

LAB INVESTIGATION REPORT

Perm # : CNA002570IF
Patient's Name : **Richard Abella Pita**
Age and Gender : 47 Years / M
Sample # : **CNAIF17517**

Personal ID No. : 784-1976-2983213-6
Doctor : ANISH

Clinic Ref No : **290320**
Center : CLINICARE NAIF
Registered On : 10.01.2024 17:30
Collected On : 10.01.2024 17:59
Accession On : 10.01.2024 21:38
Sample Type : SERUM

BIOCHEMISTRY

Test Name	Result	Units	Ref Range	Method
Alanine Aminotransferase (ALT/SGPT)	57	U/L	4-36	IFCC

--- END OF REPORT ---

Normal values are based on the methodology of analysis, and it is patient-related based on age, gender, etc

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Lab Technologist

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LIPID PROFILE

Test Name	Result	Units	Ref Range	Method
Cholesterol - Total	225	mg/dL	Desirable : < 200 Borderline high : 200-239 High : >240	CHOD PAP
Triglycerides	151	mg/dL	Normal : < 150 Borderline High: 150-199 High :200-499 Very High :>500	GPO TRINDER
Cholesterol-HDL (Direct)	47	mg/dL	Low: <40 High: >59	Direct Measure
Cholesterol - LDL (Direct)	137	mg/dL	Optimum: <100 Near optimum: 100-129 Borderline: 130-159 High: 160-189 Very high: >190	Direct Measure
VLDL-C	30	mg/dL	<45	Calculated
Test Name	Result	Units	Ref Range	Method
HDL/Cholesterol Ratio	20.9	%	>20	Calculated

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Sample Type : EDTA

BIOCHEMISTRY

	Result	Units	Ref Range	Method
Glycosylated Haemoglobin (HbA1C)	4.6	%	Non Diabetic: 4.5 - 5.6 Pre Diabetes: 5.7 - 6.4 Diabetes: ≥ 6.5 Good glycemic control: < 7.0 Fair glycemic control: 7.1 - 7.9 Poor glycemic control: ≥ 8.0	ITM

LAB Remarks :

INTERPRETATION: Detection Limit :3.8-18.5%. Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values. Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c. HbA1C measurement is not appropriate when there has been a change in diet or treatment within 6 weeks.

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HAEMATOLOGY & COAGULATION

Complete Blood Count (C.B.C)

	Result	Units	Ref Range
RED BLOOD CELL (RBC)	4.45	Million/cmm	4.5-5.9
Hemoglobin (Hb)	13.8	g/dL	12.1-17.6
Hematocrit (Hct)	42.6	%	40-52
Mean Corpuscular Volume (MCV)	95.9	fL	80-96
Mean Corpuscular Hb (MCH)	31.0	pg	27-35
Mean Corpuscular Hb Concentration (MCHC)	32.3	g/dL	31-36
Red Cell Distribution Width (RDW)	12.7	%	11.5-14.9
Platelets Count (Plt)	322	Thousand/cmm	149-450
MPV	9.2	fL	8-15
White Blood Cells Count (WBCs)	8.90	Thousand/cmm	4.4-11.3

Differential Count (D.C)

	Result	Ref Range		Result	Ref Range
Neutrophils %	64.1	40-80	Neutrophils- Absolute	5.69	2.0-7.5
Lymphocytes %	26.8	20-40	Lymphocytes- Absolute	2.39	1.3-4.0
Monocytes %	5.9	2-10	Monocytes- Absolute	0.53	0.15-0.7
Eosinophils %	3.1	1-6	Eosinophils- Absolute	0.28	0-0.5
Basophils %	0.10	0-2	Basophils- Absolute	0.01	0-0.15

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BIOCHEMISTRY

Test Name	Result	Units	Ref Range	Method
Urea	34	mg/dL	17-43	UREASE, KINETIC
SERUM CREATININE	0.99	mg/dL	0.60-1.20	ENZYMATIC, JAFFE

LAB Remarks :

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine, chemotherapeutic agent such as flucytosine etc.

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