



Dedicated to Excellence

DHANDE PATHLAB DIAGNOSTICS PVT. LTD.



www.dhandepathlab.com
www.dhandelab.com
dhandepathlab@gmail.com

LABORATORY & REGISTERED ADDRESS : Chinar Apartments, Sheelavihar Colony, Opp. Paud Phata Police Station, Paud Road, Pune - 38. Phone : 2543 2950, 2545 9494, 2545 2020
94030 85417, 80802 44202, 90492 34055
Timing : 8.00 a.m. to 8.30 p.m. Sunday : 8.00 a.m. to 12.30 p.m.

Dr. Nitin L. Dhande
M. D. (Path)
Reg. No. 52301
Add. Reg. No. 6398

Dr. Ashish N. Dhande
M. D. (Path)
Reg. No. 2014/04/1752
Add. Reg. No. 3439/2017

Registration.Date	: 25/11/2024		Permanent ID No.	: 270389
Patient Name	: MR. SIVARAMAKRISHNAN B.A.		Patient ID No.	: 1215841
Age / Gender	: 76 Yrs / Male		Reg Date/Time	: 25-11-2024 10:16am
Reference (Dr.)	: Self		Sample Coll.Date/Time	: 25-11-2024 00:00
Sample Collected	: At Dhande Pathlab Diagnostics Pvt. Ltd.		Report Date/Time	: 25-11-2024 03:48pm

HAEMOGRAM (CBC)

Investigation	Result	Units	Reference Range
Haemoglobin <i>(Colorimetric Non Cynmeth)</i>	: L 9.40	gm/dL	13.0 - 17.0
RBC Count <i>(Sheath Fluid Impedence)</i>	: L 2.78	mill/cu mm	4.5 - 6.5
Haematocrit (PCV) <i>(Calculated)</i>	: L 26.40	%	40 - 52
MCV (Mean Corpuscular Volume) <i>(Derived from RBC histogram)</i>	: 95.10	fL	83 - 101
MCH (Mean Corpuscular Hb) <i>(Calculated)</i>	: H 33.70	pg	27 - 32
MCHC (Mean Corpuscular Hb Conc.) <i>(Calculated)</i>	: 35.60	gm/dL	32 - 36
RDW (Red cell Distribution Width) <i>(Calculated)</i>	: 14.0	%	11.6 - 14.0
RBC Morphology	: Predominantly Normocytic Normochromic.		
Total WBC (Leucocyte) Count <i>(Fluorescence flow cytometry)</i>	: 7930	/cu mm	4,000 - 11,000
Neutrophils	: H 82	%	40 - 75
Lymphocytes	: L 12	%	20 - 40
Eosinophils	: 01	%	1 - 6
Monocytes	: 05	%	1 - 10
Basophils	: 00	%	0 - 2
Neutrophil/Lymphocyte ratio(N/L ratio) <i>(Calculated)</i>	: H 6.83	Ratio	1.05 - 2.67
Absolute Neutrophil Count	: 6503	/cu mm	2000 - 7000
Absolute Lymphocyte Count	: L 952	/cu mm	1000 - 3000
Absolute Eosinophil Count	: 79	/cu mm	20 - 500
Absolute Monocyte Count	: 397	/cu mm	200 - 1000
Absolute Basophil Count	: 0	/cu mm	0 - 100
Platelet Count <i>(Sheath fluid impedence)</i>	: 190000	/cu mm	1,50,000 - 4,50,000
MPV (Mean Platelet Volume) <i>(Derived from platelet histogram)</i>	: 8.3	fL	7.8 - 12.0
Platelet Remarks	: Adequate		
PBS For Parasites	: Malarial parasites not seen		

EDTA Whole Blood - [Tests done on fully automated five part Haematology analyzers - XN1000, (Sysmex)/ BC-6800 Plus (Mindray). WBC Differential by Fluorescent Flowcytometry and Absolute counts are calculated. All abnormal Haemograms are reviewed and confirmed microscopically.

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CRP (C REACTIVE PROTEIN)

<u>Investigation</u>	<u>Result</u>	<u>Units</u>	<u>Reference Range</u>
C-Reactive Protein, Serum <i>(Serum, Immuno-turbidimetric method)</i>	: H 5.46	mg/L	0 to 5


COMMENTS:

1. C Reactive Protein (CRP) is the most sensitive acute phase reactant for inflammation.
2. The levels increase dramatically after severe trauma, bacterial infection, surgery & neoplastic proliferation.
3. It is most useful as an indicator of activity in Rheumatoid arthritis, Rheumatic fever, tissue injury or necrosis.
4. It is used in inflammatory disorders for monitoring course and effect of therapy. It assesses response to antibiotic treatment and differentiates between active and inactive disease forms with concurrent infection.
5. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc.

