Patient	: **MEERAN**	SID No.	: **104042544**
Age / Sex	: 58 Y / Male	Reg Date & Time	: 25/05/2025 08:52:20
Referrer	: Dr. HOME COLLECTION	Coll Date & Time	: 25/05/2025 12:04:53
Branch	: HOME COLLECTION CHN	Report Date & Time	: 25/05/2025 15:31:37

Final Test Report

INVESTIGATION / METHOD	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
HAEMATOLOGY			
COMPLETE LIVER FUNCTION TEST(LFT)			
PROTHROMBIN TIME (PT)			
TEST (Specimen: CITRATE PLASMA)	**17**	Seconds	11.0-15.0
CONTROL (Specimen: CITRATE PLASMA)	13.8	Seconds	
ISI (Specimen: CITRATE PLASMA)	1.07		
INR (Specimen: CITRATE PLASMA)	1.27		
Activated partial thromboplastin time(APTT)			
TEST (Specimen: CITRATE PLASMA)	**45**	Seconds	22-35
CONTROL (Specimen: CITRATE PLASMA)	31		
BIOCHEMISTRY.			
Glycosylated HbA1c. (HPLC)			
HbA1c (Specimen: EDTA WHOLE BLOOD)	**8.8**	%	Non-Diabetic Level: < 5.7% Pre Diabetic :5.7-6.4% Diabetic Level :>=6.5% Goal :7.0%
Notes : ADA (American Diabetes Association) guidelines on diagnosis of Diabetes Mellitus			
Mean Blood Glucose Level (Specimen: EDTA WHOLE BLOOD)	205.9	mg/dL	

The A1C test results reflects your average blood sugar level for the past two to three months.It is a better reflection of how well your diabetes treatment plan is working overall.
A committee of experts from the American Diabetes Association recommend that the A1C test be the primary test used to diagnose prediabetes, type 1 diabetes and type 2 diabetes.

BIOCHEMISTRY			
AMYLASE (Method : Direct Substrate) (Specimen: SERUM)	79.0	U/L	28 - 100

Patient	: **MEERAN**	SID No.	: **104042544**
Age / Sex	: 58 Y / Male	Reg Date & Time	: 25/05/2025 08:52:20
Referrer	: Dr. HOME COLLECTION	Coll Date & Time	: 25/05/2025 12:04:53
Branch	: HOME COLLECTION CHN	Report Date & Time	: 25/05/2025 15:31:37

Final Test Report

INVESTIGATION / METHOD	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
LIPASE (Method : Turbidimetric U. V) (Specimen: SERUM)	**69.0**	U/L	6-51
COMPLETE LIPID PROFILE			
CHOLESTEROL (Method : Cholesterol Oxidase,esterase,Peroxidase) (Specimen: SERUM)	158.0	mg/dL	Desirable :<200 Boderline high :200-239 High :>240
Notes : NCEP (National Cholesterol Education Program) ATP III guidelines			
HDL CHOLESTEROL (Method : Direct) (Specimen: SERUM)	52.0	mg/dL	40-60
Notes : NCEP (National Cholesterol Education Program) ATP III guidelines			
LDL CHOLESTEROL (Method : Direct) (Specimen: SERUM)	101	mg/dL	Optimal :<100 Near Optimal/above Optimal:100-129 Borderline high :132-159 High :159-189 VeryHigh :>190
Notes : NCEP (National Cholesterol Education Program) ATP III guidelines; May 2001			
TRIGLYCERIDES (Method : Lipase/Glycerol Dehydrogenase) (Specimen: SERUM)	**164.0**	mg/dL	Normal :<150 mg/dl Borderline high:150-199 mg/dl High :200-499 mg/dl very high :>500 mg/dl
Notes : NCEP (National Cholesterol Education Program) ATP III guidelines			
VLDL CHOLESTEROL (Method : Calculation) (Specimen: SERUM)	**32.8**	mg/dL	<30
Notes : NCEP (National Cholesterol Education Program) ATP III guidelines; May 2001			
Non-HDL Cholesterol (Method : Calculation) (Specimen: SERUM)	107.0	mg/dL	<130
Notes : NCEP (National Cholesterol Education Program) ATP III guidelines			
CHO / HDL RATIO (Method : Calculation) (Specimen: SERUM)	3.1	Ratio	Optimal<3.5 Goal <5.0
LDL/HDL RATIO (Specimen: SERUM)	2.0	Ratio	1.5-3.5
Notes : NCEP (National Cholesterol Education Program) ATP III guidelines			

Patient	: **MEERAN**	SID No.	: **104042544**
Age / Sex	: 58 Y / Male	Reg Date & Time	: 25/05/2025 08:52:20
Referrer	: Dr. HOME COLLECTION	Coll Date & Time	: 25/05/2025 12:04:53
Branch	: HOME COLLECTION CHN	Report Date & Time	: 25/05/2025 15:31:37

Final Test Report

INVESTIGATION / METHOD	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
TGL/HDL Ratio (Method : Calculated) (Specimen: SERUM)	**3.2**	Ratio	Ideal :<2.0 High Risk :>4.0 Very high risk:6.0

