinetic)	22.5	mg/dL	18 - 55
BLOOD UREA NITROGEN (Calculated)	10.51	mg/dL	5 - 20
S. CREATININE (Enzymatic)	1.33	mg/dL	0.6 - 1.4
S. URIC ACID (Uricase)	10.3	mg/dL	3.5 - 7.2
S. SODIUM (ISE Direct Method)	140.2	mEq/L	137 - 145
S. POTASSIUM (ISE Direct Method)	4.41	mEq/L	3.5 - 5.1
S. CHLORIDE (ISE Direct Method)	105.4	mEq/L	98 - 110
S. PHOSPHORUS (Ammonium Molybdate)	3.71	mg/dL	2.5 - 4.5
S. CALCIUM (Arsenazo III)	9.7	mg/dL	8.6 - 10.2
PROTEIN (Biuret)	7.17	g/dl	6.4 - 8.3
S. ALBUMIN (BGC)	4.48	g/dl	3.2 - 4.6
S.GLOBULIN (Calculated)	2.69	g/dl	1.9 - 3.5
A/G RATIO calculated	1.67		0 - 2
NOTE	BIOCHEMISTRY TEST DONE ON FULLY AUTOMATED (EM 200) ANALYZER.		
<u>BLOOD GLUCOSE FASTING & PP</u>			
BLOOD GLUCOSE FASTING	126.9	mg/dL	70 - 110
BLOOD GLUCOSE PP	187.7	mg/dL	70 - 140

Checked By
SHAISTA Q

DR. SMITA RANVEER.
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist





Name : Mr. JEETENDR SHELAR
Lab ID. : 178326
Age/Sex : 53 Years / Male
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS

Collected On : 23/12/2023 9:42 am
Received On : 23/12/2023 9:52 am
Reported On : 23/12/2023 7:02 pm
Report Status : FINAL



BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
Method (GOD-POD). DONE ON FULLY AUTOMATED ANALYSER (EM200).			
1. Fasting is required (Except for water) for 8-10 hours before collection for fasting specimen. Last dinner should consist of bland diet.			
2. Don't take insulin or oral hypoglycemic agent until after fasting blood sample has been drawn			
INTERPRETATION			
- Normal glucose tolerance : 70-110 mg/dl			
- Impaired Fasting glucose (IFG) : 110-125 mg/dl			
- Diabetes mellitus : ≥ 126 mg/dl			
POSTPRANDIAL/POST GLUCOSE (75 grams)			
- Normal glucose tolerance : 70-139 mg/dl			
- Impaired glucose tolerance : 140-199 mg/dl			
- Diabetes mellitus : ≥ 200 mg/dl			
CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS			
- Fasting plasma glucose ≥ 126 mg/dl			
- Classical symptoms +Random plasma glucose ≥ 200 mg/dl			
- Plasma glucose ≥ 200 mg/dl (2 hrs after 75 grams of glucose)			
- Glycosylated haemoglobin $> 6.5\%$			
***Any positive criteria should be tested on subsequent day with same or other criteria.			
GAMMA GT	60.3	U/L	13 - 109
GLYCOCELATED HEMOGLOBIN (HBA1C)			
HBA1C (GLYCOSALATED HAEMOGLOBIN)	8.3	%	Hb A1c > 8 Action suggested < 7 Goal < 6 Non - diabetic level
AVERAGE BLOOD GLUCOSE (A. B. G.)	191.5	mg/dL	NON - DIABETIC : ≤ 5.6 PRE - DIABETIC : 5.7 - 6.4 DIABETIC : > 6.5
METHOD	Particle Enhanced Immunoturbidimetry		

Checked By
SHAISTA Q

DR. SMITA RANVEER.
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist



Name : Mr. JEETENDR SHELAR
Lab ID. : 178326
Age/Sex : 53 Years / Male
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS

Collected On : 23/12/2023 9:42 am
Received On : 23/12/2023 9:52 am
Reported On : 23/12/2023 7:02 pm
Report Status : FINAL



* 1 7 8 3 2 6 *

BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
-----------	---------	------	-----------------

HbA1c : Glycosylated hemoglobin concentration is dependent on the average blood glucose concentration which is formed progressively and irreversibly over a period of time and is stable till the life of the RBC/erythrocytes. Average Blood Glucose (A.B.G) is calculated value from HbA1c : Glycosylated hemoglobin concentration in whole Blood. It indicates average blood sugar level over past three months.

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

Checked By
SHAISTA Q

DR. SMITA RANVEER.
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist

