Processing Location : H.No:- 6-2-301 & 302, Pinjarla Street, Near Vijaya Talkies Road, Hanmakonda, Telangana-506001
Email: warangal@luciddiagnostics.com

Reg. Date	: 22-08-2022 12:43	Sample Collection	: 11-Jun-2020 06:03
Name	: **Mr.P KUNCHI BABU**	Print Date	: 22/08/2022 01:48 PM
UMR#	: UMR0239270	Age / Gender	: **50 Y(s)**
Ref.By	: M V REDDY MBBS	Reg. Centre	: Visakapatnam
Sample Type	:	Ref no.	:

Department of CLINICAL BIOCHEMISTRY

Creatinine, Serum

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
Creatinine,Serum *Method : Modified Jaffe Kinetic*	0.85	0.67-1.77 mg/dL

Reference : Beckman kit Insert.
Note

Impression

Advised

Urea, Serum

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
Blood Urea *Method : GLDH Kinetic*	19.9	17-43 mg/dL

Reference : Beckman kit Insert.
Note

Impression

Advised

Lipid Profile

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
Total Cholesterol *Method : CHOD-POD*	215	Desirable: < 200 Borderline: 200 – 239 High: >= 240 mg/dL

Reference: The National Cholesterol Education Program Adult Treatment Panel III (NCEP-ATP III) Guidelines.

HDL Cholesterol *Method : Enzymatic Immunoinhibition*	21	Major risk factor for heart disease: < 40 Negative risk factor for heart disease: > 60 mg/dL
LDL Cholesterol *Method : Calculation*	171.40	Optimal : < 100 Near Optimal : 100–129 Borderline High : 130-159 High : 160–189 Very Highy : > 190 mg/dL
VLDL *Method : Calculated*	22.60	6-38 mg/dL
Triglycerides *Method : Glycerol Phosphate Oxidase (GPO), Peroxidase (POD)*	113	Normal: < 150 Borderline High: 150 - 199 High: 200 - 499 Very High: >= 500 mg/dL
CHOL / HDL Ratio	10.24	3.5-5.0

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Method : Calculation

LDL Cholesterol *Method : Enzyme Inhibition & Chod-Pod*		Optimal below: 100 Near optimal: 100-129 Borderline: 130-159 High :160-189 Very High: >=190 mg/dL
Non - HDL Cholesterol *Method : Calculated*	194.00	<130 mg/dL
LDL/HDL Ratio *Method : Calculated*	8.16	1.3-3.5 mg/dL

Note

Impression

Advised

Liver Function Test (LFT)

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
Total Bilirubin *Method : DPD*	0.84	0.3-1.2 mg/dL
References: Beckman kit Insert and Tietz fundamentals of clinical chemistry		
Direct Bilirubin *Method : DPD*	0.09	<0.2 mg/dL
Indirect Bilirubin *Method : Calculated*	0.75	0.0-0.8 mg/dL
SGPT / ALT *Method : IFCC without Pyridoxal Phosphate*	64.8	0-50 U/L
AST/SGOT *Method : IFCC without Pyridoxal Phosphate*	36	0-50 U/L
Alkaline Phosphatase *Method : IFCC AMP-Buffer*	64	30-120 IU/L
Total Protein (TP) *Method : Biuret*	8.12	6.6-8.3 g/dL
Albumin *Method : Bromocresol Green(BCG)*	4.67	3.5-5.2 g/dL
Globulin *Method : Calculation*	3.5	1.8-3.8 g/dL
A/G Ratio *Method : Calculation*	1.3	0.9-1.8

Note

Impression

Advised

Electrolytes, Serum

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
Sodium, Serum	144.9	136-146 mMol/L

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Method : ISE Indirect

Reference: Teitz Text Book of Clinical Chemistry.

Potassium, Serum *Method : ISE Indirect*	4.25	3.5-5.1 mMol/L
Chlorides, Serum *Method : ISE Indirect*	100.5	101-109 mMol/L

Note

Advised

Impression

Glucose, Fasting (FBS)

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
Fasting Plasma Glucose *Method : Hexokinase*	98	Normal : 70 - 100 Prediabetes :100-125 Diabetic : >/=126 mg/dL

Interpretation:

Criteria for diagnosis of Diabetes mellitus.

FPG >/=126 mg/dL, Fasting is defined as no caloric intake for atleast 8 hours.

Remarks:

Fasting hypoglycemia may be observed in persons taking certain diabetes medications, antibiotics and alcoholic beverages. Additionally intestinal disorders, endocrine disorders, insulin surge, nature of diet, reduced food intake than usual and stress are among several other factors. Please correlate clinically.

Reference: American Diabetes association guidelines 2021.

Note

Impression

Advised

Glycosylated Hb (HbA1C)

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hb (HbA1C) *Method : High-performance Iiquid chromatography (HPLC)*	6.2	Normal:<5.7 Prediabetes:5.7-6.4 Diabetes:≥6.5 %

Use:

HbA1C reflects the mean blood glucose concentration over the previous 3-4 months.

Interpretation:

Criteria for diagnosis of Diabetes:

HbA1C >/= 6.5% using method that is NGSP certified & standardised to DCCT Assay.

Note:

Low HbA1C values(<4%) in a individual are often associated with systemic inflammatory diseases,chronic anemia,chronic renal failure and liver diseases.

Reference: American Diabetes Association guidelines 2022.

Estimated Average Glucose	131.24	mg/dL

Note

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Impression

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*****End of the Report*****

Dr.T Sudha Vani MD
Consultant Microbiologist

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Department of CLINICAL PATHOLOGY

Complete Urine Examination (CUE)

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
PHYSICAL EXAMINATION:		
Colour	Pale yellow	STRAW TO YELLOW
Appearance	Clear	
Reaction (pH) *Method : Methyl Red & Bromothymol Blue*	Acidic 6.5	5.0-8.0
Specific Gravity *Method : pKA Change*	1.015	1.000-1.030
Protein / Albumin *Method : Tetrabromophenol blue*	Negative	NEGATIVE
Glucose / Sugar *Method : Glucose oxidase/Peroxidase*	Negative	NEGATIVE
Blood *Method : Peroxidase*	Negative	NEGATIVE
Ketones *Method : Sodium Nitroprusside*	Negative	NEGATIVE
Bilirubin *Method : Dichloroanilinediazonium*	Negative	NEGATIVE
Leucocytes *Method : 3 hydroxy5 phenylpyrrole + diazonium*	Negative	NEGATIVE
Nitrites *Method : Diazonium + 1,2,3,4 tetrahydrobenzo (h) quinolin 3-ol*	Negative	NEGATIVE
Urobilinogen *Method : Dim ethyl aminobenzaldehyde*	0.9	0.2-1.0 mg/dL
MICROSCOPIC EXAMINATION:		
Pus Cells	3-4	0-5 /HPF
Epithelial Cells	2-3	0-5 /HPF
RBC	Absent	Absent /HPF
Casts	Absent	Absent
Crystals / Amorphous deposit	Absent	Absent
Others		Nil
Note		

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Impression

Advised

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Department of HAEMATOLOGY

Complete Blood Picture (CBP)

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
Hemoglobin	14.9	13.0-17.0 g/dL

Method : Non-Cyanide Photometric Measurement

Reference : Dacie and Lewis Practical Hematology,12th Edition

Note : These results are generated by a fully automated hematology analyzer and the differential count is done on a peripheral smear.

Method:

Fully automated haematology analyzer (Beckman Coulter DxH 800) (Photometric Measurement, Electrical Impedance, VCS Technology, Leishman&