VIJAYA DIAGNOSTIC CENTRE®

Plot No.2A, Street No. 1, Kakateeya Nagar, Habsiguda, Hyderabad, Telangana 500007

TEST REPORT

Name	: **Mr. P RAMESH KUMAR**	Registered on	: 29-Apr-2023 08:39
Age/Gender	: **52 Years / Male**	Collected on	: 29-Apr-2023 08:45
Registration ID	: **230180025105**	Released on	: 29-Apr-2023 15:02
Ref. By	: Dr. P YALLAMANDA RAO, Dr. CGHS - ON PAYMENT	Printed on	: 29-Apr-2023 15:43
Sample Type	: Serum	Regn Centre	: **A S Rao Nagar - 18**

CREATININE

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Creatinine	: 0.8	mg/dL	0.7 - 1.2

Method: Jaffe Kinetic IDMS traceable

Interpretation / Comments :

- Useful in the diagnosis of renal insufficiency and is more specific and sensitive indicator of renal disease than BUN.
- Use of simultaneous BUN and creatinine levels provide more information in the diagnosis of renal insufficiency.

MC-2657

Dr. AYESHA TAHSEEN ANWARI
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CONSULTANT BIOCHEMISTRY
Registration No.: 39915

* Suggested Clinical Correlation, If Necessary Kindly Discuss with signatory

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	TEST REPORT	

Name	: **Mr. P RAMESH KUMAR**	Registered on	: 29-Apr-2023 08:39
Age/Gender	: **52 Years / Male**	Collected on	: 29-Apr-2023 08:45
Registration ID	: **230180025105**	Released on	: 29-Apr-2023 14:45
Ref. By	: Dr. P YALLAMANDA RAO, Dr. CGHS - ON PAYMENT	Printed on	: 29-Apr-2023 15:43
Sample Type	: Whole Blood - EDTA	Regn Centre	: **A S Rao Nagar - 18**

GLYCATED HAEMOGLOBIN (HbA1C)

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycated Haemoglobin	: 4.9	%	Non Diabetic : < 5.6 Pre - Diabetic Range : 5.7 - 6.4 Diabetic Range : >/= 6.5

Method: High performance liquid chromatography

Interpretation / Comments:

- Glycated hemoglobin is proportional to mean plasma glucose level during previous 6-12 weeks.
- Values may not be comparable with different methodologies and even different laboratories using same methodology.
- Perform A1c at least twice annually in diabetes patients to ascertain meeting of goals.
- Perform A1c test quarterly in diabetes patients whose therapy has changed and who are not meeting goals.
- Recommended goal of A1c is < 7%.
- ADA guidelines 2022.

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Sample Type	: Whole Blood - EDTA	Regn Centre	: **A S Rao Nagar - 18**

GLYCATED HAEMOGLOBIN (HbA1C)

Bio-Rad CDM System
VII Inst. #1. SN- 15813

PATIENT REPORT
V2TURBO_A1c_2.0

Patient Data

Sample ID:	2230180025105
Patient ID:	2230180025105
Name:	P RAMESH KUMAR
Physician:	
Sex:	M
DOB:	

Analysis Data

Analysis Performed:	29/04/2023 14:13:31
Injection Number:	4180
Run Number:	82
Rack ID:	
Tube Number:	9
Report Generated:	29/04/2023 14:19:59
Operator ID:	

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	0.9	0.156	16084
A1b	---	1.3	0.221	22489
F	---	0.6	0.270	11279
LA1c	---	1.7	0.414	31313
A1c	4.9	---	0.532	81657
P3	---	3.5	0.809	62941
P4	---	1.3	0.882	22837
Ao	---	86.1	0.991	1544813

Total Area: 1,793,415

HbA1c (NGSP) = 4.9 %
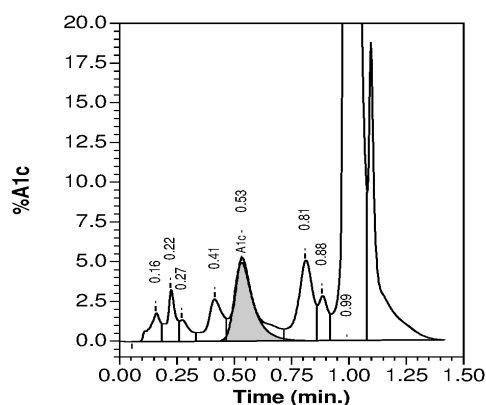
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TEST REPORT

Name	: **Mr. P RAMESH KUMAR**	Registered on	: 29-Apr-2023 08:39
Age/Gender	: **52 Years / Male**	Collected on	: 29-Apr-2023 11:42
Registration ID	: **230180025105**	Released on	: 29-Apr-2023 15:28
Ref. By	: Dr. P YALLAMANDA RAO, Dr. CGHS - ON PAYMENT	Printed on	: 29-Apr-2023 15:43
Sample Type	: Fluoride Plasma	Regn Centre	: **A S Rao Nagar - 18**

POST LUNCH GLUCOSE

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Post Lunch Glucose *Method: Hexokinase*	: 102	mg/dL	Normal : 100 - 140 Impaired Glucose Tolerance : 141 - 199 Diabetes : >/= 200

Interpretation / comments:

• ADA guidelines (2022) are adopted for the evaluation of diabetic status.

