

**ADVANCE DIAGNOSTICS CENTRE**

C1-C2/17A, NEAR NIHARIKA TALKIES

KORBA- 495677

PH-09228333 MOBILE-9300888178

NAME : MRS JULEKHA BAI

85 Years / Female

Reg No. : 6819

Ref. By : . SELF

Reg. Date : 26/03/2022 11:20PM

Address : Korba

Collected At : MedZone Center

**INVESTIGATION REPORT****CLINICAL BIOCHEMISTRY**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIOLOGICAL REF RANGE</u>	<u>TEST METHOD</u>
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**Glucose - FBS & PLBS**

Sample Type : PLASMA - NaF

Blood Glucose - Fasting	: 107	mg/dl	70 - 110	GOD-POD
Blood Glucose - Post Prandial	: <b>174</b>	mg/dl	100 - 140	GOD-POD

**Glycosylated Hemoglobin (GHb/HbA1c)**

Sample Type : WB - EDTA

Glycosylated Hemoglobin (GHb/HbA1c)	: 7.4	%	4.8 - 6.0 : Non Diabetic 6.0 - 7.0 : Good Control 7.0 - 8.0 : Weak Control More than 8 : Poor Control	HPLC
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**Glycosylated hemoglobin** (*hemoglobin A1c*, *HbA1c*, *A1C*, or *Hb1c*; sometimes also *HbA1c*) is a form of hemoglobin used primarily to identify the average plasma glucose concentration over prolonged periods of time. It is formed in a non-enzymatic pathway by hemoglobin's normal exposure to high plasma levels of glucose. Glycation of hemoglobin has been associated with cardiovascular disease, nephropathy and retinopathy in diabetes mellitus. Monitoring the HbA1c in type-1 diabetic patients may improve treatment. HbA1c is a weighted average of blood glucose levels during the preceding 120 days, which is the average life span of red blood cells. A large change in mean blood glucose can increase HbA1c levels within 1-2 weeks. Sudden changes in HbA1c may occur because recent changes in blood glucose levels contribute relatively more to the final HbA1c levels than earlier events. For instance, mean blood glucose levels in the 30 days immediately preceding blood sampling contribute 50% to the HbA1c level, whereas glucose levels in the preceding 90-120 day period contribute only 10%. Thus, it does not take 120 days to detect a clinically meaningful change in HbA1c following a significant change in mean plasma glucose level.

METHOD: Ion Exchange Chromatography High performance liquid chromatography(HPLC)

INSTRUMENT: D -10 Bio-Rad Laboratories;FRANCE

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Report Released On : 28/03/2022 11:18AM

Sample Barcode :



Checked By:tulesh

**Dr. VANDANA CHANDANI**

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**INVESTIGATION REPORT****CLINICAL PATHOLOGY**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>TEST METHOD</u>
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**CUE (Complete Urine Examination)**

Sample Type : URINE

**PHYSICAL EXAMINATION :**

Color : Pale Yellow  
Appearance : clear  
Reaction (pH) : 5.6 4.8-7.6  
Specific Gravity : 1.022 1.002-1.030

**CHEMICAL EXAMINATION :**

Proteins : Absent  
Sugar : Absent

**MICROSCOPIC EXAMINATION :**

Pus (WBC) Cells : 2-3/hpf  
Epithelial Cells. : 3-4/hpf  
R.B.C : Absent  
Casts : Absent  
Crystals : Absent

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**INVESTIGATION REPORT****HAEMATOLOGY**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIOLOGICAL REF RANGE</u>	<u>TEST METHOD</u>
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**CBP (Complete Blood Picture)****Sample Type** : WB - EDTA

Haemoglobin	: 12.6	gm%	11.5 - 16.0	
Total Erythrocyte Count	: <b>6.87</b>	M/cmm	4.0 - 6.2	Cell Counter
Hematocrit (PCV)	: 40.9	Vol %	35.0 - 50.0	
Mean Corpuscular Volume	: <b>59.5</b>	fL	80 - 100	
Mean Corpuscular Hemoglobin	: <b>18.3</b>	PG	26 - 34	
MCHC	: <b>30.8</b>	g/L	31 - 35	
RDW	: <b>17.6</b>	%	11.5 - 14.5	
Total Leucocyte Count.	: 6300	/cumm	4000 - 11000	

**DIFFERENTIAL COUNT :**

Neutrophils	: 57	%	40 - 75	
Lymphocytes.	: 33	%	20 - 40	Cell Counter
Monocytes.	: 05	%	2 - 10	Cell Counter
Eosinophils	: 05	%	1 - 6	Cell Counter
Basophils	: 0	%	0 - 1	Cell Counter
Platelet Count	: 339000	/cmm	150000 - 450000	

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