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NAME	: Mrs. ARTI PRASAD	PATIENT ID	: 1708221
AGE/ GENDER	: 31 YRS/FEMALE	REG. NO./LAB NO.	: 012412250020
COLLECTED BY	: SURJESH	REGISTRATION DATE	: 25/Dec/2024 10:04 AM
REFERRED BY	: LOOMBA HOSPITAL (AMBALA CANTT)	COLLECTION DATE	: 25/Dec/2024 10:11AM
BARCODE NO.	: 01522969	REPORTING DATE	: 25/Dec/2024 03:13PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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HAEMATOLOGY

GLYCOSYLATED HAEMOGLOBIN (HbA1C)

GLYCOSYLATED HAEMOGLOBIN (HbA1c): WHOLE BLOOD <i>by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)</i>	4.5	%	4.0 - 6.4
ESTIMATED AVERAGE PLASMA GLUCOSE <i>by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)</i>	82.45	mg/dL	60.00 - 140.00

INTERPRETATION:


AS PER AMERICAN DIABETES ASSOCIATION (ADA):


REFERENCE GROUP	GLYCOSYLATED HEMOGLOBIN (HbA1C) in %
Non diabetic Adults \geq 18 years	< 5.7
At Risk (Prediabetes)	$5.7 - 6.4$
Diagnosing Diabetes	≥ 6.5
Therapeutic goals for glycemic control	Age > 19 Years
	Goals of Therapy: < 7.0
	Actions Suggested: > 8.0
	Age < 19 Years
	Goal of therapy: < 7.5

COMMENTS:

- Glycosylated hemoglobin (HbA1c) test is three monthly monitoring done to assess compliance with therapeutic regimen in diabetic patients.
- Since Hb1c reflects long term fluctuations in blood glucose concentration, a diabetic patient who has recently under good control may still have high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
- 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.
- High HbA1c ($> 9.0 - 9.5\%$) is strongly associated with risk of development and rapid progression of microvascular and nerve complications.
- Any condition that shortens RBC life span like acute blood loss, hemolytic anemia falsely lowers HbA1c results.
- HbA1c results from patients with HbSS, HbSC and HbD must be interpreted with caution, given the pathological processes including anemia, increased red cell turnover, and transfusion requirement that adversely impact HbA1c as a marker of long-term glycemic control.
- Specimens from patients with polycythemia or post-splenectomy may exhibit increase in HbA1c values due to a somewhat longer life span of the red cells.




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CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE TOLERANCE TEST MODIFIED (AFTER 75 GMS OF GLUCOSE)

GLUCOSE FASTING (F): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)	74.83	mg/dL	NORMAL: < 100.0 PREDIABETIC: 100.0 - 125.0 DIABETIC: > OR = 126.0
GLUCOSE AFTER 60 MINS: PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)	84.89	mg/dL	60.0 - 180.0
GLUCOSE AFTER 120 MINS: PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)	72.04	mg/dL	60.0 - 160.0

Interpretation: (In accordance with the American diabetes association guidelines):


This test is recommended for patients who have tested positive in the screening OGT (50 gram OGT) or in patients who are deemed to be at high risk of developing gestational diabetes. An 8-14 hour fasting is mandatory for initiation of this test.


For this test, a fasting sample is followed by two more samples drawn at 1 hour and 2 hours after ingestion of 75 grams of glucose.

The American diabetes group recommendations suggest that gestational diabetes be diagnosed when one or more of the plasma glucose values are:

Time	Unit	Blood Sugar level
Fasting	mg/dl	>=95
1 hour	mg/dl	>=180
2 hour	mg/dl	>=155




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LIVER FUNCTION TEST (COMPLETE)

