





Patient Name: MR. SUFIYAN FAROOQUI

DOB/Age/Gender: 30 years (Male)

Mobile No. : Patient ID : 27752
Nationality : Indian



Referral: Dr. dr najam siddiqui

Source: Medicare lab

Sample Collected: Oct 01, 2022, 12:42 p.m. Sample Received: Oct 01, 2022, 12:43 p.m. Approved Date: Oct 01, 2022, 10:11 p.m.

Sample ID :

Test Description Value(s) Reference Range

GlycatedHaemoglobin(HbA1c)

Glyco Hb (HbA1C) 6.5

Non-Diabetic: <=5.6 Pre Diabetic:5.7-6.4

Diabetic: >=6.5

Estimated Average Glucose: 139.85 mg/dL

Interpretations

- 1. HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%
- 2. Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- 3. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.

Excellent control-6-7 %
Fair to Good control – 7-8 %
Unsatisfactory control – 8 to 10 %

Poor Control – More than 10 %

END OF REPORT

Dr.S.N.Tripathi M.D.Pathology Reg. No. 2000/04/1994

HIGH-PERFORMANCE DIAGNOSTIC CENTER

Flat No.106, (B) SNO.169(PT) Nr. Unit No.26, Aarey Milk Colony, Goregaon (E), Mumbai - 400065. Mo. 9082985986 ● Email : highperformancediagnostic@gmail.com







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ThyroidStimulatingHormone(TSH)

TSH Ultra*

µIU/mL

New born - 4days :1.0 - 39.0

2 - 20wk : 1.7 - 9.1 21wk - 20yr: 0.7 - 6.4 Adults 21yr - 54yr : 0.4 - 4.2 55yr - 87yr : 0.5 - 8.9

1. Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night.

- 2. Useful for: Screening for thyroid dysfunction and detecting mild (subclinical), as well as overt, primary hypo- or hyperthyroidism in ambulatory patients.
- 3. Monitoring patients on thyroid replacement therapy.
- 4. Confirmation of thyroid-stimulating hormone (TSH) suppression in thyroid cancer patients on thyroxine suppression therapy.

1.94

5. Prediction of thyrotropin-releasing hormone-stimulated TSH response.

END OF REPORT

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