

REPORT

Name	: Mr. U SHIVA RAM	Sample ID	: A0590474
Age/Gender	: 42 Years/Male	Reg. No	: 0312408040007
Referred by	: Dr. P RAVINDER	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 04-Aug-2024 09:18 AM
Primary Sample	:	Received On	: 04-Aug-2024 06:56 PM
Sample Tested In	: Urine	Reported On	: 04-Aug-2024 09:26 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

GLUCOSE FASTING

Test Name	Results	Units	Ref. Range	Method
-----------	---------	-------	------------	--------

Fasting Urine Glucose	(+)		Negative	Automated Strip Test
------------------------------	-----	--	----------	----------------------



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

REPORT

Name	: Mr. U SHIVA RAM	Sample ID	: A0590494, A0590490
Age/Gender	: 42 Years/Male	Reg. No	: 0312408040007
Referred by	: Dr. P RAVINDER	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 04-Aug-2024 09:18 AM
Primary Sample	: Whole Blood	Received On	: 04-Aug-2024 06:20 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP)	Reported On	: 04-Aug-2024 07:27 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

GLUCOSE POST PRANDIAL (PP)

Test Name	Results	Units	Ref. Range	Method
-----------	---------	-------	------------	--------

Glucose Fasting (F) **194** mg/dL 70-100 Hexokinase

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	Fasting Plasma Glucose(mg/dL)	2hrs Plasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	> = 126	> = 200	> = 6.5	>=200(with symptoms)

Reference: Diabetes care 2018:41(suppl.1):S13-S27

Glucose Post Prandial (PP) **306** mg/dL 70-140 Hexokinase (HK)

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	Fasting Plasma Glucose(mg/dL)	2hrs Plasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	> = 126	> = 200	> = 6.5	>=200(with symptoms)

Reference: Diabetes care 2018:41(suppl.1):S13-S27

- Postprandial glucose level is a screening test for Diabetes Mellitus
- If glucose level is >140 mg/dL and <200 mg/dL, then GTT (glucose tolerance test) is advised.
- If level after 2 hours = >200 mg/dL diabetes mellitus is confirmed.
- Advise HbA1c for further evaluation.



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

REPORT

Name	: Mr. U SHIVA RAM	Sample ID	: A0590474
Age/Gender	: 42 Years/Male	Reg. No	: 0312408040007
Referred by	: Dr. P RAVINDER	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 04-Aug-2024 09:18 AM
Primary Sample	:	Received On	: 04-Aug-2024 06:56 PM
Sample Tested In	: Urine	Reported On	: 04-Aug-2024 08:27 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL PATHOLOGY

Test Name	Results	Units	Ref. Range	Method
Complete Urine Analysis (CUE)				
Physical Examination				
Colour	Pale Yellow		Straw to light amber	
Appearance	Clear		Clear	
Chemical Examination				
Glucose	(+)		Negative	Strip Reflectance
Protein	Absent		Negative	Strip Reflectance
Bilirubin (Bile)	Negative		Negative	Strip Reflectance
Urobilinogen	Negative		Negative	Ehrlichs reagent
Ketone Bodies	Negative		Negative	Strip Reflectance
Specific Gravity	1.000		1.000 - 1.030	Strip Reflectance
Blood	Negative		Negative	Strip Reflectance
Reaction (pH)	6.5		5.0 - 8.5	Reagent Strip Reflectance
Nitrites	Negative		Negative	Strip Reflectance
Leukocyte esterase	Negative		Negative	Reagent Strip Reflectance
Microscopic Examination (Microscopy)				
PUS(WBC) Cells	02-03	/hpf	00-05	Microscopy
R.B.C.	Nil	/hpf	Nil	Microscopic
Epithelial Cells	01-02	/hpf	00-05	Microscopic
Casts	Absent		Absent	Microscopic
Crystals	Absent		Absent	Microscopic
Bacteria	Nil		Nil	
Budding Yeast Cells	Nil		Absent	Microscopy

Comments :Urine analysis is one of the most useful laboratory tests as it identifies a wide range of medical conditions including renal damage, urinary tract infections,diabetes, hypertension and drug toxicity.

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited



Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mr. U SHIVA RAM	Sample ID	: A0590492
Age/Gender	: 42 Years/Male	Reg. No	: 0312408040007
Referred by	: Dr. P RAVINDER	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 04-Aug-2024 09:18 AM
Primary Sample	: Whole Blood	Received On	: 04-Aug-2024 06:15 PM
Sample Tested In	: Serum	Reported On	: 04-Aug-2024 10:11 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

