

REPORT

Name	: Mr. T PANDHARI RAO	Sample ID	: A0590675
Age/Gender	: 64 Years/Male	Reg. No	: 0312408090003
Referred by	: Dr. KRISHNA PATIL	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 09-Aug-2024 08:03 AM
Primary Sample	:	Received On	: 09-Aug-2024 06:05 PM
Sample Tested In	: Urine	Reported On	: 09-Aug-2024 06:11 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Fasting Urine Glucose	(+)		Negative	Automated Strip Test
Microalbumin/Creatinine Ratio-Urine Random				
Microalbumin-Random Urine	130.71	mg/L	Upto 30.0	Immunoturbidimetry
Creatinine - Random Urine	81.5	mg/dL	22-398	kinetic Jaffe reaction.
Microalbumin : Creatinine Ratio	160.38	mg/g creatinine	<30.0	Calculated

Interpretation:

Category	Reference Range in mg/g creatinine
Normal	< 30.0
Moderately increased	30-300
Severely increased	>300

- Microalbumin is a small amount of a protein called albumin. It is normally found in the blood. Creatinine is a normal waste product found in urine. A microalbumin creatinine ratio compares the amount of albumin to the amount of creatinine in your urine.
- If there is any albumin in your urine, the amount can vary greatly throughout the day. But creatinine is released as a steady rate. Because of this, your health care provider can more accurately measure the amount of albumin by comparing it to the amount of creatinine in your urine. If albumin is found in your urine, it may mean you have a problem with your kidneys.



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MD BIOCHEMISTRY

REPORT

Name	: Mr. T PANDHARI RAO	Sample ID	: A0590693
Age/Gender	: 64 Years/Male	Reg. No	: 0312408090003
Referred by	: Dr. KRISHNA PATIL	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 09-Aug-2024 08:03 AM
Primary Sample	: Whole Blood	Received On	: 09-Aug-2024 01:19 PM
Sample Tested In	: Plasma-NaF(F)	Reported On	: 09-Aug-2024 02:39 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

GLUCOSE FASTING

Test Name	Results	Units	Ref. Range	Method
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Glucose Fasting (F)	116	mg/dL	70-100	Hexokinase
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Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma 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

Result rechecked and verified for abnormal cases

*** End Of Report ***

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 09-Aug-2024 08:03 AM
Primary Sample	: Whole Blood	Received On	: 09-Aug-2024 01:32 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 09-Aug-2024 05:10 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glycated Hemoglobin (HbA1c)	9.6	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5	HPLC
Mean Plasma Glucose	228.82	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.

Result rechecked and verified for abnormal cases

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 09-Aug-2024 08:03 AM
Primary Sample	: Whole Blood	Received On	: 09-Aug-2024 01:32 PM
Sample Tested In	: Serum	Reported On	: 09-Aug-2024 05:40 PM
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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Calcium	8.8	mg/dL	8.5-10.1	Arsenazo

Comments:

- Calcium in the body is found mainly in the bones (approximately 99%). In serum, Calcium exists in a free ionised form and in bound form (with Albumin). Hence, a decrease in Albumin causes lower Calcium levels and vice-versa.
- Calcium levels in serum depend on the Parathyroid Hormone.
- Increased Calcium levels are found in Bone tumors, Hyperparathyroidism. decreased levels are found in Hypoparathyroidism, renal failure, Rickets.

Electrolyte Profile-Serum

Sodium	143	mmol/L	135-150	ISE Direct
Potassium	4.8	mmol/L	3.5-5.0	ISE Direct
Chloride	106	mmol/L	94-110	ISE Direct

Clinical significance:

- Prevents dehydration.
- Maintain the acid-base balance (body pH).
- Maintain the osmotic pressure.
- Body working normally.
- It regulates heart rhythm.
- Regulate muscle contractions.
- Help the brain function.
- Cells can generate energy.

Note:Separate serum or plasma from cells within 45 minutes of collection; avoid hemolysis.

Correlate Clinically.

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*** End Of Report ***



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