Notes : NCEP (National Cholesterol Education Program) ATP III guidelines

APOLIPOPROTEIN B / A1 RATIO.
(Nephelometry)

APOLIPOPROTEIN A1 (Method :Nephelometry) (Specimen: SERUM)	**133.7**	mg/dL	>115
APOLIPOPROTEIN B (Method :Nephelometry) (Specimen: SERUM)	67.2	mg/dL	
APOLIPOPROTEIN B/A1 RATIO (Specimen: SERUM)	0.50		0.35-1.0

Diet containing simple sugars, saturated fats, and trans-fats, refined grains(eg, white rice, white bread) and alcohol will increase triglyceride levels .Hence if the nonfasting triglycerides are more than 200 mg/dL, a fasting lipid profile is recommended within a month.

COMPLETE LIVER FUNCTION TEST(LFT)

BILIRUBIN TOTAL (Method : Diazo) (Specimen: SERUM)	**1.78**	mg/dL	0.1-1.2

Notes : Mayo Clinical Laboratories published reference intervals.

BILIRUBIN DIRECT (Method : Diazo) (Specimen: SERUM)	**0.51**	mg/dL	0-0.3

Notes : Mayo Clinical Laboratories published reference intervals.

BILIRUBIN INDIRECT (Method : Diazo) (Specimen: SERUM)	**1.27**	mg/dL	0.1 - 0.9

Notes : Mayo Clinical Laboratories published reference intervals.

Aspartate aminotransferase(AST/SGOT) (Method : IFCC) (Specimen: SERUM)	26.0	U/L	5 - 35

Notes : RCPA (royal college of pathologists of australasia) Hamonized reference intervals for chemical pathology

Alanine aminotransferase(ALT/SGPT) (Method : IFCC) (Specimen: SERUM)	23.0	U/L	5 - 40

Notes : RCPA (royal college of pathologists of australasia) Hamonized reference intervals for chemical pathology

Patient	: **MEERAN**	SID No.	: **104042544**
Age / Sex	: 58 Y / Male	Reg Date & Time	: 25/05/2025 08:52:20
Referrer	: Dr. HOME COLLECTION	Coll Date & Time	: 25/05/2025 12:04:53
Branch	: HOME COLLECTION CHN	Report Date & Time	: 25/05/2025 15:31:37

Final Test Report

INVESTIGATION / METHOD	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
ALKALINE PHOSPHATASE (Method : AMP) (Specimen: SERUM)	76.0	U/L	56-119
Notes : RCPA (royal college of pathologists of australasia) Hamonized reference intervals for chemical pathology			
GAMMA GT (Method : Glutamyltransferase) (Specimen: SERUM)	44.0	U/L	5 -50
Notes : RCPA (royal college of pathologists of australasia) Hamonized reference intervals for chemical pathology			
TOTAL PROTEIN (Method : Biuret) (Specimen: SERUM)	7.14	g/dl	6-8
Notes : RCPA (royal college of pathologists of australasia) Hamonized reference intervals for chemical pathology			
GLOBULIN (Method : Calculation) (Specimen: SERUM)	2.53	g/dl	2.3-3.5
Notes : RCPA (royal college of pathologists of australasia) published manual for reference intervals.			
A/G RATIO (Specimen: SERUM)	1.8	Ratio	0.8-2.0
Notes : RCPA (royal college of pathologists of australasia) published manual for reference intervals.			
AST/ALT (Method : Calculated) (Specimen: SERUM)	1.1	%	1 - 1.19
Notes : RCPA (royal college of pathologists of australasia) Hamonized reference intervals for chemical pathology			
ALBUMIN (Method : Bromocresol Green(BCG)) (Specimen: SERUM)	**4.61**	g/dl	3.2-4.5
Notes : RCPA (royal college of pathologists of australasia) Hamonized reference intervals for chemical pathology			
RENAL PROFILE(RFT or KFT)			
UREA (Method : Urease) (Specimen: SERUM)	27.0	mg/dL	17-51
Notes : RCPA (royal college of pathologists of australasia) & Mayo Clinical Laboratories published reference intervals.			
CREATININE (Method : Creatinine amidohydrolase) (Specimen: SERUM)	1.0	mg/dL	0.7 - 1.3
Notes : RCPA (royal college of pathologists of australasia) Hamonized reference intervals for chemical pathology			

Patient	: **MEERAN**	SID No.	: **104042544**
Age / Sex	: 58 Y / Male	Reg Date & Time	: 25/05/2025 08:52:20
Referrer	: Dr. HOME COLLECTION	Coll Date & Time	: 25/05/2025 12:04:53
Branch	: HOME COLLECTION CHN	Report Date & Time	: 25/05/2025 15:31:37

Final Test Report

INVESTIGATION / METHOD	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
URIC ACID (Method : Uricase) (Specimen: SERUM)	5.0	mg/dL	3.6-7.5

Notes : RCPA (royal college of pathologists of australasia) published manual for reference intervals.

End of the Report

Dr.Mrs.A.VENU ANAND MD.,
Pathologist