

:April 13, 2023, 9:06 a.m.

:April 13, 2023, 9:06 a.m.

:April 13, 2023, 9:06 a.m.

:Maintaned

:Final Report

## DEPARTMENT OF LAB

Test Name	Service Name	Range	value	units
HBA1C				
1	HbA1c	10-50	11	%

## REMARKS

1. HbA1c is used for monitoring diabetic control. It reflects the mean plasma glucose over three months
  2. HbA1c may be falsely low in diabetics with hemolytic disease. In these individuals a plasma fructosamine level may be used which evaluates diabetes over 15 days.
  3. Inappropriately low HbA1c values may be reported due to hemolysis, recent blood transfusion, acute blood loss, hypertriglyceridemia, chronic liver disease. Drugs like dapsone, ribavirin, antiretroviral drugs, trimethoprim, may also cause interference with estimation of HbA1c, causing falsely low values.
  4. HbA1c may be increased in patients with polycythemia or post-splenectomy.
  5. Inappropriately higher values of HbA1c may be caused due to iron deficiency, vitamin B12 deficiency, alcohol intake, uremia, hyperbilirubinemia and large doses of aspirin.
  6. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
  7. Any sample with >15% HbA1c should be suspected of having a hemoglobin variant, especially in a non-diabetic patient. Similarly, below 4% should prompt additional studies to determine the possible presence of variant hemoglobin.
  8. HbA1c target in pregnancy is to attain level <6 % .
  9. HbA1c target in paediatric age group is to attain level < 7.5 %.
- Method : Ion-exchange high-performance liquid chromatography (HPLC). Reference : American Diabetes Associations. Standards of Medical Care in Diabetes 2015 Patient Name : Santosh Singh 5746962245 Age/Gender : 44/Male Order Id : 5746962245 Referred By : Self Customer Since : 26/Jun/2022 Sample Type : Whole Blood EDTA Barcode : H6139052 Sample Collected On : 26/Jun/2022 06:43AM Sample Received On : 26/Jun/2022 09:43AM Report Generated On : 26/Jun/2022

12:24PM Sample Temperature : Maintained ReportStatus : Final Report DEPARTMENT OF  
BIOCHEMISTRY HBA1C Test Name Value

Name :  
Dep : ,

<b>Patient Name</b>	:MOKHA VIPUL CHHOTULAL	<b>Barcode</b>	
<b>Age/Gender</b>	17Y/Male	<b>Sample Collected On</b>	:April 13, 2023, 9:07 a.m.
<b>Order ID</b>	:OP2223890993	<b>Sample Received On</b>	:April 13, 2023, 9:07 a.m.
<b>Refer By</b>	:AAA	<b>Report Generated On</b>	:April 13, 2023, 9:07 a.m.
<b>Costomer Since</b>	:April 12, 2023, 3 p.m.	<b>Sample Tempreture</b>	:Maintaned
<b>Sample Type</b>	:100ML	<b>Report Status</b>	:Final Report

## DEPARTMENT OF LAB

Test Name	Service Name	Range	value	units
URINE ROUTINE				
1	COL LT(color)	10-50	59	%
2	CLA( appearance )	10-50	11	%
3	RBC'S	10-50	11	%
4	Blood	10-50	1	%
5	Epithelial Cells	10-50	11	%
6	Bilirubin (BIL)	10-50	11	%
7	Urobilirubin( URO )	10-50	11	%
8	Ketones( KET )	10-50	11	%
9	Protein( PRO )	10-50	11	%
10	Nitrites( NIT )	10-50	11	%
11	Glucose( GLU )	10-50	11	%
12	pH	10-50	11	%
13	Specific gravity ( SG )	10-50	11	%
14	Leukocyte esterase( LEU )	10-50	11	%

The main indication for testing for glucose in urine is detection of unsuspected diabetes mellitus or follow-up of known diabetic patients. Renal glycosuria accounts for 5% of cases of glycosuria in general population. Proteinuria can be seen in nephrotic syndrome, pyelonephritis, heavy metal poisoning, tuberculosis of kidney, interstitial nephritis, cystinosis, Fanconi syndrome, rejection of kidney transplant. Hemodynamic proteinuria is transient and can be seen in high fever, hypertension, heavy exercise, congestive cardiac failure, seizures, and exposure to cold. Post-renal proteinuria is caused by inflammatory or neoplastic conditions in renal pelvis, ureter, bladder, prostate, or urethra. Ketonuria can be seen in uncontrolled Diabetes mellitus with ketoacidosis, Glycogen storage disorder, starvation, persistent vomiting in children, weight reduction program, fever in children, severe thyrotoxicosis, pregnancy and protein calorie malnutrition. Presence of bilirubin in urine indicates conjugated hyperbilirubinemia (obstructive or hepatocellular jaundice). Bile salts along with bilirubin can be detected in urine in cases of obstructive jaundice. Normally about 0.5-4 mg of urobilinogen is excreted in urine in 24 hours. Therefore, a small amount of urobilinogen is normally detectable in urine. Increased urobilinogen in urine can be seen due to hemolysis, megaloblastic anemia and haemorrhage in tissues. Decreased urobilinogen can be seen in obstructive jaundice, reduction of intestinal bacterial flora, neonates and following antibiotic treatment. The presence of abnormal number of intact red blood cells in urine is called as hematuria. It implies presence of a bleeding lesion in the urinary tract. Hematuria can be seen in glomerular diseases like Glomerulonephritis, Berger's disease, lupus nephritis, Henoch-Schonlein purpura, non glomerular diseases like Calculus, tumor, infection, tuberculosis, pyelonephritis, hydronephrosis, polycystic kidney disease, trauma, after strenuous physical exercise, diseases of prostate

Proteus, Klebsiella, etc.) are present in urine, they will reduce the nitrates to nitrites through the action of bacterial enzyme nitrate reductase. As E. coli is the commonest organism causing urinary tract infection, this test is helpful as a screening test for urinary tract infection. Some organisms like Staphylococci or Pseudomonas do not reduce nitrate to nitrite and therefore in such infections nitrite test is negative. Leucocyte esterase test detects esterase enzyme released in urine from granules of leucocytes. Thus the test is positive in pyuria.



Technician Name; NAIROBI ADMIN KUMAR



Name :  
Dep : ,

## Disclaimer

### DISCLOSURE OF TEST RESULTS

**If we communicate your result to you in writing (by mail or electronically), know that, unless otherwise required by law**

1. the laboratory test results have already been, or are simultaneously being communicated to the ordering/referring provider authorized by law to order and use the results of laboratory tests;
2. **THE COMMUNICATION SHOULD NOT BE VIEWED AS MEDICAL ADVICE AND IS NOT MEANT TO REPLACE DIRECT COMMUNICATION WITH A PHYSICIAN OR OTHER HEALTH SERVICE PURVEYOR;** and
- 3.**All** inquiries regarding the meaning or interpretation of the test results should be made to the ordering/referring healthcare provider.