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BIOCHEMICAL TEST

<u>Investigation</u>	<u>Result</u>	<u>Units</u>	<u>Reference Range</u>
Blood Urea <i>(Serum, Method: Urease)</i>	: 23.5	mg/dL	17 - 49
Creatinine <i>(Serum, Method: Modified Jaffe)</i>	: 1.08	mg/dL	0.60 - 1.30
Uric Acid, Serum <i>(Method: Uricase UV)</i>	: 5.3	mg/dL	2.5 - 8.0

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PROTEINS (Serum)

<u>Investigation</u>	<u>Result</u>	<u>Units</u>	<u>Reference Range</u>
Total Proteins, Serum <i>(Biuret Method)</i>	: 6.7	gms/dL	6.4 - 8.3
Albumin, Serum <i>Bromocresol Green (BCP)</i>	: 3.5	gms/dL	3.5 - 5.2
Globulin, Serum <i>(Calculated parameter)</i>	: 3.20	gms/dL	1.8 - 3.9
A/G (Ratio) <i>(Calculated parameter)</i>	: 1.09		0.9 - 2.0

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ALBUMIN/CREATININE RATIO (ACR) (Urine)

Investigation	Result	Units	Reference Range
Urinary Microalbumin (Method: Immunoturbidimetry)	: 21338.00	mcg/dL	<2000
Spot urinary Creatinine(mg/dL)	: 96.98	mg/dL	Normal human urine: >20 Diluted urine sample: 6-20 Substituted Urine sample: <6
Urinary Albumin Creatinine Ratio (Method: Calculated)	: 220.02	mcg/mg	<30: Normal 30 - 299: Microalbuminuria >300: Overt albuminuria

NOTE:

It is recommended that at least two out of three specimens collected within a 3-6 month period be abnormal before considering a patient to be within a diagnostic category.

CLINICAL USE:

1. Early detection of Diabetic nephropathy.
2. Therapeutic monitoring of patients with Nephropathy.
3. Routine management of patients with Diabetes.

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HbA1c by HPLC

Investigation	Result	Units	Reference Range
HbA1c by HPLC <i>(EDTA, HPLC by Variant II Turbo, Biorad)</i>	: 5.8	%	Non-Diabetic : <= 5.6 Pre-Diabetic : 5.7 - 6.4 Diabetic : >=6.5 (American Diabetes Association 2023 guidelines) Refer interpretation for monitoring ranges.
Estimated Average Glucose (eAG) (Calculated)	: 119.76	mg/dL	Refer interpretation for monitoring ranges.

Interpretation and Remark :

- HbA1c is used for monitoring diabetic control. It reflects the estimated Average Glucose(eAG).
 - HbA1c has been endorsed by ADA (American Diabetes Association) 2023, for diagnosis of diabetes using a cut-off point of 6.5%.
 - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 - In known diabetic patients, following values can be considered as a tool for monitoring glycemc control:
 - 6.0 to 7.0 % - Excellent control
 - 7.0 to 8.0 % - Fair to Good control
 - 8.0 to 10.0 % - Unsatisfactory control
 - Above 10.0 % - Poor control.
 - Interpretation of Estimated Average Glucose in known diabetic patients:
 - 90 to 120 - Excellent control
 - 121 to 150 - Good control
 - 151 to 180 - Average control
 - 181 to 210 - Poor control.
 - >211 - Panic value
 - To estimate the eAG from the HbA1C value, following equation is used: $eAG (mg/dl) = 28.7 \times A1c - 46.7$.
 - Falsely low glycated haemoglobin is often associated with systemic inflammatory diseases, haemolytic anaemia, certain haemoglobinopathies, recent blood transfusion, acute blood loss, hypertriglyceridemia, CRF and liver diseases and certain drugs causing increased erythrocyte destruction (Dapsone, Ribavirin, Antiretrovirals, Trimethoprim, Sulfamethoxazole etc), altered Hb (Hydroxyurea) or altered glycation (Vit E, Vit C, Aspirin in small doses). Clinical correlation suggested.
 - Interference of Haemoglobinopathies in HbA1c estimation - If HbF > 25% or other Homozygous or Heterozygous haemoglobinopathy is detected, HbA1c can be reported faulsely low or falsely high, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Inappropriately high HbA1c is caused by severe iron deficiency, Vit B12 deficiency, alcoholism, uraemia, hyperbiliruninaemia, certain drugs like Aspirin (large doses), chronic opiate use and presence of haemoglobinopathy.
- Note: Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

--End Of Report--

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Patient Data

Sample ID: 1215841
 Patient ID:
 Name:
 Physician:
 Sex:
 DOB:

Analysis Data

Analysis Performed: 25/11/2024 12:26:59
 Injection Number: 6789U
 Run Number: 160
 Rack ID: 0009
 Tube Number: 3
 Report Generated: 25/11/2024 12:42:09
 Operator ID:

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.3	0.115	5969
A1a	---	1.3	0.169	24784
A1b	---	0.6	0.229	12153
F	---	2.1	0.277	41758
LA1c	---	1.8	0.404	34849
A1c	5.8	---	0.507	93931
P3	---	3.9	0.799	76921
P4	---	1.1	0.869	21751
Ao	---	84.1	0.994	1653402

Total Area: 1,965,519

HbA1c (NGSP) = 5.8 %

