

LABORATORY TEST REPORT

Name	: Mr. P ARAVIND REDDY		
Sample ID	: 24202469		
Age/Gender	: 67 Years/Male	Reg. No	: 0312411130010
Referred by	: Dr. D G VENKATA RAMYA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Nov-2024 11:03 AM
Primary Sample	:	Received On	: 13-Nov-2024 12:54 PM
Sample Tested In	: Urine	Reported On	: 13-Nov-2024 06:26 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Protein - Random Urine <small>(Method: Pyrogallol Red)</small>	8.0	mg/dL	1-14
Creatinine - Random Urine <small>(Method: kinetic Jaffe reaction.)</small>	77.42	mg/dL	22-398
Protein/Creatinine Ratio <small>(Method: Calculated)</small>	0.1		< 0.20

Interpretation:

The urine protein test measures the amount of protein being excreted in the urine. Proteinuria is frequently seen in chronic diseases, such as diabetes and hypertension, with increasing amounts of protein in the urine reflecting increasing kidney damage. With early kidney damage, the affected person is often asymptomatic. As damage progresses, or if protein loss is severe, the person may develop symptoms such as edema, shortness of breath, nausea, and fatigue. Excess protein overproduction, as seen with multiple myeloma, lymphoma, and amyloidosis, can also lead to proteinuria. Creatinine, a byproduct of muscle metabolism, is normally released into the urine at a constant rate.

Microalbumin/Creatinine Ratio-Urine Random

Microalbumin-Random Urine <small>(Method: Immunosorbent assay)</small>	7.99	mg/L	Upto 30.0
Creatinine - Random Urine <small>(Method: kinetic Jaffe reaction.)</small>	77.42	mg/dL	22-398
Microalbumin : Creatinine Ratio <small>(Method: Calculated)</small>	10.32	mg/g creatinine	<30.0

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

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Primary Sample	:	Received On	: 13-Nov-2024 12:54 PM
Sample Tested In	: Urine	Reported On	: 13-Nov-2024 01:26 PM
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	HAZY	Clear

Chemical Examination

Glucose <small>(Method: Strip Reflectance)</small>	(++)	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>	6.5	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>	01-02	/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	: Mr. P ARAVIND REDDY		
Sample ID	: 24202476, 24202478, 24202475		
Age/Gender	: 67 Years/Male	Reg. No	: 0312411130010
Referred by	: Dr. D G VENKATA RAMYA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Nov-2024 11:03 AM
Primary Sample	: Whole Blood	Received On	: 13-Nov-2024 12:54 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP),	Reported On	: 13-Nov-2024 02:41 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) **193** 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) **277** 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 **1.11** mg/dL 0.70-1.30
 (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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LABORATORY TEST REPORT

Name	: Mr. P ARAVIND REDDY		
Sample ID	: 24202473		
Age/Gender	: 67 Years/Male	Reg. No	: 0312411130010
Referred by	: Dr. D G VENKATA RAMYA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Nov-2024 11:03 AM
Primary Sample	: Whole Blood	Received On	: 13-Nov-2024 12:54 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 13-Nov-2024 01:12 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>	9.5	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5
Mean Plasma Glucose <small>(Method: Calculated)</small>	225.95	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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
LABORATORY TEST REPORT

Name	: Mr. P ARAVIND REDDY		
Sample ID	: 24202475		
Age/Gender	: 67 Years/Male	Reg. No	: 0312411130010
Referred by	: Dr. D G VENKATA RAMYA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Nov-2024 11:03 AM
Primary Sample	: Whole Blood	Received On	: 13-Nov-2024 12:54 PM
Sample Tested In	: Serum	Reported On	: 13-Nov-2024 02:41 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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Lipid Profile

 Cholesterol Total (Method: CHOD-POD)	154	mg/dL	< 200
 Triglycerides-TGL (Method: GPO-POD)	135	mg/dL	< 150
 Cholesterol-HDL (Method: Direct)	51	mg/dL	40-60
 Cholesterol-LDL (Method: Calculated)	76	mg/dL	< 100
 Cholesterol- VLDL (Method: Calculated)	27	mg/dL	7-35
 Non HDL Cholesterol (Method: Calculated)	103	mg/dL	< 130
 Cholesterol Total /HDL Ratio (Method: Calculated)	3.02	%	0-4.0
 HDL / LDL Ratio	0.67		
 LDL/HDL Ratio (Method: Calculated)	1.49	%	0-3.5

The National Cholesterol Education program's third Adult Treatment Panel (ATPIII) has issued its recommendations on evaluating and treating lipid disorders for primary and secondary.

NCEP Recommendations	Cholesterol Total in (mg/dL)	Triglycerides in (mg/dL)	HDL Cholesterol (mg/dL)	LDL Cholesterol in (mg/dL)	Non HDL Cholesterol in (mg/dL)
Optimal	Adult: < 200 Children: < 170	< 150	40-59	Adult:<100 Children: <110	<130
Above Optimal	-----	-----		100-129	130 - 159
Borderline High	Adult: 200-239 Children:171-199	150-199		Adult: 130-159 Children: 111-129	160 - 189
High	Adult:>or=240 Children:>or=200	200-499	≥ 60	Adult:160-189 Children:>or=130	190 - 219
Very High	-----	>or=500		Adult: >or=190 -----	>=220

Note: LDL cholesterol cannot be calculated if triglyceride is >400 mg/dL (Friedewald's formula). Calculated values not provided for LDL and VLDL

*** End Of Report ***



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