Patient Name **Mr CH.SATYANARAYANA**

Age : 50 Year(s) Gender : Male

Sample ID	:1524952 - NaF Fasting
Patient ID	:641523
Ref. Doctor	:
Ref. Customer	:

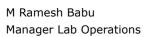|	
Lab Code	:CPC-AP-113
Sample Drawn Date	:2022-04-26 09:22
Registration Date	:2022-04-26 09:23
Approved Date	:2022-04-26 09:56

CLINICAL BIOCHEMISTRY

Test Description	Result	Units	Biological Reference Ranges
Glucose-Fasting (FBS) *(Method: Spectrophotometry)*	**198**	mg/dL	70 - 100 - Normal 100 - 126 - Pre Diabetic > 126 - Diabetic

M Ramesh Babu
Manager Lab Operations

Dr. Mallika Boyapati MD
Consultant Pathologist

Patient Name   **Mr CH.SATYANARAYANA**

Age : 50 Year(s) Gender : Male

Sample ID	:1524953 - Serum
Patient ID	:641523
Ref. Doctor	:
Ref. Customer	:

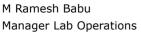|	
Lab Code	:CPC-AP-113
Sample Drawn Date	:2022-04-26 09:22
Registration Date	:2022-04-26 09:23
Approved Date	:2022-04-26 11:37

CLINICAL BIOCHEMISTRY

Test Description	Result	Units	Biological Reference Ranges
Lipid Profile			
Cholesterol - Total *(Method: Spectrophotometry)*	184	mg/dL	<200 - Desirable 200-239 - Borderline risk >240 - High risk
Cholesterol - HDL *(Method: Spectrophotometry)*	**38**	mg/dL	< 40 : Low 40 - 60 : Optimal > 60 : Desirable
Triglycerides (TGL) *(Method: Spectrophotometry)*	**212**	mg/dL	< 150 : Normal 150 – 199 : Borderline-High 200 – 499 : High > 500 : Very High
Cholesterol - LDL *(Method: Spectrophotometry)*	104	mg/dL	< 100 : Normal 100 - 129 : Desirable 130 – 159 : Borderline-High 160 – 189 : High > 190 : Very High
Cholesterol - VLDL *(Method: Calculation)*	**42.4**	mg/dL	7-40
Total Cholesterol/HDL ratio *(Method: Calculation)*	4.8	Ratio	0.0-5.0
LDL / HDL Ratio *(Method: Calculation)*	2.7	Ratio	0.0-3.5

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1524953

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Age : 50 Year(s) Gender : Male

Sample ID	:1524953 - Serum	Lab Code	:CPC-AP-113
Patient ID	:641523	Sample Drawn Date	:2022-04-26 09:22
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CLINICAL BIOCHEMISTRY

Test Description	Result	Units	Biological Reference Ranges
Thyroid Profile I			
T3-Total, Tri Iodothyronine (TT3) *(Method: Chemiluminescence)*	118.47	ng/dL	60 - 200
T4-Total, Thyroxine (TT4) *(Method: Chemiluminescence)*	6.9	µg/dL	4.6 - 10.5
Thyroid Stimulating Hormone, (TSH) *(Method: Ultrasensitive Chemiluminescence TSH3rd generation)*	**8.48**	µIU/mL	0.37-5.50

Thyroid Function Test Interpretation

The thyroid gland is not functioning properly due to one of a variety of disorders, then increased or decreased amounts of thyroid hormones may result. When TSH concentrations are increased, the thyroid will make and release inappropriate amounts of T4 and T3 and the person may experience symptoms associated with hyperthyroidism. If there is decreased production of thyroid hormones, the person may experience symptoms of hypothyroidism.
The following table summarizes some examples of typical test results and their potential meaning.

TSH	Total T4	Total T3	Conditions
Normal	Normal	Normal	None
Low	High	High	Hyperthyroidism
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or normal	Hypothyroidism
Low	Normal	Normal	Mild (Subclinical) hyperthyroidism
Low	High or normal	High or normal	Hyperthyroidism
Low	Low or normal	Low or normal	pituitary (secondary) hypothyroidism
Normal	High	High	Thyroid hormone resistance syndrome

Note:
- The above test results alone are not diagnostic but will prompt a health practitioner to perform additional testing to investigate the cause of the excess or deficiency and thyroid disorder. As examples, the most common cause of hyperthyroidism is Graves disease and the most common cause of hypothyroidism is Hashimoto thyroiditis.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

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Age : 50 Year(s) Gender : Male

Sample ID	:1524954 - WB EDTA	Lab Code	:CPC-AP-113
Patient ID	:641523	Sample Drawn Date	:2022-04-26 09:22
Ref. Doctor	:	Registration Date	:2022-04-26 09:23
Ref. Customer	:	Approved Date	:2022-04-26 12:58

CLINICAL BIOCHEMISTRY

Test Description	Result	Units	Biological Reference Ranges
HbA1c (Glycated Haemoglobin)			
(Method: HPLC)			
Glycated Haemoglobin (A1c)	**7.2**	%	< 5.7 : Non Diabetic
			5.7 - 6.4 : Pre-Diabetic
			> 6.5 : Diabetic
Estimated average glucose (eAG)	159	mg/dL	70 - 136

INTERPRETATION

Reference Group	HbA1c in %
Non diabetic adults >=18 years	< 5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: < 7.5

HbA1c (%)	Mean Plasma Glucose (mg/dL)
4	68
5	97
6	126
7	154
8	183
9	212
10	240
11	269
12	298

Note:
1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

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.

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Patient Name **Mr CH.SATYANARAYANA**

Age : 50 Year(s) Gender : Male

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HEMATOLOGY

Test Description	Result	Units	Biological Reference Ranges
Complete Blood Count (CBC)			
(Method: Coulter)			
Hemoglobin	13.6	g/dL	13.0-17.0
RBC COUNT	4.63	mil/µL	4.5 - 5.5
Hematocrit (HCT)	**39.2**	%	40-54
Platelet	2.33	lakh/Cumm	1.50 - 4.50
MCV	84.8	fl	83 - 101
MCH	29.3	pg	27-32
MCHC	34.6	g/dL	31.5 - 34.5
RDW - CV	13.9	%	11.5 - 14.5
Total WBC Count	4760	cells/Cumm	4000 - 11000
Neutrophils	51	%	40 - 75
Lymphocytes	40	%	20 - 40
Eosinophils	04	%	0 - 6
Monocytes	05	%	2 - 10
Basophils	00	%	0 - 1

B Ashok
Manager Technical

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