

TRIDENT DIAGNOSTICS®

LAB | IMAGING | CONSULTATIONS | HEALTH CARE

A Unit of Trident Diagnostics and Healthcare Pvt. Ltd. • NABL Accredited Laboratory - MC-2251 • NABH Accredited

A subsidiary of MEDGENOME

#313, 2nd Main, Jagajyothi Nagar,
80 Feet Outer Ring Road, Kanchanpura Cross Bus Stop,
Next to VSS Intl. School, Nagadevanahalli, Bengaluru - 560 066
Contact: 080-2848 4252, www.tridentdiagnostics.com

NAME : Mrs. SUNITHA R
GENDER : Female
REFERRED BY :
REF CENTER : APOORVA DIAGNOSTIC PATH LAB GBD
AGE : 40 Years

VISIT ID : 24030009318
DATE OF REGISTRATION : 09-Jan-2024 16:18
DATE OF COLLECTION : 09-Jan-2024 16:18
DATE OF REPORT : 09-Jan-2024 18:09
REF NO. :

TEST PARAMETER

LABORATORY TEST REPORT

| RESULT | UNIT | REFERENCE RANGE | SAMPLE TYPE |
|--------|------|-----------------|-------------|
|--------|------|-----------------|-------------|


CLINICAL BIOCHEMISTRY

THYROID PROFILE

| | | | | |
|--|------|--------|---|-------|
| T3 -TOTAL Method : ECLIA | 0.82 | ng/ml | 0.80 - 2.0 | Serum |
| T4 -TOTAL Method : ECLIA | 7.30 | ug/dl | 5.1 - 14.1 | |
| TSH (Ultra Sensitive) Method : ECLIA | 3.31 | uIU/mL | 0.40 - 4.20 First Trimester:0.1-2.5* Second & Third Trimester:0.2-3.0* *American Thyroid Association trimesterspecific | |

Processed By : AUTO

----- End Of Report -----


Rajkumar R,
MSc Biochemistry
Biochemist



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| CLINICAL BIOCHEMISTRY | | | | |
| TOTAL IRON Method: Ferrozine | 31 | ug/dl | 50 - 170 | Serum |

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
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
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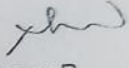
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| CLINICAL BIOCHEMISTRY | | | | |
|  VITAMIN B12 Method : ECLIA | 298 | pg/ml | 110-800 | Serum |

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

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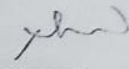
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|----------------|--------|------|-----------------|-------------|

CLINICAL BIOCHEMISTRY

| | | | | |
|--|-----|-------|--|-------|
|  TOTAL VITAMIN D Method : ECLIA | 6.1 | ng/ml | Deficiency:<10 Insufficiency: 10-30 Sufficiency:30-100 Toxicity: >100 | Serum |
|--|-----|-------|--|-------|

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| CLINICAL BIOCHEMISTRY | | | | |
| URIC ACID Uricase-POD | 3.49 | mg/dl | 2.4 - 5.7 | Serum |
| CALCIUM (SERUM) Method : NM-BAPTA | 8.92 | mg/dl | 8.6 - 10.3 | Serum |

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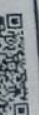
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| CLINICAL BIOCHEMISTRY | | | | |
| LIPID PROFILE | | | | |
| CHOLESTEROL TOTAL <small>MC-2251 Method : CHOD-POD</small> | 140 | mg/dl | 200-239: Borderline >240: Elevated <200: Normal | Serum |
| TRIGLYCERIDES <small>MC-2251 Method : GPO/PAF</small> | 80 | mg/dl | <150: Normal 151-200: Borderline 201-499: High >500: Very High | |
| HDL CHOLESTEROL <small>MC-2251 Method: Direct</small> | 37 | mg/dl | >55 No Risk 35-55 Moderate Risk <35 High Risk | |
| LDL CHOLESTEROL <small>MC-2251 Method: Direct</small> | 87 | mg/dl | <100: Optimal 101-129: Near/Above Optimal 130-159: Borderline 160-189: High >190: Very High | |
| VLDL CHOLESTEROL <small>MC-2251 Method: Derived</small> | 16 | mg/dl | 7.0-40.0 | |
| LDL/HDL RATIO <small>MC-2251 Method : Calculated</small> | 2.4 | | 0.0-3.5 | |
| CHOL/HDL RATIO <small>MC-2251 Method : Calculated</small> | 3.8 | | 0.0-4.5 | |

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"JAI GURU DATTAHTRAYA"

ADPL Apoorva Hospital

POORVA DIAGNOSTIC PATH

Haematological, Biochemical & Serological Clinical Laboratory
Abhilash Layout, Gowribidanur-561 208. Mob : 7760661984, 861
Venkatesh Kamath K., D.M.L.T., BSc. M.L.T. BTEC(HNC) Franklins Reg. No. 2

DATE: 2024-01-05
TIME: 10:22
RUN#: 2
P-ID/C-ID: 3
LOT#: 10224713
SN: 20043864
HbA1c 5.5 %

AME : Mrs. Sunitha .R.
EF.BY DR. : Self

AGE : 40Years
DA
SE

INVESTIGATIONS

| ST NAME | RESULTS | UNITS | NORMAL RANGE |
|---------|---------|-------|--------------|
|---------|---------|-------|--------------|

BLOOD BIOCHEMISTRY

| | | | |
|-----------------------|-----|-------|------------|
| Fasting Blood Glucose | 79 | mg/dl | 60 to 110 |
| Serum Creatinine | 0.7 | mg/dl | 0.6 to 1.2 |

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists, N-acetylcysteine, chemotherapeutic agent such as flucytosine etc...

| | | |
|------------------------------------|-----|---|
| GLYCOSYLATED HEMOGLOBIN (HbA1c) | 5.5 | % |
|------------------------------------|-----|---|

BIOLOGICAL REFERENCE RANGE

<= 5.6 % - NORMAL
5.7 - 6.4 % - PREDIABETES
>= 6.5 % - DIABETES

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %.

| | | |
|--|-----|-------|
| Estimated Average Glucose (EAG) [Calculated from HbA1c] | 111 | mg/dl |
|--|-----|-------|

Method : This HbA1c Test Method was done by BORONATE AFFINITY ASSAY.

INTERPRETATION: Comments HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations. Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values. Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.