



Laboratory Investigation Report

Name	: Mr. DHEERAJ MAHENDRU	Ref No.	: 34197
DOB	: 11/06/1971	Sample No.	: 2501528516
Age / Gender	: 53 Y / Male	Collected	: 22/01/2025 08:27
Referred by	: DR HUMAIRA	Registered	: 22/01/2025 15:37
Centre	: CITICARE MEDICAL CENTER	Reported	: 22/01/2025 17:36

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
GLUCOSE (RANDOM)	101		mg/dL	< 200 Please note change. Source: The American Diabetes Association (ADA)	Hexokinase

Sample Type : Fluoride Plasma

End of Report



Dr. Adley Mark Fernandes
M.D (Pathology)
Pathologist

Vyoma V. Shah
Dr. Vyoma V Shah
M.D (Pathology)
Clinical Pathologist

Harshad Manikandan
HARSHAD MANIKANDAN
Laboratory Technician

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BML515909

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Test	Result	Flag	Unit	Reference Range	Methodology
C-REACTIVE PROTEIN (CRP)	4.1		mg/L	< 5.0 Please note change. Source: Roche IFU.	Particle-enhanced immunoturbidimetric assay

INTERPRETATION NOTES :

- CRP measurements are used as aid in diagnosis, monitoring, prognosis, and management of suspected inflammatory disorders and associated diseases, acute infections and tissue injury.
- C-reactive protein is the classic acute phase protein in inflammatory reactions.
- CRP is the most sensitive of the acute phase reactants and its concentration increases rapidly during inflammatory processes. The CRP response frequently precedes clinical symptoms, including fever. After onset of an acute phase response, the serum CRP concentration rises rapidly and extensively. The increase begins within 6 to 12 hours and the peak value is reached within 24 to 48 hours. Levels above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).
- CRP response may be less pronounced in patients suffering from liver disease.
- CRP assays are used to detect systemic inflammatory processes (apart from certain types of inflammation such as systemic lupus erythematosus (SLE) and Colitis ulcerosa); to assess treatment of bacterial infections with antibiotics; to detect intrauterine infections with concomitant premature amniorrhexis; to differentiate between active and inactive forms of disease with concurrent infection, e.g. in patients suffering from SLE or Colitis ulcerosa; to therapeutically monitor rheumatic disease and assess anti-inflammatory therapy; to determine the presence of post-operative complications at an early stage, such as infected wounds, thrombosis and pneumonia, and to distinguish between infection and bone marrow transplant rejection.

Sample Type : Serum

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BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
GLYCATED HEMOGLOBIN (HbA1C) ^					
HBA1C	6.4		%	Non- diabetic: 4.0 - 5.6 Prediabetes (Increased risk): 5.7 - 6.4 Diabetes: = or > 6.5	Capillary electrophoresis
eAG (estimated Average Glucose)	137		mg/dL	-	Calculation

INTERPRETATION NOTES :

HbA1c Therapeutic goals for glycemic control (ADA)

Adults:

- Goal of therapy: < 7.0 %
- Action suggested: > 8.0 %

Pediatric patients:

- Toddlers and preschoolers: < 8.5 % (but > 7.5 %)
- School age (6-12 years): < 8.0 %
- Adolescents and young adults (13-19 years): < 7.5 %

Sample Type : EDTA Whole Blood

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Haleem
HALEEM HAKKIM
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Test	Result	Flag	Unit	Reference Range	Methodology
LIPID PROFILE TEST					
CHOLESTEROL (TOTAL)	253	H	mg/dl	Desirable: < 200 Borderline High: 200 - 239 High: ≥ 240 Please note change. Source: Roche IFU.	Enzymatic colorimetric assay
HDL CHOLESTEROL	37	L	mg/dl	40 - 60 Please note change. Source: Roche IFU.	Homogeneous enzymatic colorimetric assay
LDL CHOLESTEROL DIRECT	176	H	mg/dl	Optimal: < 100 Near/Above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: ≥ 190 Please note change. Source: Roche IFU.	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL	56	H	mg/dL	< 30	Calculation
NON-HDL CHOLESTEROL	232	H	mg/dL	< 140	Calculation
TRIGLYCERIDES	279	H	mg/dl	Normal: < 150 Borderline High: 150 - 199 High: 200 - 499 Very High: > 500 Source: Roche IFU.	Enzymatic colorimetric assay
TOTAL CHOLESTEROL / HDL RATIO	6.8	H		< 4.5	Calculation
LDL / HDL RATIO	4.8	H		< 3.5	Calculation

Sample Type : Serum

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