

LABORATORY TEST REPORT

Name	: Mrs. SUSHEELA		
Sample ID	: A0788151		
Age/Gender	: 78 Years/Female	Reg. No	: 0312411060062
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 06-Nov-2024 09:03 PM
Primary Sample	:	Received On	: 06-Nov-2024 10:39 PM
Sample Tested In	: Urine	Reported On	: 07-Nov-2024 12:09 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


CLINICAL PATHOLOGY

Test Name	Results	Units	Biological Reference Interval
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Complete Urine Analysis (CUE)
Physical Examination

Colour	Pale Yellow	Straw to light amber
Appearance	Clear	Clear

Chemical Examination

Glucose <small>(Method: Strip Reflectance)</small>	Negative	Negative
Protein <small>(Method: Strip Reflectance)</small>	Negative	Negative
Bilirubin (Bile) <small>(Method: Strip Reflectance)</small>	Negative	Negative
Urobilinogen <small>(Method: Ehrlichs reagent)</small>	Negative	Negative
Ketone Bodies <small>(Method: Strip Reflectance)</small>	Negative	Negative
Specific Gravity <small>(Method: Strip Reflectance)</small>	1.025	1.000 - 1.030
Blood <small>(Method: Strip Reflectance)</small>	Negative	Negative
Reaction (pH) <small>(Method: Reagent Strip Reflectance)</small>	5.5	5.0 - 8.5
Nitrites <small>(Method: Strip Reflectance)</small>	Negative	Negative
Leukocyte esterase <small>(Method: Reagent Strip Reflectance)</small>	Negative	Negative

Microscopic Examination (Microscopy)

PUS(WBC) Cells <small>(Method: Microscopy)</small>	02-04	/hpf	00-05
R.B.C. <small>(Method: Microscopic)</small>	Nil	/hpf	Nil
Epithelial Cells <small>(Method: Microscopic)</small>	03-04	/hpf	00-05
Casts <small>(Method: Microscopic)</small>	Absent		Absent
Crystals <small>(Method: Microscopic)</small>	Absent		Absent
Bacteria	Nil		Nil
Budding Yeast Cells <small>(Method: Microscopy)</small>	Nil		Absent

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.


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 Swarnabala - M
 DR.SWARNA BALA
 MD PATHOLOGY

LABORATORY TEST REPORT

Name	: Mrs. SUSHEELA		
Sample ID	: A0788154, A0788152		
Age/Gender	: 78 Years/Female	Reg. No	: 0312411060062
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 06-Nov-2024 09:03 PM
Primary Sample	: Whole Blood	Received On	: 06-Nov-2024 10:39 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 06-Nov-2024 11:13 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
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Glucose Random (RBS) **68** mg/dL 70-140
 (Method: 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

- The random blood glucose if it is above 200 mg/dL and the patient has increased thirst, polyuria, and polyphagia, suggests diabetes mellitus.
- As a rule, two-hour glucose samples will reach the fasting level or it will be in the normal range.

 **Creatinine** 0.69 mg/dL 0.55-1.02
 (Method: 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.

*** End Of Report ***



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

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LABORATORY TEST REPORT

Name	: Mrs. SUSHEELA		
Sample ID	: A0788153		
Age/Gender	: 78 Years/Female	Reg. No	: 0312411060062
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 06-Nov-2024 09:03 PM
Primary Sample	: Whole Blood	Received On	: 06-Nov-2024 10:39 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 06-Nov-2024 11:12 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Glycated Hemoglobin (HbA1c) <small>(Method: HPLC)</small>	6.0	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5
Mean Plasma Glucose <small>(Method: Calculated)</small>	125.5	mg/dL	

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 low results. Iron deficiency anemia may yield falsely high results.

*** End Of Report ***



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