ADVANCE DIAGNOSTICS CENTRE
C1-C2/17A, NEAR NIHARIKA TALKIES
KORBA- 495677
PH-09228333 MOBILE-9300888178

NAME	: MR HAJI ISMAIL	91	Years / Male	Reg No.	: 7222
Ref. By	: . SELF			Reg. Date	: 30/03/2022 12:44PM
Address	: old Bus stand , korba , KORBA , 495677			Collected At	: MedZone Center

INVESTIGATION REPORT

CLINICAL BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
Glucose - FBS & PLBS				
Sample Type	: PLASMA - NaF			
Blood Glucose - Fasting	: 93	mg/dl	70 - 110	GOD-POD
Blood Glucose - Post Prandial	: 105	mg/dl	100 - 140	GOD-POD
Glycosylated Hemoglobin (GHb/HBA1c)				
Sample Type	: WB - EDTA			
Glycosylated Hemoglobin (GHb/HBA1c)	: 5.6	%	4.8 - 6.0 : Non Diabetic 6.0 - 7.0 : Good Control 7.0 - 8.0 : Weak Control More than 8 : Poor Control	HPLC

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 HbA 1c 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 HbA 1c 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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CLINICAL BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
PSA Total (Prostate Specific Antigen Total)				
Sample Type	: SERUM			
PSA Total (Prostate Specific Antigen Total)	: 5.78	ng/ml	0 - 4 Borderline-4-10	E CLIA

REFRENCE RANGE :
Normal : < 4.0 ng/ml, Borderline : 4 - 10 ng/ml
Increase with age :
40 - 49 years : 1.5 ng/ml, 50 - 59 years : 2.5ng/ml
60 - 69 years : 4.5 ng/ml, 70 - 79 years : 7.5 ng/ml

Prostate-specific antigen (PSA) is a glycoprotein (molecular weight 30,000–34,000 daltons) having a close structural relationship to the glandular kallikreins. It has the function of a serine proteinase. The proteolytic activity of PSA in blood is inhibited by the irreversible formation of complexes with protease inhibitors such as alpha-1-antichymo-trypsin, alpha-2-macroglobulin and other acute phase proteins. In addition to being present in these complexes, about 30% of the PSA present in blood is in the free form, but is proteolytically inactive. Elevated concentrations of PSA in serum are generally indicative of a patho-logic condition of the prostate (prostatitis, benign hyperplasia or carcinoma). As PSA is also present in para-urethral and anal glands, as well as in breast tissue or with breast cancer, low levels of PSA can also be detected in sera from women. PSA may still be detectable even after radical prostatectomy. The main areas in which PSA determinations are employed are the monitoring of progress and efficiency of therapy in patients with prostate carcinoma or receiving hormonal therapy. The steepness of the rate of fall in PSA down to no-longer detectable levels following radiotherapy, hormonal therapy or radical surgical removal of the prostate provides information on the success of therapy. An inflammation or trauma of the prostate (e.g. in cases of urinary retention or following rectal examination, cystoscopy, coloscopy, transurethral biopsy, laser treatment or ergometry) can lead to PSA elevations of varying duration and magnitude.

METHOD: One-step sandwich and competitive FEIA

INSTRUMENT: TOSHO AIA-360 JAPAN

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CLINICAL BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
Lipid Profile				
Sample Type	: SERUM			
Cholesterol Total	: 137.5	mg/dl	Desirable : < 200 Moderate Risk : 200 - 239 High Risk : > 240	CHOD-PAP
Cholesterol HDL	: **42.01**	mg/dl	Desirable : > 37 Moderate Risk : 25 - 37 High Risk : < 12 - 18	Direct Clearance
Cholesterol LDL	: 78.57	mg/dl	Desirable : < 130 Moderate Risk : 130 - 159 High Risk : > 160	Direct Clearance
Cholesterol VLDL	: 16.92	mg/dl	6 - 40	
Triglycerides	: 84.6	mg/dl	< 160 : Normal 160 – 400 : Slightly Elevated 400 – 600 : Elevated > 600 : Highly Elevated	GPO
T.Chol / HDL Chol Ratio	: 3.27		2.9 - 5.1	
LDL / HDL Ratio	: 1.87		1.7 - 3.5	

NOTE : Lipid Profile RANGES AS PER NCEP-ATP III are:
Serum cholesterol (Total) :
Desirable : < 200 mg/dl, Borderline : 200 - 239 mg/dl, Elevated : >/= 240 mg/dl
Serum high density lipoprotein cholesterol(HDL) :
Desirable : > 60 mg/dl, Borderline : 40- 60 mg/dll, Elevated : 40 mg/dl
Total cholesterol : HDL cholesterol ratio :
Low risk : 3.3-4.4, Average risk : 4.4-7.1, Moderate risk : 7.1-11.0, High risk : >11.0
Serum low density lipoprotein (LDL) cholesterol :
Desirable : 100 mg/dl, Borderline : 100- 159 mg/dll, Elevated : >/= 160 mg/dl
Triglycerides :
Desirable : 150 mg/dl, Borderline : 150- 199 mg/dll, High : 200 - 499 mg/dl, Very High : >/= 500 mg/dl
HDL measurement done by Direct HDL clearance method (CDC approved).
As per the Friedwald Equation, VLDL & LDL values are not applicable for triglyceride values above 400 mg/dl.

