Patient Name	: Mr.SAI KISHORE .T
Age/Gender	: 26 Y 0 M 0 D /M
UHID/MR No	: DMHT.0000091646
Visit ID	: DMHTOPV241179
Ref Doctor	: Dr.DR.K.SRINIVASA REDDY MD.,DM.,DNB-CARDIOLOGY
IP/OP NO	: ./OPD

Collected	: 25/Feb/2022 08:45AM
Received	: 25/Feb/2022 09:08AM
Reported	: 25/Feb/2022 11:08AM
Status	: Final Report
Client Name	: HLM MAHATHMA GANDHI HOSPITAL
Patient location	: Narasaraopet,Guntur

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT (CBC) , *WHOLE BLOOD-EDTA*				
HAEMOGLOBIN	15.3	g/dL	13-17	Spectrophotometer
PCV	47.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	**6.6**	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	**72.3**	fL	83-101	Calculated
MCH	**23.2**	pg	27-32	Calculated
MCHC	32.1	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,550	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56	%	40-80	Electrical Impedance
LYMPHOCYTES	33.6	%	20-40	Electrical Impedance
EOSINOPHILS	2	%	1-6	Electrical Impedance
MONOCYTES	7.4	%	2-10	Electrical Impedance
BASOPHILS	1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5348	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	**3208.8**	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	191	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	706.7	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	95.5	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	312000	cells/cu.mm	150000-410000	Electrical impedence

MILD LYMPHOCYTOSIS

SIN No:HA03230960

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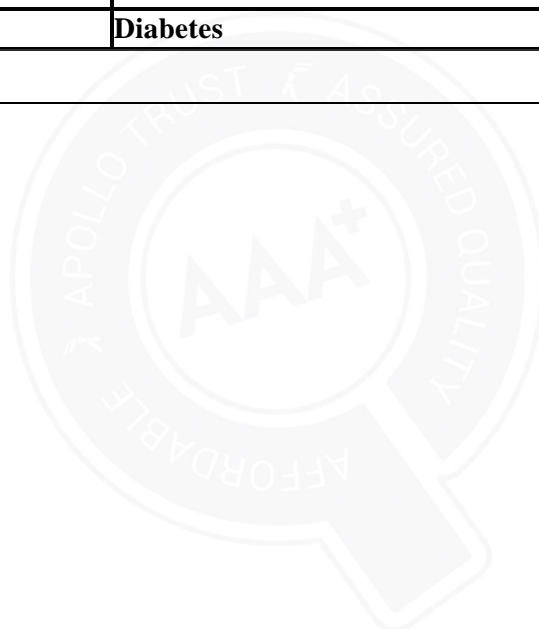| Collected	: 25/Feb/2022 08:45AM
Received	: 25/Feb/2022 08:47AM
Reported	: 25/Feb/2022 11:59AM
Status	: Final Report
Client Name	: HLM MAHATHMA GANDHI HOSPITAL
Patient location	: Narasaraopet,Guntur

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	94	mg/dL	<100	GOD - POD

Comment:

As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , *WHOLE BLOOD-EDTA*	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , *WHOLE BLOOD-EDTA*	108	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).

2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.

3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control

SIN No:BI08762286,BI08762285

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Collected	: 25/Feb/2022 08:45AM
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Status	: Final Report
Client Name	: HLM MAHATHMA GANDHI HOSPITAL
Patient location	: Narasaraopet,Guntur

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	**231**	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	134	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	**34**	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	**197**	mg/dL	<130	Calculated
LDL CHOLESTEROL	**170.2**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	**6.79**		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.
NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
HS-CRP (HIGH SENSITIVITY C-REACTIVE PROTEIN) , *SERUM*	**5.50**	mg/ L	<3	Colloidal gold

Comment:

CRP is an acute-phase protein and is useful in the detection and evaluation of infection, tissue injury, and inflammatory disorders. CRP concentrations increase rapidly and dramatically (100-fold or more) in response to tissue injury or inflammation. High-sensitivity CRP (hs-CRP) is more precise than standard CRP and enables a measure of chronic inflammation.Atherosclerosis is an inflammatory disease and hs-CRP has been endorsed by multiple guidelines as a biomarker of atherosclerotic cardiovascular disease risk.

Recommendation by the U.S. Centers for Disease Control and Prevention, and the American Heart Association for assessment of risk for cardiovascular disease in adults-

CARDIOVASCULAR DISEASE RISK	hs-CRP (mg/L)
Low	< 1.0
Average	1.0 – 3.0
High	> 3.0 – 10.0
Possible another source of inflammation/infection	> 10.0

This hs-CRP assay should be used as a means to assess risk of cardiovascular disease or events. A different CRP test (CRP / C-Reactive Protein, Serum) should be used to monitor or assess other inflammatory disorders.

*** End Of Report ***

DR. R. KEERTHI REDDY
M.B.B.S, MD
Consultant Pathologist

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