










**LABORATORY TEST REPORT**

Name	: Mrs. KALAIVANI		
Sample ID	: 24202378		
Age/Gender	: 44 Years/Female	Reg. No	: 0312411100006
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Nov-2024 08:14 AM
Primary Sample	: Whole Blood	Received On	: 10-Nov-2024 02:31 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 10-Nov-2024 03:05 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report












**HAEMATOLOGY**

Test Name	Results	Units	Biological Reference Interval
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**Complete Blood Picture(CBP)**

 <b>Haemoglobin (Hb)</b> (Method: Cymeth Method)	12.7	g/dL	12-15
 <b>Haematocrit (HCT)</b> (Method: Calculated)	<b>37.7</b>	%	40-50
 <b>RBC Count</b> (Method: Cell Impedance)	4.67	10 <sup>12</sup> /L	3.8-4.8
 <b>MCV</b> (Method: Calculated)	<b>81</b>	fl	81-101
 <b>MCH</b> (Method: Calculated)	27.2	pg	27-32
 <b>MCHC</b> (Method: Calculated)	33.7	g/dL	32.5-34.5
 <b>RDW-CV</b> (Method: Calculated)	13.5	%	11.6-14.0
 <b>Platelet Count (PLT)</b> (Method: Cell Impedance)	269	10 <sup>9</sup> /L	150-410
 <b>Total WBC Count</b> (Method: Impedance)	7.9	10 <sup>9</sup> /L	4.0-10.0

**Differential Leucocyte Count (DC)**

 <b>Neutrophils</b> (Method: Cell Impedance)	67	%	40-70
 <b>Lymphocytes</b> (Method: Cell Impedance)	27	%	20-40
 <b>Monocytes</b> (Method: Microscopy)	04	%	2-10
 <b>Eosinophils</b> (Method: Microscopy)	02	%	1-6
 <b>Basophils</b> (Method: Microscopy)	00	%	1-2
 <b>Absolute Neutrophils Count</b> (Method: Impedance)	5.29	10 <sup>9</sup> /L	2.0-7.0
 <b>Absolute Lymphocyte Count</b> (Method: Impedance)	2.13	10 <sup>9</sup> /L	1.0-3.0
 <b>Absolute Monocyte Count</b> (Method: Calculated)	0.32	10 <sup>9</sup> /L	0.2-1.0
 <b>Absolute Eosinophils Count</b> (Method: Calculated)	0.16	10 <sup>9</sup> /L	0.02-0.5
 <b>Absolute Basophil ICount</b> (Method: Calculated)	0.00	10 <sup>9</sup> /L	0.0-0.3

**Morphology**  
(Method: PAPS Staining ) Normocytic normochromic



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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Nov-2024 08:14 AM
Primary Sample	: Whole Blood	Received On	: 10-Nov-2024 02:42 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP),	Reported On	: 10-Nov-2024 04:19 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 Fasting (F) 83 mg/dL 70-100

(Method: 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) 103 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

- 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.

 Creatinine 0.80 mg/dL 0.60-1.10

(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 \*\*\*



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 MD BIOCHEMISTRY

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Primary Sample	: Whole Blood	Received On	: 10-Nov-2024 02:31 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 10-Nov-2024 03:46 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>	5.7	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5
Mean Plasma Glucose <small>(Method: Calculated)</small>	116.89	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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