Dhande Pathlab
Dedicated to Excellence
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DHANDE PATHLAB DIAGNOSTICS PVT. LTD.
LABORATORY & REGISTERED ADDRESS : Chinar Apartments, Sheelavihar Colony, Opp. Paud Phata Police Station, Paud Road, Pune - 38. Phone : 2543 2950, 2545 9494, 2545 2020
94030 85417, 80802 44202, 90492 34055
Timing : 8.00 a.m. to 8.30 p.m. Sunday : 8.00 a.m. to 12.30 p.m.
Dr. Nitin L. Dhande M. D. (Path) Reg. No. 52301 Add. Reg. No. 6398
Dr. Ashish N. Dhande M. D. (Path) Reg. No. 2014/04/1752 Add. Reg. No. 3439/2017

Registration.Date	:	13/08/2024	Permanent ID No.	:	270389
Patient Name	:	**MR. SIVARAMAKRISHNAN B.A.**	Patient ID No.	:	1208795
Age / Gender	:	76 Yrs / Male	Reg Date/Time	:	13-08-2024 10:39am
Reference (Dr.)	:	SELF	Sample Coll.Date/Time	:	13-08-2024 00:00
Sample Collected	:	At Dhande Pathlab Diagnostics Pvt. Ltd.	Report Date/Time	:	13-08-2024 05:20pm

HAEMOGRAM (CBC)

Investigation		Result	Units	Reference Range
Haemoglobin	: L	**8.70**	gm/dL	13.0 - 17.0
RBC Count	: L	**2.70**	mill/cu mm	4.5 - 6.5
Haematocrit (PCV)	: L	**25.10**	%	40 - 52
MCV (Mean Corpuscular Volume)	:	93.10	fL	83 - 101
MCH (Mean Corpuscular Hb)	: H	**32.30**	pg	27 - 32
MCHC (Mean Corpuscular Hb Conc.)	:	34.70	gm/dL	32 - 36
RDW (Red cell Distribution Width)	: H	**14.3**	%	11.6 - 14.0
RBC Morphology	:	Predominantly Normocytic Normochromic.		
Total WBC (Leucocyte) Count	:	6380	/cu mm	4,000 - 11,000
Neutrophils	:	74	%	40 - 75
Lymphocytes	: L	**16**	%	20 - 40
Eosinophils	:	03	%	1 - 6
Monocytes	:	07	%	1 - 10
Basophils	:	00	%	0 - 2
Neutrophil/Lymphocyte ratio(N/L ratio) *(Calculated)*	: H	**4.63**	Ratio	1.05 - 2.67
Absolute Neutrophil Count	:	4721	/cu mm	2000 - 7000
Absolute Lymphocyte Count	:	1021	/cu mm	1000 - 3000
Absolute Eosinophil Count	:	191	/cu mm	20 - 500
Absolute Monocyte Count	:	447	/cu mm	200 - 1000
Absolute Basophil Count	:	0	/cu mm	0 - 100
Platelet Count	:	168000	/cu mm	1,50,000 - 4,50,000
MPV (Mean Platelet Volume)	:	8.1	fL	7.8 - 12.0
Platelet Remarks	:	Adequate		
PBS For Parasites	:	Malarial Parasites Not Seen		

EDTA Whole Blood - [Tests done on fully automated five part Haematology analyzer , XNL550, (Sysmex)/ BC-6800 Plus (Mindray). WBC, RBC, Platelet count by Impedance method, WBC Differential by Fluorescent Flowcytometry & other parameters are calculated.] Diffferential WBC count,Platelet Count are correlated microscopically. All abnormal Haemograms are reviewed and confirmed microscopically.

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CRP (C REACTIVE PROTEIN)

Investigation		Result	Units	Reference Range
C-Reactive Protein, Serum *(Serum, Immuno-turbidimetric method)*	: H	**22.93**	mg/L	0 to 5

COMMENTS:
1. C Reactive Protein (CRP) is the most sensitive acute phase reactant for inflammation.
2. The levels increase dramatically after severe trauma, bacterial infection, surgery & neoplastic proliferation.
3. It is most useful as an indicator of activity in Rheumatoid arthritis, Rheumatic fever, tissue injury or necrosis.
4. It is used in inflammatory disorders for monitoring course and effect of therapy. It assesses response to antibiotic treatment and differentiates between active and inactive disease forms with concurrent infection.
5. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc.