BILIRUBIN TOTAL: SERUM <i>by DIAZOTIZATION, SPECTROPHOTOMETRY</i>	0.35	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (CONJUGATED): SERUM <i>by DIAZO MODIFIED, SPECTROPHOTOMETRY</i>	0.12	mg/dL	0.00 - 0.40
BILIRUBIN INDIRECT (UNCONJUGATED): SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	0.23	mg/dL	0.10 - 1.00
SGOT/AST: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	26.7	U/L	7.00 - 45.00
SGPT/ALT: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	28.9	U/L	0.00 - 49.00
AST/ALT RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	0.92	RATIO	0.00 - 46.00
ALKALINE PHOSPHATASE: SERUM <i>by PARA NITROPHENYL PHOSPHATASE BY AMINO METHYL PROPANOL</i>	144.68^H	U/L	40.0 - 130.0
GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM <i>by SZASZ, SPECTROPHOTOMETRY</i>	29.25	U/L	0.00 - 55.0
TOTAL PROTEINS: SERUM <i>by BIURET, SPECTROPHOTOMETRY</i>	6.7	gm/dL	6.20 - 8.00
ALBUMIN: SERUM <i>by BROMOCRESOL GREEN</i>	4.28	gm/dL	3.50 - 5.50
GLOBULIN: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	2.42	gm/dL	2.30 - 3.50
A : G RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	1.77	RATIO	1.00 - 2.00

INTERPRETATION


NOTE:- To be correlated in individuals having SGOT and SGPT values higher than Normal Reference Range.


USE:- Differential diagnosis of diseases of hepatobiliary system and pancreas.

INCREASED:

DRUG HEPATOTOXICITY	> 2
ALCOHOLIC HEPATITIS	> 2 (Highly Suggestive)
CIRRHOSIS	1.4 - 2.0
INTRAHEPATIC CHOLESTASIS	> 1.5
HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS	> 1.3 (Slightly Increased)




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DECREASED:


1. Acute Hepatitis due to virus, drugs, toxins (with AST increased 3 to 10 times upper limit of normal)
2. Extra Hepatic cholestasis: 0.8 (normal or slightly decreased).

PROGNOSTIC SIGNIFICANCE:

NORMAL	< 0.65
GOOD PROGNOSTIC SIGN	0.3 - 0.6
POOR PROGNOSTIC SIGN	1.2 - 1.6




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CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC EXAMINATION

PHYSICAL EXAMINATION

QUANTITY RECEIVED	10	ml	
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
COLOUR	PALE YELLOW		PALE YELLOW
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
TRANSPARANCY	HAZY		CLEAR
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
SPECIFIC GRAVITY	1.02		1.002 - 1.030
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			


CHEMICAL EXAMINATION


REACTION	ALKALINE		
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
PROTEIN	Negative		NEGATIVE (-ve)
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
SUGAR	Negative		NEGATIVE (-ve)
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
pH	7.5		5.0 - 7.5
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
BILIRUBIN	Negative		NEGATIVE (-ve)
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
NITRITE	Negative		NEGATIVE (-ve)
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
UROBILINOGEN	Normal	EU/dL	0.2 - 1.0
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
KETONE BODIES	Negative		NEGATIVE (-ve)
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
BLOOD	Negative		NEGATIVE (-ve)
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			
ASCORBIC ACID	NEGATIVE (-ve)		NEGATIVE (-ve)
<small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>			

MICROSCOPIC EXAMINATION

RED BLOOD CELLS (RBCs)	NEGATIVE (-ve)	/HPF	0 - 3
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Test Name	Value	Unit	Biological Reference interval
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
PUS CELLS	2-4	/HPF	0 - 5
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
EPITHELIAL CELLS	15-20	/HPF	ABSENT
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
CRYSTALS	NEGATIVE (-ve)		NEGATIVE (-ve)
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
CASTS	NEGATIVE (-ve)		NEGATIVE (-ve)
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
BACTERIA	NEGATIVE (-ve)		NEGATIVE (-ve)
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
OTHERS	NEGATIVE (-ve)		NEGATIVE (-ve)
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
TRICHOMONAS VAGINALIS (PROTOZOA)	ABSENT		ABSENT
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			

*** End Of Report ***




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