

**LABORATORY TEST REPORT**

Name	: Mr. K RAJU		
Sample ID	: A1841919		
Age/Gender	: 56 Years/Male	Reg. No	: 0312503160001
Referred by	: Dr. G.BALA RAJU. M.D.(GENERAL MEDICINE))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Mar-2025 07:37 AM
Primary Sample	:	Received On	: 16-Mar-2025 02:42 PM
Sample Tested In	: Urine	Reported On	: 16-Mar-2025 04:33 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	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: Ehrlich's reagent)</small>	Negative	Negative
Ketone Bodies <small>(Method: Strip Reflectance)</small>	Negative	Negative
Specific Gravity <small>(Method: Strip Reflectance)</small>	1.020	1.000 - 1.030
Blood <small>(Method: Strip Reflectance)</small>	Negative	Negative
Reaction (pH) <small>(Method: Reagent Strip Reflectance)</small>	6.0	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>	03-04	/hpf	00-05
R.B.C. <small>(Method: Microscopy)</small>	Nil	/hpf	Nil
Epithelial Cells <small>(Method: Microscopy)</small>	02-03	/hpf	00-05
Casts <small>(Method: Microscopy)</small>	Absent		Absent
Crystals <small>(Method: Microscopy)</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.



\*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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 Swarnabala - M  
 DR.SWARNA BALA  
 MD PATHOLOGY

**LABORATORY TEST REPORT**

Name	: Mr. K RAJU		
Sample ID	: A1841936		
Age/Gender	: 56 Years/Male	Reg. No	: 0312503160001
Referred by	: Dr. G.BALA RAJU. M.D.(GENERAL MEDICINE))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Mar-2025 07:37 AM
Primary Sample	: Whole Blood	Received On	: 16-Mar-2025 02:42 PM
Sample Tested In	: Plasma-NaF(F)	Reported On	: 16-Mar-2025 04:29 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



**CLINICAL BIOCHEMISTRY**

**GLUCOSE FASTING**

Test Name	Results	Units	Biological Reference Interval
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Glucose Fasting (F) 87 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

\*\*\* End Of Report \*\*\*



  
DR. LAVANYA LAGISETTY  
MD BIOCHEMISTRY

**LABORATORY TEST REPORT**

Name	: Mr. K RAJU		
Sample ID	: A1841933		
Age/Gender	: 56 Years/Male	Reg. No	: 0312503160001
Referred by	: Dr. G.BALA RAJU. M.D.(GENERAL MEDICINE))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Mar-2025 07:37 AM
Primary Sample	: Whole Blood	Received On	: 16-Mar-2025 02:42 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 16-Mar-2025 03:21 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>	5.3	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5
Mean Plasma Glucose <small>(Method: Calculated)</small>	105.41	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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*Handwritten Signature*  
 DR. LAVANYA LAGISETTY  
 MD BIOCHEMISTRY









**LABORATORY TEST REPORT**

Name	: Mr. K RAJU		
Sample ID	: A1841934		
Age/Gender	: 56 Years/Male	Reg. No	: 0312503160001
Referred by	: Dr. G.BALA RAJU. M.D.(GENERAL MEDICINE))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Mar-2025 07:37 AM
Primary Sample	: Whole Blood	Received On	: 16-Mar-2025 02:42 PM
Sample Tested In	: Serum	Reported On	: 16-Mar-2025 04:29 PM
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**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Biological Reference Interval
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**Lipid Profile**

 Cholesterol Total (Method: CHOD-POD)	<b>213</b>	mg/dL	< 200
 Triglycerides-TGL (Method: GPO-POD)	124	mg/dL	< 150
 Cholesterol-HDL (Method: Direct)	45	mg/dL	40-60
 Cholesterol-LDL (Method: Calculated)	<b>143.2</b>	mg/dL	< 100
 Cholesterol- VLDL (Method: Calculated)	24.8	mg/dL	7-35
 Non HDL Cholesterol (Method: Calculated)	<b>168</b>	mg/dL	< 130
 Cholesterol Total /HDL Ratio (Method: Calculated)	<b>4.73</b>	Ratio	0-4.0
 LDL/HDL Ratio (Method: Calculated)	3.18	Ratio	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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