# Siddhivinayak Hospital Hosp. Reg. No.: TMC - Zone C - 386

# INDUSTRIAL HEALTH SERVICES

Anvi Ajit Mhouske 31 yrs | Female

08/03/2024

No fresh compaints. No co morbidities NO PIH. No SIM. UMP- 15/02/2024, regular OH- 9, P, AOL, DO female, 21/2 yrs, LSCS, healthy

FIH- Mother- DM, HTW father - DM, MTN.

BP- 120/20 mintly P- 100 min 3902-99%

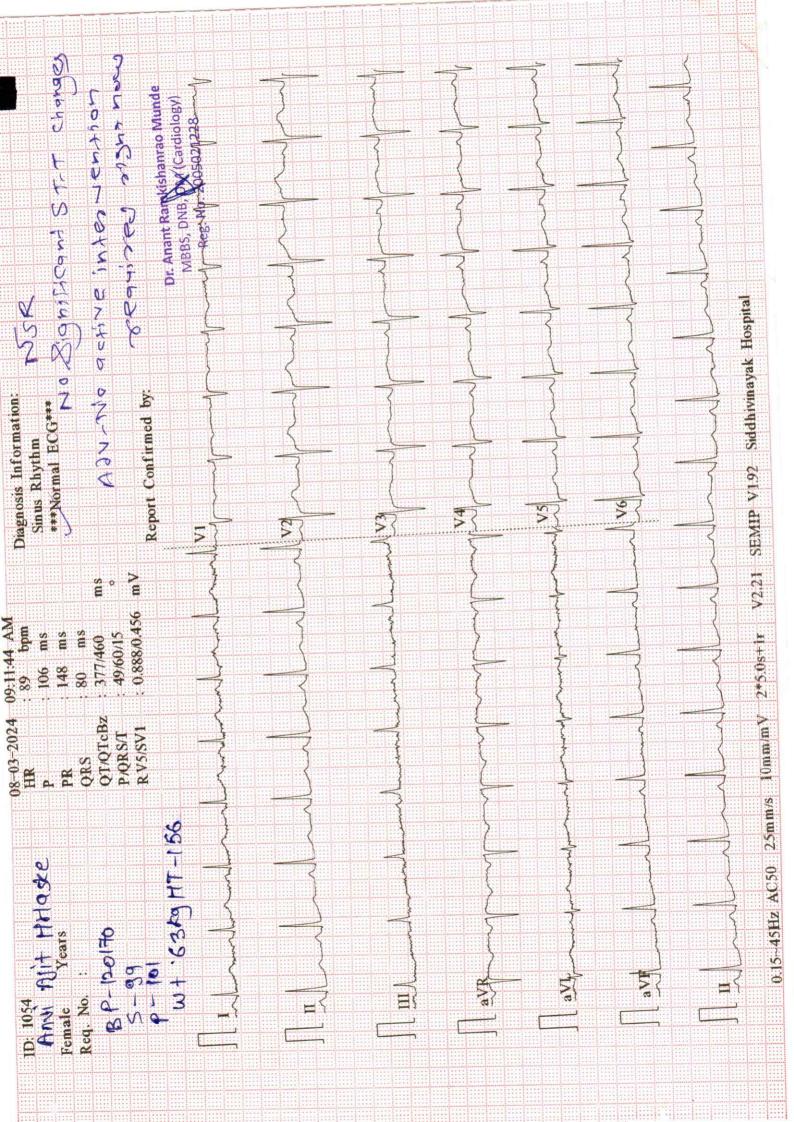
Pt is fit and can resume her normal duties

Consult with physician For blood changes TI, SHODL, Fasting blood Sugar increase



S-1, Vedant Complex, Vartak Nagar, Thane (W) 400 606 E: ohs.svh@gmail.com W: www.siddhivinayakhospitals.org T.: 022 - 2588 3531 M.: 9769545533







## Siddhivinayak Hospital



**Imaging Department** 

Name - Mrs Angel and Age 40 31 Y/F

Ref by Dr.- Siddhivinayak Hospital Date - 08/03/2024

### **USG ABDOMEN & PELVIS**

### FINDINGS:

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

The GB-gallbladder is distended normally with no stones within.