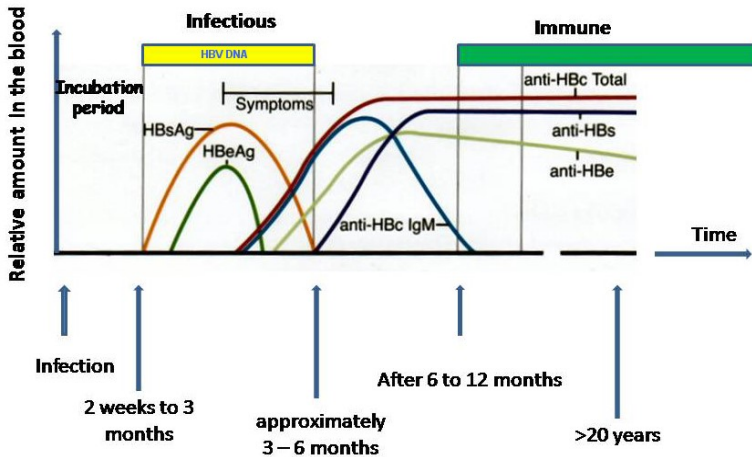
Test Name	Results	Units	Ref. Range	Method
Hepatitis B Surface Antigen (HBsAg)	0.40	S/Co	<1.00 :Negative >1.00 :Positive	ELISA

Interpretation:

- Negative result implies that antibodies to HBsAg have not been detected in the sample. This means the patient has either not been exposed to HBsAg infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HBsAg.
- Positive result implies that antibodies to HBsAg have been detected in the sample.

Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infections of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2% normal adolescents and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than six months indicates development of carrier state or Chronic liver disease.

HBV antigens and antibodies in the blood



Note:

1. All Reactive results are tested additionally by Specific antibody Neutralization assay . For further confirmation Molecular assays are recommended For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers for Acute or Chronic infection

*** End Of Report ***

Laboratory is NABL Accredited




DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST

REPORT

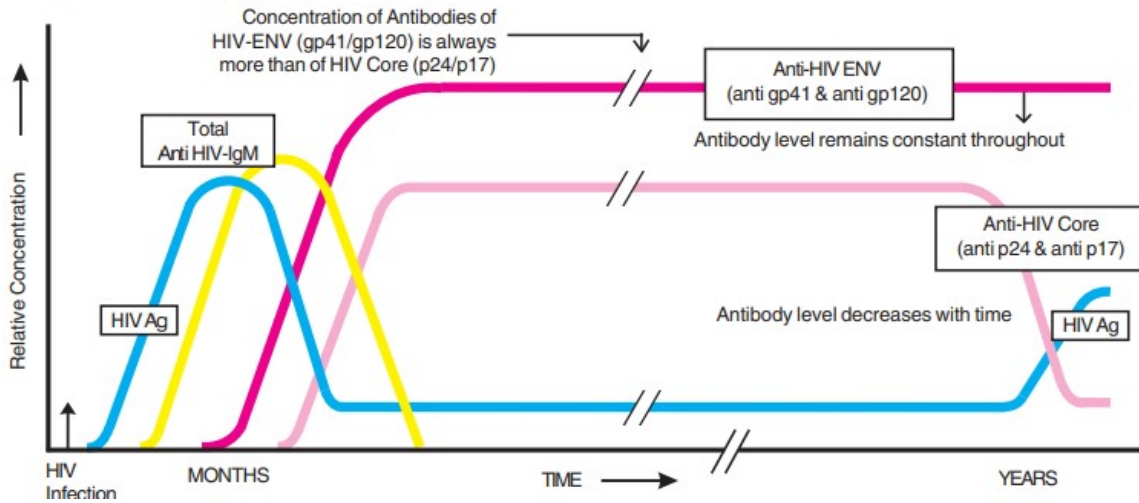
Name	: Mr. U SHIVA RAM	Sample ID	: A0590492
Age/Gender	: 42 Years/Male	Reg. No	: 0312408040007
Referred by	: Dr. P RAVINDER	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 04-Aug-2024 09:18 AM
Primary Sample	: Whole Blood	Received On	: 04-Aug-2024 06:15 PM
Sample Tested In	: Serum	Reported On	: 04-Aug-2024 09:27 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

Test Name	Results	Units	Ref. Range	Method
HIV (1 & 2) Antibody	0.33	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA

Interpretation

- Non Reactive result implies that antibodies to HIV 1 / 2 have not been detected in the sample. This means the patient has either not been exposed to HIV 1 / 2 infection or the sample has been tested during the "window phase" i.e. before the development of detectable levelsof antibodies. Hence a Non Reactive result does not exclude the possibility of exposure or infection with HIV 1 / 2.
- Pre and Post test counseling to be done by the concerned referring doctor. The sensitivity and specificity of this test has been determined by National HIV Reference Centers of Govt. of India and WHO collaborating Centers, using various other test panels. "
- Reactive samples by ELISA Method are confirmed by 2 other supplemental tests for confirm of HIV infection as per NACO guidelines.
- All patients' reports inderminate should be repeated with a second sample taken 14-28 days. In case the serological results continue to be inderminate the sample should be subject to western blot for confirmation.



Correlate Clinically.

Laboratory is NABL Accredited

*** End Of Report ***



DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST