



Contract. : Peshawer medical L.L.C Doctor references : Dr. Tooba Karim

Patient No. : 30-82658

File No. : 38236

Branch : Al Borg Lab. Dubai Age : 29 Year DOB 10/06/1993 Sex : Male

Deirah

Glycated Haemoglobin (HbA1c)

Test	Result	Unit	Ref. Range
Hb A1c % {According to (DCCT/ NGSP)}	5.7	%	(NGSP Standardized) Normal: 4 - 5.6 Prediabetic: 5.7 - 6.4 Diabetes: ≥ 6.5 Controlled Diabetes: <7
Mean of blood glucose (in the last 3 months)	117	mg/dl	

Comments

Primary sample: Whole blood

Methodology: Turbidimetric inhibition immunoassay(TINIA)

*This is non-accredited test.

Reviewed By:

Dr. Shailendra Rathod.MD

Laboratory Director

Physician Specialist Clinical

Pathology

Pathology

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Verified By: Shailendra Rathod.MD

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Name : Kasim Hussain Lab. No. : 3022117843 Sample Date : 26/10/2022 14:34 PM Report Date : 26/10/2022 15:29 PM

Contract. : Peshawer medical L.L.C

Doctor references: Dr. Tooba Karim

Patient No. : 30-82658

File No. : 38236

Branch : Al Borg Lab. Dubai Deirah

DOB 10/06/1993

Sex

: Male

Chemistry Unit

Test Result Unit Ref. Range

Age: 29 Year

Uric Acid in Serum

8.2

H mg/dL

3.4 - 7

Comments

Sample type: Serum

Methodology: Enzymatic, colorimetric assay method

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Cholesterol/HDL/LDL/Triglycerides

Test	Result		Unit	Ref. Range
Cholesterol	159		mg/dl	No risk <200 Moderate risk 200 - 240 High risk >240
Comments Primary sample: Serum Methodology: Enzymatic colorimetric assay in the presence pf peroxidase.				
Triglycerides (TG) in Serum	124		mg/dL	Normal<200
Comments Primary sample: Serum Methodology: Enzymatic colorimetric assay				
HDL Cholesterol	48	L	mg/dL	Optimum level ≥ 60 Borderline risk: 40-59 High risk: <40
Comments Primary sample: Serum Methodology: HOmogeneous Enzymatic colorimetric assay.				
LDL Cholesterol	86		mg/dl	Optimal <100 Near optimal 100-129 Borderline high 130-159 High 160-189 Very high >189

Comments

Sample type: Serum Methodology: Calculation

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Cholesterol/HDL/LDL/Triglycerides

rest	Result	Unit	Ref. Range
Non-HDL Cholesterol	111	mg/dL	very high >220 High 190-219 Borderline high 160-189 Near Ideal 130-159 Ideal for people at risk of heart disease <130 Ideal for people at very high

Comments

Patients with elevated levels of non-HDL-C and normal levels of LDL-C, often have an increased number of LDL particles, increased apo B or increased small, dense LDL particles and these are associated with an increased risk of CVD. Therefore non-HDL-C might be more valuable indicator of cardiovascular risk than LDL-C.

The treatment goal for non-HDL cholesterol in persons with high triglycerides (>199 mg/dl) is 30 mg/dl higher than their LDL cholesterol goal.

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