Dr. Vinay Chopra
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Dr. Yugam Chopra
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NAME	**: Mr. ARVIND AHUJA**		
AGE/ GENDER	: 53 YRS/MALE	**PATIENT ID**	: 1435248
COLLECTED BY	: SURJESH	**REG. NO./LAB NO.**	**: 012407130056**
REFERRED BY	: CENTRAL PHOENIX CLUB (AMBALA CANTT)	**REGISTRATION DATE**	: 13/Jul/2024 12:35 PM
BARCODE NO.	: 01513068	**COLLECTION DATE**	: 13/Jul/2024 12:49PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 13/Jul/2024 12:55PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

HAEMATOLOGY

HAEMOGLOBIN (HB)

HAEMOGLOBIN (HB) ***by CALORIMETRIC***	**10.5L**	**gm/dL**	**12.0 - 17.0**

INTERPRETATION:-

Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the bodys tissues and returns carbon dioxide from the tissues back to the lungs.
A low hemoglobin level is referred to as ANEMIA or low red blood count.

ANEMIA (DECRESED HAEMOGLOBIN):

1) Loss of blood (traumatic injury, surgery, bleeding, colon cancer or stomach ulcer)
2) Nutritional deficiency (iron, vitamin B12, folate)
3) Bone marrow problems (replacement of bone marrow by cancer)
4) Suppression by red blood cell synthesis by chemotherapy drugs
5) Kidney failure
6) Abnormal hemoglobin structure (sickle cell anemia or thalassemia).

POLYCYTHEMIA (INCREASED HAEMOGLOBIN):

1) People in higher altitudes (Physiological)
2) Smoking (Secondary Polycythemia)
3) Dehydration produces a falsely rise in hemoglobin due to increased haemoconcentration
4) Advanced lung disease (for example, emphysema)
5) Certain tumors
6) A disorder of the bone marrow known as polycythemia rubra vera,
7) Abuse of the drug erythropoetin (Epogen) by athletes for blood doping purposes (increasing the amount of oxygen available to the body by chemically raising the production of red blood cells).

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

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Test Name	Value	Unit	Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE POST PRANDIAL (PP)

GLUCOSE POST PRANDIAL (PP): PLASMA *by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)*	**152.5^{H}**	**mg/dL**	**NORMAL: < 140.00** **PREDIABETIC: 140.0 - 200.0** **DIABETIC: > 0R = 200.0**

INTERPRETATION

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A post-prandial plasma glucose level below 140 mg/dl is considered normal.
2. A post-prandial glucose level between 140 - 200 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.
3. A post-prandial plasma glucose level of above 200 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients. A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.

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IRON PROFILE

Test Name	Value	Unit	Biological Reference interval
IRON: SERUM *by FERROZINE, SPECTROPHOTOMETRY*	92.1	µg/dL	59.0 - 158.0
UNSATURATED IRON BINDING CAPACITY (UIBC) :SERUM *by FERROZINE, SPECTROPHOTOMETERY*	222.01	µg/dL	150.0 - 336.0
TOTAL IRON BINDING CAPACITY (TIBC) :SERUM *by SPECTROPHOTOMETERY*	314.11	µg/dL	230 - 430
%TRANSFERRIN SATURATION: SERUM *by CALCULATED, SPECTROPHOTOMETERY (FERENE)*	29.32	%	15.0 - 50.0
TRANSFERRIN: SERUM *by SPECTROPHOTOMETERY (FERENE)*	223.02	mg/dL	200.0 - 350.0

INTERPRETATION:-

VARIABLES	*ANEMIA OF CHRONIC DISEASE*	*IRON DEFICIENCY ANEMIA*	*THALASSEMIA α/β TRAIT*
SERUM IRON:	Normal to Reduced	Reduced	Normal
TOTAL IRON BINDING CAPACITY:	Decreased	Increased	Normal
% TRANSFERRIN SATURATION:	Decreased	Decreased < 12-15 %	Normal
SERUM FERRITIN:	Normal to Increased	Decreased	Normal or Increased

IRON:
1.Serum iron studies is recommended for differential diagnosis of microcytic hypochromic anemia.i.e iron deficiency anemia, zinc deficiency anemia,anemia of chronic disease and thalassemia syndromes.
2. It is essential to isolate iron deficiency anemia from Beta thalassemia syndromes because during iron replacement which is therapeutic for iron deficiency anemia, is severely contra-indicated in Thalassemia.

TOTAL IRON BINDING CAPACITY (TIBC):
1.It is a direct measure of protein transferrin which transports iron from the gut to storage sites in the bone marrow.

% TRANSFERRIN SATURATION:
1.Occurs in idiopathic hemochromatosis and transfusional hemosiderosis where no unsaturated iron binding capacity is available for iron mobilization. Similar condition is seen in congenital deficiency of transferrin.

*** End Of Report ***

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