SARDA
CENTRE FOR DIABETES & SELF CARE

Patient Name : MR DHARMESH TONDUR **SCD24/779**

Age/Gender : 40 Yrs/Male Report Date : 27/01/2024

Ref. Dr. : MEDIWHEEL

HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Range
BLOOD GROUP AND RH FACTOR			
Blood Group	'A'		
Rh Factor	POSITIVE(+VE)		

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HBA1C/GLYCOCYLATED

HbA1c Glycosilated Haemoglobin	5.3	%
Method: HPLC, NGSP certified		
Estimated Average Glucose :	105	mg/dL

As per American Diabetes Association (ADA)	
Reference Group	**HbA1c in %**
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

ADA criteria for correlation	
HbA1c(%)	**Mean Plasma Glucose (mg/dL)**
6	126
7	154
8	183
9	212
10	240
11	269
12	298

Note:1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or
extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.
Comments: HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
LIPID PROFILE			
Cholesterol-Total *Method: CHOD/PAP*	**205**	mg/dL	< 200 : Desirable 200-239 : Borderline risk > 240 : High risk
Triglycerides level *Method: Lipase / Glycerol Kinase)*	104	mg/dL	< 150 : Normal 150–199 : Borderline-High 200–499 : High > 500 : Very High
HDL Cholesterol *Method: CHOD/PAP*	**47**	mg/dL	< 40 : Low 40 - 60 : Optimal > 60 : Desirable
LDL Cholesterol *Method: Homogeneous enzymatic end point assay*	**137.20**	mg/dL	< 100 : Normal 100 - 129 : Desirable 130 – 159 : Borderline-High 160 – 189 : High > 190 : Very High
VLDL Cholesterol *Method: Calculation*	20.80	mg/dL	7 - 40
CHOL/HDL RATIO *Method: Calculation*	4.36	Ratio	3.5 - 5.0
LDL/HDL RATIO *Method: Calculation*	2.92	Ratio	0 - 3.5

Interpretation

Lipid profile can measure the amount of Total cholesterol's and triglycerides in blood:

Test	Comment
Total cholesterol:	measures all the cholesterol in all the lipoprotein particles
High-density lipoprotein cholesterol (HDL-C):	measures the cholesterol in HDL particles; often called "good cholesterol" because HDL-C takes up excess cholesterol and carries it to the liver for removal.
Low-density lipoprotein cholesterol (LDL-C):	measures the cholesterol in LDL particles; often called "bad cholesterol" because it deposits excess cholesterol in walls of blood vessels, which can contribute to atherosclerosis
Triglycerides:	measures all the triglycerides in all the lipoprotein particles; most is in the very low-density lipoproteins (VLDL).

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
BLOOD SUGAR FASTING & PP (BSF & PP)			
BLOOD SUGAR FASTING	75	mg/dl	
Method: Hexokinase			
BLOOD SUGAR POST PRANDIAL	129	mg/dl	
Method: Hexokinase			

ADA 2019 Guidelines for diagnosis of Diabetes Mellitus
Fasting Plasma Glucose > 126 mg/dl
Postprandial Blood Glucose > 200 mg/dl
Random Blood Glucose > 200 mg/dl
HbA1c Level > 6.5%

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
UREA *Method: UV*	20	mg/dl	10 - 45
Serum Creatinine *Method: Modified Jaffe's*	0.9	mg/dL	0.70 - 1.40
URIC ACID	4.1	mg/dl	2.5 - 7.2

Interpretation

Uric Acid - Serum uric acid measurements are useful in the diagnosis and treatment of numerous renal and metabolic disorders, including renal failure, gout, leukemia, psoriasis, starvation or other wasting conditions, and in patients receiving cytotoxic drugs.

