



Hexokinase

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 CITICARE MEDICAL CENTER Centre Reported 22/01/2025 17:36

BIOCHEMISTRY

mg/dL

< 200

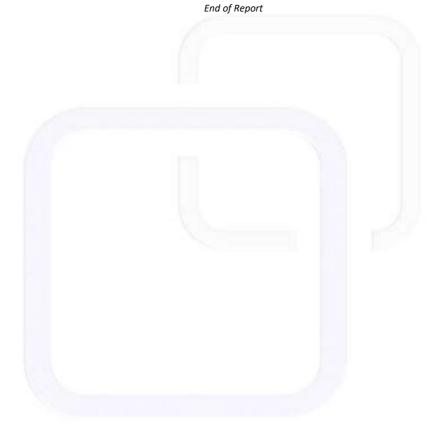
Result Flag Unit **Reference Range** Methodology Test **GLUCOSE (RANDOM)**

Please note change. Source: The American

Diabetes Association (ADA)

101

Fluoride Plasma Sample Type:



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

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

This is an electronically authenticated report

HARSHAD MANIKANDAN Laboratory Technician Printed on: 22/01/2025 17:40

Test result pertains only to the sample tested and to be interpreted in the light of clinical history. These tests are accredited under ISO 15189:2012 unless specified by (^). Test marked with # is performed in an accredited referral laboratory.





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BIOCHEMISTRY

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

Source: Roche IFU.

INTERPRETATION NOTES:

- 1. 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).
- 4. CRP response may be less pronounced in patients suffering from liver disease.
- 5. 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.

Serum Sample Type:

End of Report

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

P.O Box: 49527

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

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Dubai, UAE



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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 the rapy: < 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

End of Report

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HALEEM HAKKIM Laboratory Technician

Q-aleem

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Centre : CITICARE MEDICAL CENTER Reported : 22/01/2025 17:36

BIOCHEMISTRY								
Test	Result	Flag	Unit	Reference Range	Methodology			
LIPID PROFILE TEST								
CHOLESTEROL (TOTAL)	253	Н	mg/dl	Desirable: < 200 Borderline High: 200 - 239 High: ≥ 240 Please note change. Source: Roche IFU.	Enzymatic colorimteric assay			
HDL CHOLESTEROL	37	L	mg/dl	40 - 60 Please note change. Source: Roche IFU.	Homogeneous enzymatic colorimetric assay			
LDL CHOLESTEROL DIRECT	176	Н	mg/dl	Optimal: < 100 Near/Above Optimal: 100 - 129	Homogeneous enzymatic colorimetric assay			
				Borderline High: 130 - 159 High: 160 - 189 Very High: ≥ 190 Please note change. Source: Roche IFU.				
VLDL CHOLESTEROL	56	н	mg/dL	< 30	Calculation			
NON-HDL CHOLESTEROL	232	н	mg/dL	< 140	Calculation			
TRIGLYCERIDES	279	Н	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	Н		< 4.5	Calculation			
LDL / HDL RATIO	4.8	Н		< 3.5	Calculation			
Sample Type : Serum		En	d of Report					

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