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

The pancreas appears normal in morphology.

The spleen is normal in size and morphology

Both  ${\bf kidneys}$  demonstrate normal morphology. Both kidneys show normal cortical echogenicity.

The right kidney measures 9.3 x 3.8 cm.

The left kidney measures 8.6 x 4.3 cm.

**Urinary bladder**: normally distended. Wall thickness – normal.

Uterus: is normal in size.

Endometrium: 6.7 mm, it appears normal in morphology.

Both ovaries are normal in size.

Adnexa appear normal

No free fluid is seen.

### IMPRESSION:

Fatty liver (Grade I).

DR. AMOL BENDRE

MBBS; DMRE

CONSULTANT RADIOLOGIST







## Siddhivinayak Hospital



Imaging Department
Sonography | Colour Doppler | 3D / 4D USG

Name - Mrs. Anvi Mhaske	Age - 31 Y/F
Ref by Dr Siddhivinayak Hospital	Date - 08 /03/2024

### 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. AMOL BENDRE

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.





# OPTHAL CHECK UP SCREENING

NAME OF EMPLOYEE

ANVI AJIT MHASKE

AGE

31

DATE -

08.03.2024

Spects: Without Glasses

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

SIDDHIVINAYAK HOSPITALS



# Siddhivinayak Hospital



Imaging Department
Sonography | Colour Doppler | 3D / 4D USG

### **ECHOCARDIOGRAM**

NAME	MRS, ANVI MHASKE	
AGE/SEX	31 YRS/F	
REFERRED BY	SIDDHIVINAYAK HOSPITAL	
DATE OF EXAMINATION	08/03/2024	

### 2D/M-MODE ECHOCARDIOGRAPHY

VALVES: MITRAL VALVE:  • AML: Normal  • PML: Normal  • Sub-valvular deformity: Absent  AORTIC VALVE: Normal  • No. of cusps: 3  PULMONARY VALVE: Normal  TRICUSPID VALVE: Normal	CHAMBERS: LEFT ATRIUM: Normal  Left atrial appendage: Normal  LEFT VENTRICLE: Normal  RWMA: No  Contraction: Normal  RIGHT ATRIUM: Normal  RIGHT VENTRICLE: Normal  RWMA: No  Contraction: Normal
GREAT VESSELS:  • AORTA: Normal  • PULMONARY ARTERY: Normal	SEPTAE:  • IAS: Intact  • IVS: Intact
CORONARIES: Proximal coronaries normal	VENACAVAE:  • SVC: Normal
CORONARY SINUS: Normal	IVC: Normal and collapsing >20% with respiration
PULMONARY VEINS: Normal	PERICARDIUM: Normal

### MEASUREMENTS:

AORTA		LEFT VENTR	LEFT VENTRICLE STUDY		RIGHT VENTRICLE STUDY	
PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE	
Aortic annulus	19 mm	Left atrium	34 mm	Right atrium	mm	
Aortic sinus	mm	LVIDd	43.8 mm	RVd (Base)	mm	
Sino-tubular junction	mm	LVIDs	28.5 mm	RVEF	%	
Ascending aorta	mm	IVSd	8.9 mm	TAPSE	mm	
Arch of aorta	ınm	LVPWd	8.9 mm	MPA	mm	
Desc. thoracic aorta	mm	LVEF	65 %	RVOT	mm	
Abdominal aorta	mm	LVOT	mm	IVC	13.9 mm	





## COLOR - FLOW & DOPPLER ECHOCARDIOGRAPHY

NAME	MRS. ANVI MHASKE
NAME	31 YRS/F
AGE/SEX	SIDDHIVINAYAK HOSPITAL
REFERRED BY	SIDDHIVINAYAK HOSTITAE
	08/03/2024
DATE OF EXAMINATION	

		TRICUSPID	AORTIC	PULMONARY
	MITRAL	TRICUSTID	1.24	1.01
FLOW VELOCITY (m/s)				
PPG (mmHg)				
MPG (mmHg)				
VALVE AREA (cm²)				
DVI (ms)				
PR END DIASTOLIC VELOCITY (m/s)				
ACCELERATION/ DECELERATION TIME (ms)				
PHT (ms)				
VENA CONTRACTA (mm)		TRJV= m/s		
REGURGITATION		PASP= mmHg		
	1.5			
E/A	7.8			
E/E'				

