NAME	**: Mr. OM PARKASH**		
AGE/ GENDER	: 73 YRS/MALE	**PATIENT ID**	: 1744950
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012502040008**
REFERRED BY	:	**REGISTRATION DATE**	: 04/Feb/2025 08:11 AM
BARCODE NO.	: 01524910	**COLLECTION DATE**	: 04/Feb/2025 08:23AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 04/Feb/2025 09:23AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

HAEMATOLOGY

HAEMOGLOBIN (HB)

HAEMOGLOBIN (HB) *by CALORIMETRIC*	14.4	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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CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 04/Feb/2025 12:21PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE FASTING (F)

GLUCOSE FASTING (F): PLASMA *by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)*	**101.78^{H}**	mg/dL	NORMAL: < 100.0 PREDIABETIC: 100.0 - 125.0 DIABETIC: > 0R = 126.0

INTERPRETATION

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A fasting plasma glucose level below 100 mg/dl is considered normal.
2. A fasting plasma glucose level between 100 - 125 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 fasting plasma glucose level of above 125 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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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
UREA			
UREA: SERUM *by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)*	28.04	mg/dL	10.00 - 50.00

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Test Name	Value	Unit	Biological Reference interval
CREATININE			
CREATININE: SERUM *by ENZYMATIC, SPECTROPHOTOMETRY*	1.04	mg/dL	0.40 - 1.40

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BARCODE NO.	: 01524910	**COLLECTION DATE**	: 04/Feb/2025 08:23AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 04/Feb/2025 03:30PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

CLINICAL PATHOLOGY

PROTEIN/CREATININE RATIO: RANDOM URINE

PROTEINS: RANDOM URINE *by SPECTROPHOTOMETRY*	**136.91^{H}**	mg/dL	5 - 25
CREATININE: RANDOM URINE *by SPECTROPHOTOMETRY*	44.7	mg/dL	20 - 320
PROTEIN/CREATININE RATIO: RANDOM URINE *by SPECTROPHOTOMETRY*	**3.06^{H}**		< 0.20

INTERPRETATION:

PROTEIN/CREATININE RATIO	REMARKS
< 0.20	NORMAL
0.20 – 1.00	LOW GRADE PROTEINURIA
1.00 – 5.00	MODERATE PROTEINURIA
>5.00	NEPHROSIS

NOTE:
Urinary total proteins are nearly negligible in healthy adults. The Protein Creatinine ratio is a simple and convenient method to quantitate and monitor proteinuria in adults with chronic kidney disease. Patients with 2 or more positive results within a period of 1-2 weeks should be labeled as having persistent proteinuria and investigated further

*** End Of Report ***

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