TEST REPORT
TEST REPORT

36170118218

Mr. LAWRENCE KOFI ADDEA
Tel No : 123
PID NO: P36170018065
Age: 47 Year(s) Sex: Male

Reference: Dr.GILEAD MEDICAL
Sample Collected At:
Ghana

VID: 36170118218
Registered On:
22/11/2017 04:47 PM
Collected On:
22/11/2017 10:17PM
Reported On:
23/11/2017 08:24 AM

HbA1C- Glycated Haemoglobin, blood by IronExchange

(EDTA Blood,Turbidimetric Immunoassay)

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1C- Glycated Haemoglobin	5.6	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5
Estimated Average Glucose (eAG)	6.31	mmol/L	

Interpretation & Remark:

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: eAG(mg/dl) = 28.7*A1c-46.7
6. Interference of Haemoglobinopathies in HbA1c estimation.
   A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
   B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
   C. Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .

Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

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Bsc.Biomedical Scientists

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Investigation	Observed Value	Unit	Biological Reference Interval
Cardiac Injury Profile-Mini			
SGOT (AST) (Serum,Enzymatic)	29	U/L	0-40
LDH-Lactate Dehydrogenase (Serum)	240	U/L	0-250
CPK-Creatinine Phospho Kinase (Serum,Enzymatic)	114	U/L	24-170

Interpretation : The major sources of CPK activity are skeletal muscle, myocardium & brain. CPK levels are useful for diagnosing and monitoring of myocardial infraction (MI) and myopathies such as progessive Duchenne muscular dystrophy.Exercise and muscle trauma can elevate CPK values. Presence of Macro CK may elevate CPK levels.

CK-MB (MB fraction of Creatnine Kinase) (Serum)	21.00	U/L	0-25

1) The quantitation of CK-MB levels in serum is used as an aid in the diagnosis of myocardial injury.
2) Other condition causing elevated CK-MB levels include skeletal muscle trauma,dermatomyositis,Duschenne's muscular dystrophy,Reye's syndrom,rhabdomyolysis, drug overdoses,delirium tremens, or chronic alcohol poisoning.

Troponin-I (Serum,ELFA)	2.20	ng/L	< 25 Please note changes in Reference range , Unit and Method

Interpretation :

- The current high-sensitivity troponin (hsTn) assay can detect low levels upto 0.003 μg/L (3 ng/L). (Following are the conversion factors- Concentration in pg/ml x 0.001= µg/L, Concentration in pg/ml x1.0 =ng/L)
- Reporting in many decimal point placements causes confusion and potentially can lead to misinterpretations, hence it has been recommended (IFCC2014) that the results are expressed in whole numbers by using ng/L as the unit of measurement.
- The high tissue specificity of cTnI measurements is beneficial for identifying cardiac injury in clinical conditions involving skeletal muscle injury resulting from surgery, trauma, extensive exercise, or muscular disease.
- Highly sensitive troponin (cTn) assay allows earlier detection of acute Myocardial Infarction (MI), with shortening of time window for serial measurement to 3 hours. Serial sampling to detect the temporal rise and fall of cTnI levels is recommended for the differentiation of acute cardiac events from chronic cardiac disease. STAT High Sensitive Troponin-I results should be used in conjunction with other information such as ECG, clinical observations, and symptoms, etc.
- Elevated troponin levels may be indicative of myocardial injury associated with heart failure, myocarditis, arrhythmias & other causes like chronic renal disease, pulmonary embolism.

Reference: hs Troponin I IFCC November 2014.

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METROPOLIS
The Pathology Specialist

INNER HEALTH REVEALED

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Investigation	Observed Value	Unit	Biological Reference Interval
Troponin-T, (Qualitative) (Whole Blood,Immunochromatography)	Negative		Negative

Interpretation:

- Below 0.10 ng/mL: Negative- REPEAT TEST in 4-6 hours if clinically indicated.
- Above 0.10 ng/mL: Positive (>99th percentile): Consistent with acute myocardial infraction.
- NB: NACB and ACC/AHA guidelines recommend at least one cardiac troponin concentration value greater than 99th percentile during the first 24 hours of onset of symptoms to confirm acute myocardial infarction.

-- End of Report --

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