### FINAL IMPRESSION: NORMAL STUDY

- No RWMA
- Normal LV systolic function (LVEF 65 %)
- Good RV systolic function
- Normal diastolic function
- All cardiac valves are normal
- All cardiac chambers are normal
- IAS/IVS intact
- No pericardial effusion/ clot/vegetations

ADVICE: Nil

ECHOCARDIOGRAPHER:

Dr. ANANT MUNDE

DNB, DM (CARDIOLOGY)

INTERVENTIONAL CARDIOLOGIST

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



Ref By



: SIDDHIVINAYAK HOSPITAL CGHS /ESIS /

Name : Mrs. ANVI MHASKE (A) **Collected On** : 8/3/2024 9:31 am

Lab ID. : 186074

. 8/3/2024 9:41 am Received On

Reported On : 9/3/2024 9:01 pm

Age/Sex : 31 Years / Female

: FINAL

**Report Status** 

\*LIPID PROFILE

"LIPID PROFILE				
TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE,ESTERASE,PEROXIDA SE)	151.0	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)	35.0	mg/dL	Major risk factor for heart :<30 mg/dl. Negative risk factor for heart disease :>=80 mg/dl.	
S. TRIGLYCERIDE (ENZYMATIC, END POINT)	193.3	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)	39	mg/dL	UPTO 40	
S.LDL CHOLESTEROL (CALCULATED VALUE)	77	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)	2.20		UPTO 3.5	
CHOL/HDL CHOL RATIO (CALCULATED VALUE)	4.31		<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.

**Checked By** 

Priyanka\_Deshmukh

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

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Ref By

: SIDDHIVINAYAK HOSPITAL CGHS /ESIS /

**Report Status** : FINAL

### **COMPLETE BLOOD COUNT**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
HEMOGLOBIN	11.9	gm/dl	12.0 - 15.0
HEMATOCRIT (PCV)	35.7	%	36 - 46
RBC COUNT	4.80	x10^6/uL	4.5 - 5.5
MCV	74	fl	80 - 96
MCH	24.8	pg	27 - 33
MCHC	33	g/dl	33 - 36
RDW-CV	16.2	%	11.5 - 14.5
TOTAL LEUCOCYTE COUNT	10480	/cumm	4000 - 11000
<b>DIFFERENTIAL COUNT</b>			
NEUTROPHILS	63	%	40 - 80
LYMPHOCYTES	28	%	20 - 40
EOSINOPHILS	03	%	0 - 6
MONOCYTES	06	%	2 - 10
BASOPHILS	00	%	0 - 1
PLATELET COUNT	365000	/ cumm	150000 - 450000
MPV	9.6	fl	6.5 - 11.5
PDW	16.1	%	9.0 - 17.0
PCT	0.350	%	0.200 - 0.500
RBC MORPHOLOGY WBC MORPHOLOGY PLATELETS ON SMEAR	Normocytic Normochromi Normal Adequate	С	

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.

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

**Checked By** SHAISTA Q

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

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**Report Status** : FINAL Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS /

### **URINE ROUTINE EXAMINATION**

**TEST NAME** UNIT REFERENCE RANGE **RESULTS** 

**URINE ROUTINE EXAMINATION PHYSICAL EXAMINATION** 

**VOLUME** 20ml

**COLOUR** Pale Yellow Pale Yellow

**APPEARANCE** Slightly hazy Clear

**CHEMICAL EXAMINATION** 

REACTION Acidic Acidic

(methyl red and Bromothymol blue indicator)

1.005 - 1.022 SP. GRAVITY 1.015

(Bromothymol blue indicator)

**PROTEIN** Absent Absent

(Protein error of PH indicator)

**BLOOD** Absent Absent

(Peroxidase Method)

**SUGAR** Present(++) Absent

(GOD/POD)

**KETONES** Present(Trace) Absent

(Acetoacetic acid)

**BILE SALT & PIGMENT** Absent Absent

(Diazonium Salt)

