

Flat No 1, Western Court

Navi Peth, Pune-411030

Tel No: 919921827182

PID: 1108457

Ref.:Dr.KULKARNI SANDEEP S MD(MED),DNB

SID: 125018291

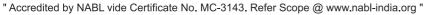
Collection Date: 29-04-2025 07:41 AM Registration Date: 29-04-2025 07:41 am Report Date: 29-04-2025 04:14 PM

REPORT Age:59.04 Years Sex:MALE

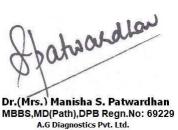
Complete Blood Count (EDTA Whole Blood)	Result	Biological Reference Interval		
Hemoglobin (Hb), EDTA whole blood	<u>11.00</u>	13.2 - 16.6 g/dL		
Method: Photometry				
Total Leucocytes (WBC) count	5,000	4000-10000/μL		
Method : Coulter Principle / Microscopy				
Platelet count	<u>50,000</u>	150000 to 410000 /µL		
Method : Coulter Principle / Microscopy				
Red blood cell (RBC) count	<u>3.56</u>	4.35 - 5.65 x 10^6 /μL		
Method: Coulter Principle				
PCV (Packed Cell Volume)	<u>31.90</u>	38.30 - 48.60 %		
Method: Calculated				
MCV (Mean Corpuscular Volume)	89.50	78.2 - 97.9 fL		
Method: Derived from RBC histogram				
MCH (Mean Corpuscular Hb)	30.80	27.0 - 32.0 pgms		
Method: Calculated				
MCHC (Mean Corpuscular Hb Conc.)	34.40	31.5 - 34.5 g/dL		
Method: Calculated				
RDW (RBC distribution width)	<u>16.00</u>	11.8 - 14.5 %		
Method: Derived from RBC Histogram				
MPV (Mean Platelet Volume)	9.40	7.4 - 11.4 fL		
Method: Derived from Plate let Histogram				
WBC Differential Count (Method: VCSn / Microscopy / Calculated)				

WBO Binererkiar Count (metriod: VCCII7 Micro	Jacopy / Galculated/	
Neutrophils	71	40 - 80 %
Absolute Neutrophils	3,550	2000 - 7000 /μL
Eosinophils	2	1 - 6 %
Absolute Eosinophils	100	20 - 500 /μL
Basophils	0	0 - 2 %
Absolute Basophils	0	0 - 100 /µL
Lymphocytes	<u>16</u>	20 - 40 %
Absolute Lymphocytes	<u>800</u>	1000 - 3000 /μL
Monocytes	<u>11</u>	2 - 10 %
Absolute Monocytes	550	200 - 1000 /μL
-	+	

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Complete Blood Count Findings

R.B.C. : Mild anisocytosis.

W.B.C. : No abnormality detected

Platelets : Moderate reduction.

Remark : ON FOLLOW UP.

.SUGGESTED CLINICAL CORRELATION & FOLLOW UP.

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Dr.(Mrs.) Manisha S. Patwardhan MBBS,MD(Path),DPB Regn.No: 69229 A.G Diagnostics Pvt. Ltd.

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Dr. Awanti Golwilkar



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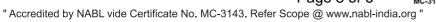
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Test Description	Observed	Biological Reference Interval
<u>Liver Function Test :</u>		
Bilirubin-Total, serum by Diazo method	<u>2.36</u>	0.10 - 1.20 mg/dL Neonates : Upto 15.0 mg/dL
Bilirubin-Conjugated, serum by Diazo method	0.74	Upto 0.5 mg/dL
Bilirubin-Unconjugated, serum by calculation	<u>1.62</u>	0.1 to 1.0 mg/dL
SGOT (AST), serum by Enzymatic method	21	>or= 14 years : 8 - 48 U/Lt
SGPT (ALT), serum by Enzymatic Method	12	7 to 55 U/Lt
Alkaline Phosphatase, serum by pNPP-kinetic	101	Adult Male: (Unit: U/Lt.) 15 - < 17 years: 82 - 331 17 - < 19 years: 55 - 149 > or = 19 years: 40 - 129
Protein (total), serum by Biuret method	7.70	6.4 to 8.3 g/dL
Albumin, serum by Bromocresol green method	3.20	3.5 to 5.0 g/dL
Globulin, serum by calculation	<u>4.50</u>	2.3 - 3.5 g/dL
On follow up.	XX	

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REPORT

Age:59.04 Years Sex: MALE

Test Description

Glycated Hemoglobin (HbA1C), by HPLC

Estimated Average Glucose (eAG)

123

5.9

Observed Value

mg/dL

4.0 to 5.6 %

Biological Reference Interval

Sample: EDTA Whole Blood

Interpretation:

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.

For diagnosis of Diabetes Mellitus (>/= 18 yrs of age) :

5.7 % - 6.4 %: Increased risk for developing diabetes.

>/= 6.5 % : Diabetes

Therapeutic goals for glycemic control:

Adults: < 7%

Toddlers and Preschoolers: < 8.5% (but > 7.5%)

School age (6-12 yrs): < 8%

Adolescents and young adults (13 - 19 yrs): < 7.5 %

The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia. Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients. In patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC), HbA1c cannot be quantitated as there is no HbA. In such circumstances glycemic control needs to be monitored using alternative methods like plasma glucose levels or serum Fructosamine.

Estimated Average Glucose (eAG):

- 1. eAG is an estimated average of blood glucose level over previous 8-12 weeks.
- 2. HbA1C and eAG have a linear relationship.
- 3. The eAG is not a substitute for fasting and post prandial blood sugar measurements as prescribed by your physician or home blood glucose monitoring.

Ref: American Diabetes Association (Standards of Medical Care in Diabetes - 2025)



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Test Description	Observed Value	Biological Reference Interval
Plasma Glucose :		

Plasma glucose fasting, by Hexokinase method **79** < 100 mg/dL

100 to 125 mg/dL: Impaired fasting glucose tolerance / Prediabetes >/= 126 mg/dL : Suggestive of

diabetes mellitus

(On more than one occasion) For pregnant Female : < 95 mg/dL American Diabetes Association

Guidelines 2025

Plasma glucose post prandial, by Hexokinase method 141 < 140 mg/dL

> 140 to 199 mg/dL: Impaired glucose tolerance / Prediabetes >/= 200 mg/dL : Suggestive of

diabetes mellitus

(On more than one occasion) American Diabetes Association

Guidelines 2025

Clinical Chemistry

Urea, serum by GLDH-urease	18	17 to 49 mg/dL
Creatinine, serum by Jaffe w/o deproteinization	0.80	0.6 to 1.2 mg/dL
Sodium, serum by ISE Indirect	<u>133.00</u>	136 to 145 mmol/Lt
Potassium, serum by ISE Indirect	4.60	3.50 to 5.10 mmol/Lt
Chloride, serum by ISE Indirect	107.00	98 to 107 mmol/Lt

Coagulation

Prothrombin Time, Citrated Plasma - Patient value 16.00 10.00 - 12.70 Secs



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Observed Value Biological Reference Interval

Coagulation:

Test Description

Prothrombin time - Control value 11.30 Secs

INR Value 0.85 - 1.15 (ISI : 1.05)

TEST DONE ON: AUTOMATED BLOOD COAGULATION ANALYZER, CA- 600 SERIES, SYSMEX CORP., JAPAN.
PHOTO OPTICAL CLOT DETECTION METHOD.

End of Report



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