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE
Electrolytes-Serum			
Sample Type	: SERUM		
Sodium	: 138	mmol/L	136-145
Potassium	: 5.00	mmol/L	3.5 - 5.1
chloride	: 100.8	Meq/L	96-106

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INVESTIGATION REPORT

CLINICAL BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
Thyroid Profile				
Sample Type	: SERUM			
Tri Iodothyronine (T3)	: 0.89	ng/mL	0.6-2.7 : 1 - 10 Years 0.6-1.81 : Adults Pregnancy 0.9 - 3.0 : Ist Trimester 0.9 - 3.6 : 2nd & 3rdTr	ECL
Total Thyoxine (T4)	: **6.88**	µg/dL	7.8 - 16.5 : 1 - 12 Months 4.6 - 11.6 : Adults 9.1 - 14.0 : Pregnancy (15 - 40 Weeks)	ECL
Thyroid Stimulating Hormone (TSH)	: 3.59	µIU/mL	0.52 - 16.0 : 1 - 30 Days 0.46 - 8.10 : 1 Mn - 5 Yrs 0.37 - 4.8 : Adults Cord blood : 2.3 - 13.2	ECL

Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. **1.** Primary hypothyroidism, in which there is a raised TSH and a low T4 and low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficiency. **2.** The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate thyroid stimulating hormone (TSH) produced from the pituitary and so one tends to see low or normal TSH, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary-adrenal axis. **3.** The third type of under-functioning is due to poor conversion of T4 to T3. This requires enzymes and co-factors, in particular selenium, zinc and iron. In this condition there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of T3. This requires micronutrients and also T3 to correct.
Therefore, in any patient suspecting of thyroid problem routinely TSH, a Free T4 and a Free T3 are also advisable. Any patients who are taking T3 as part of their thyroid supplement need to have their T3 levels monitored as well as T4. T3 is much more quickly metabolized than T4 and blood tests should be done between 4-6 hours after their morning dose.

METHOD: One-step sandwich and competitive FEIA
INSTRUMENT: TOSHO AIA-360 JAPAN

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CLINICAL BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
RENAL FUNCTION TEST				
Sample Type	: SERUM			
Blood urea	: 27.5	mg/dl	10-40	Urease UV
Serum Creatinine	: 0.82	mg/dl	0.6-1.4	Alkaline Picrate
Blood Urea Nitrogen	: 12.84	mg/dl	7-21	
Serum Sodium	: 138	mmol/L	136-145	ISE
Serum Potassium	: 5.00	mmol/L	3.5-5.1	ISE
chloride	: 100.8	Meq/L	96-106	

--- End Of Report ---

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Report Released On : 30/03/2022 06:03PM
Sample Barcode :

Other Collection

Checked By:NAREN

Dr. VANDANA CHANDANI

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INVESTIGATION REPORT

CLINICAL PATHOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
CUE (Complete Urine Examination)				
Sample Type	: URINE			
PHYSICAL EXAMINATION :				
Color	: Pale Yellow			
Appearence	: clear			
Reaction (pH)	: 6.2		4.8-7.6	
Specific Gravity	: 1.023		1.002-1.030	
CHEMICAL EXAMINATION :				
Proteins	: Absent			
Sugar	: Absent			
MICROSCOPIC EXAMINATION :				
Pus (WBC) Cells	: 2-3/hpf			
Epithelial Cells.	: 1-3/hpf			
R.B.C	: Absent			
Casts	: Absent			
Crystals	: Absent			

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INVESTIGATION REPORT

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
CBP (Complete Blood Picture)				
Sample Type	: WB - EDTA			
Haemoglobin	: **11.7**	gm%	12.0 - 18.0	
Total Erythrocyte Count	: **6.69**	M/cmm	4.0 - 6.2	Cell Counter
Hemotocrit (PCV)	: 37.8	Vol %	35.0 - 50.0	
Mean Corpuscular Volume	: **56.5**	fL	80 - 100	
Mean Corpuscular Hemoglobin	: **17.5**	PG	26 - 34	
MCHC	: 31.0	g/L	31 - 35	
RDW	: **18.6**	%	11.5 - 14.5	
Total Leucocyte Count.	: 5340	/cumm	4000 - 11000	
DIFFERENTIAL COUNT :				
Neutrophils	: 59	%	40 - 75	
Lymphocytes.	: 33	%	20 - 40	Cell Counter
Monocytes.	: 05	%	2 - 10	Cell Counter
Eosinophils	: 03	%	1 - 6	Cell Counter
Basophils	: 0	%	0 - 1	Cell Counter
Platelet Count	: 196000	/cmm	150000 - 450000	

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