**UROBILINOGEN** Normal Normal

(Red azodye)

**LEUKOCYTES** Absent Absent

(pyrrole amino acid ester diazonium salt)

Negative

(Diazonium compound With tetrahydrobenzo quinolin 3-phenol)

**MICROSCOPIC EXAMINATION** 

**RED BLOOD CELLS** Absent / HPF Absent **PUS CELLS** 2-3 / HPF 0 - 5 **EPITHELIAL** 6-8 / HPF 0 - 5

**CASTS** Absent

**Checked By** 

SHAISTA Q

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**Report Status** : FINAL : SIDDHIVINAYAK HOSPITAL CGHS /ESIS / Ref By

#### **URINE ROUTINE EXAMINATION**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
CRYSTALS	Absent			
BACTERIA	Absent		Absent	
YEAST CELLS	Absent		Absent	
ANY OTHER FINDINGS	Absent		Absent	
REMARK	Result relates to s	Result relates to sample tested. Kindly correlate with clinical findings.		

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

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#### **IMMUNO ASSAY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TFT (THYROID FUNCTION TEST )			
SPECIMEN	Serum		
Т3	100.7	ng/dl	84.63 - 201.8
T4	9.80	μg/dl	5.13 - 14.06
TSH	2.36	μIU/ml	0.270 - 4.20
DONE ON FULLY AUTOMATED ANALYSE	R COBAS e411.		
INTERPRETATION	T3 (Trijodo Thyronine)	T4 (T	hvroxine)

INTERPRETATION 13 (Trilodo Thyronine)

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 years	105-269	1-4 months	7.2-14.4
6-10 years	94-241	4-12months	7.8-16.5
11-15 years	82-213	1-5 years	7.3-15.0
15-20 years	80-210	5-10 years	6.4-13.3
		11-15 years	5.6-11.7

### TSH(Thyroid stimulating hormone)

AGE	RANGES
0-14 Days	1.0-39
2 weeks -5 mo	nths 1.7-9.1
6 months-20 y	ears 0.7-6.4
Pregnancy	
1st Trimester	0.1-2.5
2nd Trimester	0.20-3.0
3rd Trimester	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.

**Checked By** SHAISTA Q

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Reported On : 9/3/2024 9:01 pm Age/Sex : 31 Years / Female

**Report Status** : FINAL : SIDDHIVINAYAK HOSPITAL CGHS /ESIS / Ref By

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

**Checked By** SHAISTA Q

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: SIDDHIVINAYAK HOSPITAL CGHS /ESIS /

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Age/Sex : 31 Years / Female

**Report Status** 

: FINAL

**HAEMATOLOGY** 

UNIT REFERENCE RANGE TEST NAME **RESULTS** 

**BLOOD GROUP** 

Ref By

**SPECIMEN** WHOLE BLOOD EDTA & SERUM

\* ABO GROUP 'A'

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** 

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: Mrs. ANVI MHASKE (A) Name

**Collected On** 

: 8/3/2024 9:31 am

Lab ID.

: 186074

: 31 Years

Received On Reported On . 8/3/2024 9:41 am

Age/Sex

/ Female

: 9/3/2024 9:01 pm

Ref By

: SIDDHIVINAYAK HOSPITAL CGHS /ESIS /

**Report Status** : FINAL

*DENAI	<b>ELINCTION</b>	TECT

REMAE FONCTION TEST				
TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
BLOOD UREA	26.2	mg/dL	13 - 40	
(Urease UV GLDH Kinetic)				
BLOOD UREA NITROGEN	12.24	mg/dL	5 - 20	
(Calculated)				
S. CREATININE	0.66	mg/dL	0.6 - 1.4	
(Enzymatic)				
S. URIC ACID	4.1	mg/dL	2.6 - 6.0	
(Uricase)				
S. SODIUM	139.0	mEq/L	137 - 145	
(ISE Direct Method)				
S. POTASSIUM	3.90	mEq/L	3.5 - 5.1	
(ISE Direct Method)				
S. CHLORIDE	100.2	mEq/L	98 - 110	
(ISE Direct Method)				
S. PHOSPHORUS	3.09	mg/dL	2.5 - 4.5	
(Ammonium Molybdate)				
S. CALCIUM	8.8	mg/dL	8.6 - 10.2	
(Arsenazo III)				
PROTEIN	6.55	g/dl	6.4 - 8.3	
(Biuret)				
S. ALBUMIN	4.01	g/dl	3.2 - 4.6	
(BGC)				
S.GLOBULIN	2.54	g/dl	1.9 - 3.5	
(Calculated)				
A/G RATIO	1.58		0 - 2	
calculated				
NOTE	BIOCHEMISTRY TEST DONE ON FULLY AUTOMATED (EM 200) ANALYZER.			

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

**Checked By** SHAISTA Q

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

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: SIDDHIVINAYAK HOSPITAL CGHS /ESIS /

Name : Mrs. ANVI MHASKE (A) **Collected On** : 8/3/2024 9:31 am

Lab ID. : 186074

Ref By

**PLATELET** 

. 8/3/2024 9:41 am Received On

Age/Sex

Reported On : 9/3/2024 9:01 pm

: 31 Years / Female

**Report Status** : FINAL

### **Peripheral smear examination**

**TEST NAME RESULTS** 

SPECIMEN RECEIVED Whole Blood EDTA

**RBC** Normocytic Normochromic

**WBC** Total leucocyte count is normal on smear.

> Neutrophils:64 % Lymphocytes:26 % Monocytes:06 % Eosinophils:03 % Basophils:00 % Adequate on smear.

**HEMOPARASITE** No parasites seen Result relates to sample tested, Kindly correlate with clinical findings.

**Checked By** SHAISTA Q

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

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Name : Mrs. ANVI MHASKE (A) **Collected On** 

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Lab ID.

: 186074

: 31 Years

Received On

. 8/3/2024 9:41 am

Age/Sex

Reported On / Female

: 9/3/2024 9:01 pm

Ref By

: SIDDHIVINAYAK HOSPITAL CGHS /ESIS /

**Report Status** : FINAL

### LIVER FUNCTION TEST

TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
TOTAL BILLIRUBIN	0.58	mg/dL	0.2 - 1.2	
(Method-Diazo)				
DIRECT BILLIRUBIN	0.26	mg/dL	0.0 - 0.4	
(Method-Diazo)				
INDIRECT BILLIRUBIN	0.32	mg/dL	0 - 0.8	
Calculated				
SGOT(AST)	11.3	U/L	0 - 37	
(UV without PSP)				
SGPT(ALT)	5.00	U/L	UP to 40	
UV Kinetic Without PLP (P-L-P)				
ALKALINE PHOSPHATASE	56.0	U/L	42 - 98	
(Method-ALP-AMP)				
S. PROTIEN	6.55	g/dl	6.4 - 8.3	
(Method-Biuret)				
S. ALBUMIN	4.01	g/dl	3.5 - 5.2	
(Method-BCG)				
S. GLOBULIN	2.54	g/dl	1.90 - 3.50	
Calculated				
A/G RATIO	1.58		0 - 2	
Calculated				

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

**Checked By** SHAISTA Q

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: SIDDHIVINAYAK HOSPITAL CGHS /ESIS /

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**Report Status** : FINAL

	ΔΤΩ	

TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
<u>ESR</u>				
ESR	25	mm/1hr.	0 - 20	

METHOD - WESTERGREN

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

**Checked By** SHAISTA Q

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: FINAL

. 8/3/2024 9:41 am

Received On

#### **BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE		
GLYCOCELATED HEMOGLOBIN (HBA1C)					
HBA1C (GLYCOSALATED HAEMOGLOBIN)	11.0	%	Hb A1c > 8 Action suggested < 7 Goal < 6 Non - diabetic level		
AVERAGE BLOOD GLUCOSE (A. B. G. )	269.0	mg/dL	65.1 - 136.3		

**METHOD** Particle Enhanced Immunoturbidimetry

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.

**GAMMA GT** 

### **BLOOD SUGAR FASTING**

\* FASTING BLOOD GLUCOSE 287.2 mg/dL 74 - 100

#### 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.

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

**Checked By** SHAISTA Q

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