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LIVER FUNCTION TEST (LFT)

TOTAL BILIRUBIN	0.80	mg/dl	0.2 - 1.0
Method: Serum, Jendrassik Grof			
DIRECT BILIRUBIN	0.20	mg/dL	0.0 - 0.3
Method: Serum, Diazotization			
INDIRECT BILIRUBIN	0.60	mg/dl	0.3 - 0.7
Method: Serum, Calculated			
SGPT (ALT)	22	U/L	15 - 40
Method: Serum, UV with P5P, IFCC 37 degree			
SGOT (AST)	19	U/L	15 - 40
Method: Serum, UV with P5P, IFCC 37 degree			
ALKALINE PHOSPHATASE	74	U/L	30 - 120
Method: DGKC			
TOTAL PROTEIN	7.2	g/dl	6.0 - 8.3
Method: Serum, Biuret, reagent blank end point			
SERUM ALBUMIN	4.0	g/dl	3.5 - 5.2
Method: Serum, Bromocresol green			
SERUM GLOBULIN	3.20	g/dl	1.8 - 3.6
Method: Serum, Calculated			
A/G RATIO	1.25		1.2 - 2.2
Method: Serum, Calculated			
Gamma Glutamyl Transferase-Serum	16	IU/L	15 - 73
Method: Kinetic			

NOTE :
In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or Non alcoholic fatty liver disease, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.

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IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Range
PSA (PROSTATE SPECIFIC ANTIGEN)-SERUM			
PSA (PROSTATE SPECIFIC ANTIGEN)-Serum	0.36	ng/ml	4.0

Method : ECLIA

INTERPRETATION :

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

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Thyroid Function Test (TFT)

T3	128.07	ng/dl	80-253 : 1 Yr-10 Yr, 76-199 : 11 Yr-15 Yr, 69-201 :16 Yr-18 Yr, 87-173 : > 18 years,
T4	10.17	ng/dl	5.9-21.5 :10-31 Days, 5.9-21.5 :0-1 Month, 6.4-13.9 :2-12 Months, 6.09-12.23 :>1 Yr
TSH(Serum)	1.59	ng/dl	0.52-16.0 :1 Day - 30 Days 0.55-7.10 :1 Mon-5 Years 0.37-6.00 :6 Yrs-18 Years 0.38-5.33 :18 Yrs-88 Years 0.50-8.90 :88 Years

Method : ECLIA

Clinical features of thyroid disease		
Hypothyroidism	**Hyperthyroidism**	**Grave's disease**
Lethargy	Tachycardia	Exophthalmos/proptosis
Weight gain	Palpitations (atrial fibrillation)	Chemosis
Cold intolerance	Hyperactivity	Diffuse symmetrical goitre
Constipation	Weight loss with increased appetite	Pretibial myxoedema (rare)
Hair loss	Heat intolerance	Other autoimmune conditions
Dry skin	Sweating	
Depression	Diarrhoea	
Bradycardia	Fine tremor	
Memory impairment	Hyper-reflexia	
Menorrhagia	Goitre	
	Palmar erythema	
	Onycholysis	
	Muscle weakness and wasting	
	Oligomenorrhea/amenorrhoea	

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URINE EXAMINATION REPORT

Test Description	Result	Unit	Biological Reference Range
URINE ROUTINE			
Physical Examination			
Colour	Pale Yellow		Pale Yellow
Apperance	Clear		Clear
Reaction	Acidic		
Deposit	Absent		
Chemical Examination			
Specific Gravity	1.010		
Albumin	Absent		
Sugar	Absent		Absent
Acetone	Absent		
Microscopic Examination			
RBC's	Not seen	/hpf	Nil
Pus cells	Occasional	/hpf	2-3/hpf
Epithelial Cells	NIL	/hpf	1-2/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous Deposit	Absent		Absent

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Test Description	Result	Unit	Biological Reference Range
COMPLETE BLOOD COUNT			
Total WBC Count	9200	cell/cu.mm	4000 - 11000
Haemoglobin	15.4	g%	13 - 18
Platelet Count	2,83000	/cumm	150000 - 450000
RBC Count	4.55	/Mill/ul	4.20 - 6.00
RBC INDICES			
Mean Corp Volume MCV	95.2	fL	80 - 97
Mean Corp Hb MCH	**33.8**	pg	26 - 32
Mean Corp Hb Conc MCHC	35.6	gm/dL	31.0 - 36.0
Hematocrit HCT	43.3	%	37.0 - 51.0
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils	65	%	40 - 75
Lymphocytes	30	%	20 - 45
Monocytes	03	%	02 - 10
Eosinophils	02	%	01 - 06
Basophils	00	%	00 - 01

NOTE:
1. As per the recommendation of International council for Standardization in Hematology, the differential leukocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.
2. Test conducted on EDTA whole blood.

ESR	08	mm/hr	Male: 0-8 mm at 1 Hr. Female: 0-20 mm at 1 Hr.

INTERPRETATION :

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

**** End of the report. ****

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