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BIOCHEMICAL TEST

Investigation		Result	Units	Reference Range
Blood Urea *(Serum, Method: Urease)*	:	35	mg/dL	17 - 49
Creatinine *(Serum, Method: Modified Jaffe)*	:	1.20	mg/dL	0.60 - 1.30
Uric Acid, Serum *(Uricase method)*	:	4.9	mg/dL	2.5 - 8.0
Calcium *(Serum, Method: Arsenozo)*	:	8.8	mg/dL	8.7 - 10.7
Sodium *(Serum, Method: ISE Indirect)*	: L	**130**	mmol/L	135 - 145
Potassium *(Serum, Method: ISE Indirect)*	:	4.3	mmol/L	3.5 - 5.3
Chloride *(Serum, Method: ISE Indirect)*	: L	**95**	mmol/L	97 - 110
REMARK	:	Serum sodium and chlorides are low. Please correlate clinically.		
Bicarbonate, Serum *(PEP-PEPC method)*	:	26.00	mMol/L	22 - 29
Bilirubin Total *(Serum, Method: Diazo)*	:	0.70	mg/dL	0.1 - 1.2
Bilirubin Direct *(Serum, Method: Diazo)*	: H	**0.61**	mg/dL	0 - 0.3
Bilirubin Indirect *(Serum, Calculated)*	:	0.09	mg/dL	
SGOT (AST), Serum *(IFCC-UV Kinetic- P5P activated)*	:	22	U/L	1 - 35
SGPT (ALT), Serum *(IFCC-UV Kinetic- P5P activated)*	:	14	U/L	1 - 45
Alkaline Phosphatase *(Serum, Method: IFCC Colorimetric)*	:	120	U/L	30 - 120
Total Proteins, Serum *(Biuret Method)*	:	6.6	gms/dL	6.4 - 8.3
Albumin, Serum *(Bromocresol Green Method)*	: L	**2.7**	gms/dL	3.5 - 5.2
Globulin, Serum *(Calculated parameter)*	:	3.90	gms/dL	1.8 - 3.9
A/G (Ratio) *(Calculated parameter)*	: L	**0.69**		0.9 - 2.0

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ALBUMIN/CREATININE RATIO (ACR) (Urine)

Investigation		Result	Units	Reference Range
Urinary Microalbumin *(Method: Nephalometry)*	:	87468.91	mcg/dL	<2000
Spot urinary Creatinine(mg/dL)	:	91.86	mg/dL	Normal human urine: >20 Diluted urine sample:6-20 Substituted Urine sample: <6
Urinary Albumin Creatinine Ratio *(Method: Calculated)*	:	952.198	mcg/mg	<30: Normal 30 - 299: Microalbuminuria >300: Overt albuminuria

NOTE:
It is recommended that at least two out of three specimens collected within a 3-6 month period be abnormal before considering a patient to be within a diagnostic category.

CLINICAL USE:
1. Early detection of Diabetic nephropathy.
2. Therapeutic monitoring of patients with Nephropathy.
3. Routine management of patients with Diabetes.

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HBA1c by HPLC

Investigation		Result	Units	Reference Range
HbA1c by HPLC *(EDTA, HPLC by Variant II Turbo, Biorad)*	:	4.8	%	Non-Diabetic : <= 5.6 Pre-Diabetic : 5.7 - 6.4 Diabetic : >=6.5 (American Diabetes Association 2018 guidelines) Refer interpretation for monitoring ranges.
Estimated Average Glucose (eAG) (Calculated)	:	91.06	mg/dL	Refer interpretation for monitoring ranges.

Interpretation and Remark :

1.HbA1c is used for monitoring diabetic control. It reflects the estimated Average Glucose(eAG).

2.HbA1c has been endorsed by ADA (American Diabetes Association) 2018, for diagnosis of diabetes using a cut-off point of 6.5%.

3.Trends in HbA1c are a better indicator of diabetic control than a solitary test.

4.In known diabetic patients, following values can be considered as a tool for monitoring glycemic control:

6.0 to 7.0 % - Excellent control
7.0 to 8.0 % - Fair to Good control
8.0 to 10.0 % - Unsatisfactory control
Above 10.0 % - Poor control.

5.Interpretation of Estimated Average Glucose in known diabetic patients:

90 to 120 - Excellent control
121 to 150 - Good control
151 to 180 - Average control
181 to 210 - Poor control.
>211 - Panic value

6.To estimate the eAG from the HbA1C value, following equation is used: eAG (mg/dl) = 28.7 x A1c - 46.7.

7. Falsely low glycated haemoglobin is often associated with systemic inflammatory diseases, haemolytic anaemia, certain haemoglobinopathies, recent blood transfusion, acute blood loss, hypertriglyceridemia, CRF and liver diseases and certain drugs causing increased erythrocyte destruction (Dapsone, Ribavirin, Antiretrovirals, Trimethoprim, Sulfamethoxazole etc), altered Hb (Hydroxyurea) or altered glycation (Vit E, Vit C, Aspirin in small doses). Clinical correlation suggested.

8.Interference of Haemoglobinopathies in HbA1c estimation - If HbF > 25% or other Homozygous or Heterozygous haemoglobinopathy is detected, HbA1c can be reported faulsely low or falsely high, an alternate platform (Fructosamine) is recommended for testing of HbA1c.

9.Inappropriately high HbA1c is caused by severe iron deficiency, Vit B12 deficiency, alcoholism, uraemia, hyperbiliruninaemia, certain drugs like Aspirin (large doses), chronic opiate use and presence of haemoglobinopathy.

Note: Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

--End Of Report--

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Bio-Rad CDM System
VII Inst. #1. SN--16397

PATIENT REPORT
V2TURBO_A1c_2.0

Patient Data

Sample ID: 1208795
Patient ID:
Name:
Physician:
Sex:
DOB:

Comments:

Analysis Data

Analysis Performed: 13/08/2024 13:09:35
Injection Number: 9548U
Run Number: 224
Rack ID: 0009
Tube Number: 1
Report Generated: 13/08/2024 13:16:33
Operator ID:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.5	0.167	28021
A1b	---	0.6	0.227	11483
F	---	2.0	0.280	38195
LA1c	---	1.8	0.405	33552
A1c	4.8	---	0.514	74099
P3	---	3.7	0.796	70534
P4	---	0.9	0.863	16265
Ao	---	85.7	0.998	1632998

Total Area: 1,905,147

HbA1c (NGSP) = 4.8 %