

REPORT

| | | | |
|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Mr. AZIZ AHMED | Sample ID | : A0590576 |
| Age/Gender | : 62 Years/Male | Reg. No | : 0312408060021 |
| Referred by | : Dr. VINOD KUMAR | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 06-Aug-2024 03:13 PM |
| Primary Sample | : Whole Blood | Received On | : 06-Aug-2024 04:19 PM |
| Sample Tested In | : Serum | Reported On | : 06-Aug-2024 06:38 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|--------------------------|-------------|-------|------------|----------------|
| Creatinine -Serum | 2.28 | mg/dL | 0.70-1.30 | Jaffes Kinetic |

Interpretation:

- This test is done to see how well your kidneys are working.Creatinine is a chemical waste product of creatine. Creatine is a chemical made by the body and is used to supply energy mainly to muscles.
- **A higher than normal level may be due to:**
Renal diseases and insufficiency with decreased glomerular filtration, urinary tract obstruction, reduced renal blood flow including congestive heart failure, shock, and dehydration; rhabdomyolysis can cause elevated serum creatinine.
- **A lower than normal level may be due to:**
Small stature, debilitation, decreased muscle mass; some complex cases of severe hepatic disease can cause low serum creatinine levels. In advanced liver disease, low creatinine may result from decreased hepatic production of creatinine and inadequate dietary protein as well as reduced muscle mass.

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

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| Sample Tested In | : Whole Blood EDTA, Serum | Reported On | : 06-Aug-2024 05:23 PM |
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CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|-----------------------------|---------|-------|--|------------|
| Glycated Hemoglobin (HbA1c) | 7.1 | % | Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5 | HPLC |
| Mean Plasma Glucose | 157.07 | mg/dL | | Calculated |

Glycated hemoglobins (GHb), also called glycohemoglobins, are substances formed when glucose binds to hemoglobin, and occur in amounts proportional to the concentration of serum glucose. Since red blood cells survive an average of 120 days, the measurement of GHb provides an index of a person's average blood glucose concentration (glycemia) during the preceding 2-3 months. Normally, only 4% to 6% of hemoglobin is bound to glucose, while elevated glycohemoglobin levels are seen in diabetes and other hyperglycemic states Mean Plasma Glucose(MPG):This Is Mathematical Calculations Where Glycated Hb Can Be Correlated With Daily Mean Plasma Glucose Level

NOTE: The above Given Risk Level Interpretation is not age specific and is an information resource only and is not to be used or relied on for any diagnostic or treatment purposes and should not be used as a substitute for professional diagnosis and treatment. Kindly Correlate clinically.

INTERPRETATION

Method: Analyzer Fully automated HPLC platform.

| Average Blood Glucose(eAG) (mg/dL) | Level of Control | Hemoglobin A1c (%) |
|------------------------------------|------------------|--------------------|
| 421 | | 14% |
| 386 | | 13% |
| 350 | | 12% |
| 314 | | 11% |
| 279 | | 10% |
| 243 | | 9% |
| 208 | | 8% |
| 172 | POOR | 7% |
| 136 | GOOD | 6% |
| 101 | EXCELLENT | 5% |

HbA1c values of 5.0- 6.5 percent indicate good control or an increased risk for developing diabetes mellitus. HbA1c values greater than 6.5 percent are diagnostic of diabetes mellitus. Diagnosis should be confirmed by repeating the HbA1c test.

NOTE: Hb F higher than 10 percent of total Hb may yield falsely low results. Conditions that shorten red cell survival, such as the presence of unstable hemoglobins like Hb SS, Hb CC, and Hb SC, or other causes of hemolytic anemia may yield falsely high results.



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CLINICAL BIOCHEMISTRY

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|---------------------------------|---------|-------|------------|--------|
| Prostate-specific Antigen (PSA) | 0.49 | ng/mL | 0.0-4.0 | CLIA |

Interpretation:

- PSA is a glycoprotein present in the cytoplasm of the epithelial cells and ducts of the prostate and in the prostatic carcinoma.

Increase PSA has been seen in:

- Prostatic cancers.
- Benign prostatic hyperplasia.
- Prostatitis.
- Prostatic infarction.
- In the case of rectal manipulation of the prostate

Note:This interval is not intended to be used as a reference for posttreatment follow-up and monitoring of patients.

Correlate Clinically.

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