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

NAME	: MR PATAIT RAM	64	Years / Male	Reg No.	: 19214
Ref. By	: DR. TIWARI AVINASH, MD			Reg. Date	: 05/08/2022 07:26AM
Address	:			Collected At	: MedZone Center

INVESTIGATION REPORT

CLINICAL BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
Glucose - Fasting				
Sample Type	: PLASMA - NaF			
Blood Glucose-Fasting (Methodology : GOD/POD)	: 91	mg/dl	70 - 110	
Glucose - PLBS				
Sample Type	: PLASMA - NaF			
Glucose - PLBS	: **191**	mg/dL	70 - 140	

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CLINICAL BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
Glycosylated Hemoglobin (GHb/HBA1c)				
Sample Type	: WB - EDTA			
Glycosylated Hemoglobin (GHb/HBA1c)	: 8.3	%	4.8 - 6.0 : Non Diabetic 6.0 - 7.0 : Good Control 7.0 - 8.0 : Weak Control More than 8 : Poor Control	Biorad D10 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
TSH (Thyroid Stimulating Hormone)				
Sample Type	: SERUM			
TSH (Thyroid Stimulating Hormone)	: 3.70	µIU/mL	0.37 - 4.8 : Adults 0.46 - 8.1 : 1mon–5 Yrs 0.52 -16.0 : 1 – 30 Days	Fully Automated Roche E411 (ECL)

Thyroid-stimulating hormone (TSH, thyrotropin) is a glycoprotein having a molecular weight of approx. 30,000 daltons and consisting of two subunits. The beta-subunit carries the TSH-specific immunological and biological information, whereas the alpha-chain carries species-specific information and has an identical amino acid sequence to the alpha-chains of LH, FSH and hCG. TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circardian secretion sequence. The hypophyseal release of TSH (thyrotropic hormone) is the central regulating mechanism for the biological action of thyroid hormones. TSH has a stimulating action in all stages of thyroid hormone formation and secretion; it also has a proliferative effect. The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH level. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid. Roche Cobas TSH employs monoclonal antibodies specifically directed against human TSH. The antibodies labeled with ruthenium complex* consist of a chimeric construct from human and mouse-specific components. As a result, interfering effects due to HAMA (human anti-mouse antibodies) are largely eliminated.

METHOD: One-step sandwich and competitive FEIA

INSTRUMENT: TOSHO AIA-360 JAPAN

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INVESTIGATION REPORT

CLINICAL BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
Lipid Profile				
Sample Type	: SERUM			
Cholesterol Total	: 210.5	mg/dl	Desirable : < 200 Moderate Risk : 200 - 239 High Risk : > 240	CHOD-PAP
Cholesterol HDL	: **43.5**	mg/dl	Desirable : > 37 Moderate Risk : 25 - 37 High Risk : < 12 - 18	Direct Clearance
Cholesterol LDL	: 97.98	mg/dl	Desirable : < 130 Moderate Risk : 130 - 159 High Risk : > 160	Direct Clearance
Cholesterol VLDL	: **69.02**	mg/dl	6 - 40	
Triglycerides	: 345.1	mg/dl	< 160 : Normal 160 – 400 : Slightly Elevated 400 – 600 : Elevated > 600 : Highly Elevated	GPO
T.Chol / HDL Chol Ratio	: 4.84		2.9 - 5.1	
LDL / HDL Ratio	: 2.25		1.7 - 3.5	
Comments :	: Advice Repeat Sample -if alcohol consumption,ate heavy meals or non-veg within three days of giving sample & should be fasting atleast for 8 hrs.			

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.

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CLINICAL BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
RENAL FUNCTION TEST				
Sample Type	: SERUM			
Blood urea	: 16.5	mg/dl	10-40	Urease UV
Serum Creatinine	: 0.76	mg/dl	0.6-1.4	Alkaline Picrate
Blood Urea Nitrogen	: 7.71	mg/dl	7-21	
Serum Sodium	: 142	mmol/L	136-145	ISE
Serum Potassium	: 4.41	mmol/L	3.5-5.1	ISE
chloride	: 105.4	Meq/L	96-106	

--- End Of Report ---

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Sample Barcode :

Checked By:duwash

Dr. VANDANA CHANDANI

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INVESTIGATION REPORT

CLINICAL PATHOLOGY

TEST	RESULT	UNIT	TEST METHOD
CUE (Complete Urine Examination)			
Sample Type	: URINE		
PHYSICAL EXAMINATION :			
Color	: Pale Yellow		
Appearence	: clear		
Reaction (pH)	: 5.9	4.8-7.6	
Specific Gravity	: 1.016	1.002-1.030	
CHEMICAL EXAMINATION :			
Proteins	: Absent		
Sugar	: Absent		
MICROSCOPIC EXAMINATION :			
Pus (WBC) Cells	: 1-3 /hpf		
Epithelial Cells.	: 1-2 /hpf		
R.B.C	: Absent		
Casts	: Absent		
Crystals	: Absent		
Others	: Bacilli seen + 4-6 /hpf		

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INVESTIGATION REPORT

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
CBP (Complete Blood Picture)				
Sample Type	: WB - EDTA			
Haemoglobin	: 12.4	gm%	12.0 - 18.0	
Total Erythrocyte Count	: 4.94	M/cmm	4.0 - 6.2	Cell Counter
Hemotocrit (PCV)	: 38.6	Vol %	35.0 - 50.0	
Mean Corpuscular Volume	: **78.1**	fL	80 - 100	
Mean Corpuscular Hemoglobin	: **25.1**	PG	26 - 34	
MCHC	: 32.1	g/L	31 - 35	
RDW	: **16.1**	%	11.5 - 14.5	
Total Leucocyte Count.	: 7390	/cumm	4000 - 11000	
DIFFERENTIAL COUNT :				
Neutrophils	: 58	%	40 - 75	
Lymphocytes.	: 35	%	20 - 40	Cell Counter
Monocytes.	: 06	%	2 - 10	Cell Counter
Eosinophils	: 01	%	1 - 6	Cell Counter
Basophils	: 0	%	0 - 1	Cell Counter
Platelet Count	: 284000	/cmm	150000 - 450000	
ESR (Erythrocyte Sedimentation Rate)				
Sample Type	: PLASMA -Na Citrate			
ESR (Erythrocyte Sedimentation Rate)	: 18	mm/hr	0 - 15 :1st Hour	Sedimentation me

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