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Age/Gender	: **52 Years / Male**	Collected on	: 29-Apr-2023 08:45
Registration ID	: **230180025105**	Released on	: 29-Apr-2023 15:00
Ref. By	: Dr. P YALLAMANDA RAO, Dr. CGHS - ON PAYMENT	Printed on	: 29-Apr-2023 15:43
Sample Type	: Serum	Regn Centre	: **A S Rao Nagar - 18**

LIPID PROFILE

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Serum Status	: Clear		
Triglycerides *Method: Glycerol Phosphate Oxidase (GPO), Peroxidase (POD)*	: **153**	mg/dL	Desirable level : < 150 Borderline : 150 - 199 High : 200 - 499 Very High : > / = 500
Total Cholesterol *Method: Cholesterol Oxidase Peroxidase (CHOD-POD)*	: **245**	mg/dL	Desirable : < 200 Borderline high : 200 - 239 High : > / = 240
LDL Cholesterol *Method: Calculated*	: **162**	mg/dL	Optimal : < 100 Near optimal : 100 - 129 Borderline high : 130 - 159 High : 160 - 189 Very high : > 190
HDL Cholesterol *Method: Enzymatic Immunoinhibition*	: 52	mg/dL	Desirable level : > 60 Optimal : 40 - 59 Undesriable : < 40
VLDL Cholesterol *Method: Calculation*	: **31**	mg/dL	< 30
Total Cholesterol / HDL Cholesterol Ratio *Method: Calculation*	: 4.7		Low risk : 3.3 - 4.4 Average risk : 4.5 - 7.1 Moderate risk : 7.2 - 11.0
LDL Cholesterol / HDL Cholesterol Ratio *Method: Calculation*	: 3.1		Desirable level : 0.5 - 3.0 Borderline risk : 3.0 - 6.0 High risk : > 6.0

Interpretation / Comments :

- • Lipid profile is a panel of blood tests that serves as an initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases.

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Registration ID	: **230180025105**	Released on	: 29-Apr-2023 14:11
Ref. By	: Dr. P YALLAMANDA RAO, Dr. CGHS - ON PAYMENT	Printed on	: 29-Apr-2023 15:43
Sample Type	: Serum	Regn Centre	: **A S Rao Nagar - 18**

THYROID PROFILE

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T3 Total	: 1.03	ng/mL	0.60 - 1.81
Method: Chemiluminiscence Immunoassay			
T4 Total	: 8.00	µg/dL	3.2 - 12.6
Method: Chemiluminiscence Immunoassay			
TSH - Ultrasensitive	: 4.120	µIU/mL	0.55 - 4.78
Method: Chemiluminiscence Immunoassay			

Interpretation / Comments :

- Patient preparation is particularly important for hormone studies, results of which may be markedly affectedby many factors such as stress, position, fasting state, time of the day, preceding diet and drug therapy.
- The levels of T3 helps in the diagnosis of T3 thyrotoxicosis and monitoring the course of hyperthyroidism.T3 is not recommended for diagnosis of hypothyroidism as decreased values have minimal clinical significance.
- Values below the lower limits can be caused by a number of conditions including non-thyroidal illness, acute and chronic stress and hypothyroidism.
- Elevated level of T4 are seen in hyperthyroidism, pregnancy, euthyroid patients with increased serum thyroxine binding globulin.
- Decreased levels are noted in hypothyroidism, hypoproteinemia, euthyroid sick syndrome, decrease in thyroxine binding globulin.
- TSH levels are increased in primary hypothyroidism, insufficient thyroid hormone replacement therapy,Hashimotos thyroiditis, use of amphetamines, dopamine antagonists, iodine containing agents, lithium and iodine induced or deficiency goiter.
- Decreased levels of TSH may be seen in graves disease, toxic multinodular goitre, thyroiditis, excessivetreatment with thyroid hormone replacement and central hypothyroidism.

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Registration ID	: **230180025105**	Released on	: 29-Apr-2023 13:53
Ref. By	: Dr. P YALLAMANDA RAO, Dr. CGHS - ON PAYMENT	Printed on	: 29-Apr-2023 15:43
Sample Type	: Fluoride Plasma	Regn Centre	: **A S Rao Nagar - 18**

FASTING PLASMA GLUCOSE

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Fasting Plasma Glucose *Method: Hexokinase*	: 94	mg/dL	Normal : 70 - 100 Impaired Fasting Glucose : 101 - 125 Diabetes : >/=126

Interpretation / Comments :

• ADA guidelines (2022) are adopted for the evaluation of diabetic status.

MC-2657

[signature]

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----------------- End of Report ------------------

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