

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

NAME : MRS NEELAM SONI 29 Years / Female Reg No. : 20618

Ref. By : . SELF Reg. Date : 19/08/2022 01:43PM

Address : D3, SAI SUGHANDHA, SAI ENCLAVE NEAR AGROHA BHAVCollected At : MedZone Center

INVESTIGATION REPORT

CLINICAL BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REF RANGE TEST METHOD

Glucose - Random

Sample Type : PLASMA - NaF

Blood Glucose - Random (Methodology: : 100 mg/dl 70 - 150

GOD / POD)

Glycosylated Hemoglobin (GHb/HBA1c)

Sample Type : WB - EDTA

Glycosylated Hemoglobin (GHb/HBA1c) : 6.3 % 4.8 - 6.0 : Non Diabetic Biorad D10 HPLC

6.0 - 7.0 : Good Control 7.0 - 8.0 : Weak Control More than 8 : Poor Control

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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Home Collection Sample Received On : 19/08/2022 02:00PM

: 19/08/2022 05:23PM Report Released On

Sample Barcode: Checked By:tulesh

Page 2 of 4

Dr. VANDANA CHANDANI



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INVESTIGATION REPORT

CLINICAL PATHOLOGY

TEST RESULT TEST METHOD UNIT

CUE (Complete Urine Examination)

Sample Type : URINE

PHYSICAL EXAMINATION:

: Pale Yellow

Appearence : clear

4.8-7.6 Reaction (pH) : 5.8 Specific Gravity : 1.014 1.002-1.030

CHEMICAL EXAMINATION:

Proteins : Absent : Absent Sugar

MICROSCOPIC EXAMINATION:

Pus (WBC) Cells : 1-3 /hpf Epithelial Cells. : 3-4 /hpf R.B.C : Absent Casts : Absent : Absent Crystals

Others : Bacilli seen ++

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INVESTIGATION REPORT

HAEMATOLOGY

<u>TEST</u>	RESULT	<u>UNIT</u>	BIOLOGICAL REF RANGE	TEST METHOD
CBP (Complete Blood Picture)				
Sample Type	: WB - EDTA			
Haemoglobin	: 11.6	gm%	11.5 - 16.0	
Total Erythrocyte Count	: 4.66	M/cmm	4.0 - 6.2	Cell Counter
Hemotocrit (PCV)	: 36.3	Vol %	35.0 - 50.0	
Mean Corpuscular Volume	: 77.9	fL	80 - 100	
Mean Corpuscular Hemoglobin	: 24.9	PG	26 - 34	
MCHC	: 32.0	g/L	31 - 35	
RDW	: 14.7	%	11.5 - 14.5	
Total Leucocyte Count.	: 15210	/cumm	4000 - 11000	
DIFFERENTIAL COUNT :				
Neutrophils	: 75	%	40 - 75	
Lymphocytes.	: 20	%	20 - 40	Cell Counter
Monocytes.	: 04	%	2 - 10	Cell Counter
Eosinophils	: 01	%	1 - 6	Cell Counter
Basophils	: 0	%	0 - 1	Cell Counter
Platelet Count	: 405000	/cmm	150000 - 450000	
<u>Hemoglobin</u>				

--- End Of Report ---

: WB - EDTA

: 11.6

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Sample Barcode:

Sample Type

Hemoglobin

8/2022 02:00PM Home Collection

Checked By:tulesh

gm/dl

11.5 - 15.0

Dr. VANDANA CHANDANI

Mindray BC 3600

Cell Counter