



TEST REPORT

Lab Serial No. : 342106001297	SIN No., Date : 34043145 16-Jun-21 09:48 AM
Patient Name : Mrs. RASHMI SAXENA	Sample collection date : 16-Jun-2021 09:49AM
Referred by : DR.AKRITI SAXENA	Report Date : 16-Jun-2021 01:32PM
Age/Gender : 56 Y 6 M 14 D / F	Report printed on : 16-Jun-2021 01:55PM
Source BY :	

CLINICAL-BIOCHEMISTRY

Test Name	Observation	Unit	Biological Ref. interval
CRP (QUANTITATIVE)			
C-Reactive Protein, Serum by Turbidimetry	6.46	mg/L	0 - 5

Remarks:-

C-Reactive protein(CRP) which is synthesized in the liver, is one of the most sensitive acute phase reactants after tissue damage or inflammation. CRP activates the classical complement pathway as a response to the inflammatory reaction.

CRP levels in plasma can rise dramatically after myocardial infarction, stress, trauma infection, inflammation, surgery or neoplastic proliferation. The increase occurs within 24 to 48 hours & the level may be 2000 times normal. An elevation can be expected in virtually all diseases involving tissue damages so the findings are nonspecific.

Clinical diagnosis should not be made on the findings of a single test result.

Dr. B. Lal Gupta
 MD Microbiology
 Medical Director

Dr. Kirti Pandia
 DNB Pathology

Dr. Shaily Garg
 DPB Pathology

Urvashi Agarwal
 Biochemist



Condition of Reporting:

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Referred by : DR.AKRITI SAXENA	Report Date : 16-Jun-2021 12:10PM
Age/Gender : 56 Y 6 M 14 D / F	Report printed on : 16-Jun-2021 01:55PM
Source BY :	

CLINICAL-BIOCHEMISTRY

Test Name	Observation	Unit	Biological Ref. interval
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GLYCATED HAEMOGLOBIN (HbA1c)

Hemoglobin A1c (%), EDTA Blood by HPLC	6.6	%	
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Remarks :-

Glucose combines with Hb continuously and nearly irreversibly during the lifespan of RBC i.e.120days. Therefore, glycosylated Hb (GHb) will be proportional to mean plasma glucose level during previous 6-12 weeks.Factors such as duration of diabetes, adherence to therapy and the age of patient should also be considered in assessing the degree of blood glucose control. These values are for nonpregnant individuals.

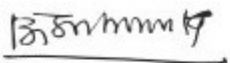
Criteria for Diagnosis of Diabetes Mellitus

(2016 American Diabetes Association (ADA) Diabetes Guidelines)

	HbA1c (%)	DEGREE OF GLUCOSE CONTROL
Non-Diabetic	≤ 5.6	
Pre-Diabetic	5.7 – 6.4	
Diabetic	≥ 6.5	

ADA criteria for correlation between HbA1c & Mean plasma glucose levels

HbA1c (%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212
10	240
11	269
12	298



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Source BY :	

CLINICAL-BIOCHEMISTRY

Test Name	Observation	Unit	Biological Ref. interval
D-DIMER			
D-DIMER (QUANTITATIVE) <i>by Plasma</i>	104	ng/mL	

Guide Value :-

≤ 500 ng/mL - Negative
> 500 ng/mL - Positive

Remark :-

- D-Dimer is a fibrin degradation product. The D-Dimer level increases during the activation states of coagulation because such states induce the production of thrombin which is followed by the formation of fibrin & leads to fibrinolysis.
- This assay can aid in the diagnosis of Deep Vein Thrombosis (DVT) & pulmonary embolism
- Elevated D Dimer is seen in hypercoagulability, DVT (Deep Vein Thrombosis), DIC (Disseminated intravascular Coagulation), recent surgery, trauma or infection.
- Up to four fold higher results may be observed in normal pregnancy.
- Tests performed in immulite 2000

Limitations :-

- False Negative : Anticoagulant therapy.
- False Positive : (i) Elderly, (ii) Liver disease, (iii) Pregnancy, (iv) Eclampsia, (v) Heart disease, (vi) Rheumatoid arthritis, (vii) Some cancers, (viii) High triglycerides, (ix) Hemolysis, (x) Lipemia, (xi) Hyperbilirubinemia.

Note: Test Result and reference range varies with different instrument and methodology. Check the reference value before evaluating the test result.

Dr. B. Lal Gupta
MD Microbiology
Medical Director

Dr. Kirti Pandia
DNB Pathology

Dr. Shaily Garg
DPB Pathology

Vivek Kumar
Technologist



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HAEMATOLOGY

Test Name	Observation	Unit	Biological Ref. interval
COMPLETE BLOOD COUNT(CBC/HAEMOGRAM)			
Haemoglobin	13.0	g/dL	12.0-15.0
Haematocrit (HCT)	39.6	%	37-46
Red Blood Cell Count (RBC)	4.68	million/mm3	3.8-4.8
Mean Corpuscular Volume (MCV)	84.6	fL	83-101
Mean Corpuscular Haemoglobin (MCH)	27.8	pg	27-32
Mean Corpuscular Haemoglobin Conc.(MCHC)	32.8	g/dL	31.5-34.5
Red Cell Distribution Width (RDWcv)	14.7	%	12.2-16.1
Total Leucocyte Count (TLC)	10.49	1000/mm3	4.0-10.0
Differential Leucocyte Count			
Segmented Neutrophils	74.3	%	42-72
Lymphocytes	17.4	%	25-45
Eosinophils	5.4	%	1-6
Monocytes	2.3	%	2-10
Basophils	0.6	%	0-2
Absolute Leucocyte Count			
Neutrophils	7.79	1000/mm3	2.0-7.0
Lymphocytes.	1.83	1000/mm3	1.0-3.0
Eosinophils.	0.57	1000/mm3	0.05-0.50
Monocytes.	0.24	1000/mm3	0.2-1.0
Basophils.	0.06	1000/mm3	0.02-0.2
Platelet count	2.41	Lakhs/cumm	1.5-4.0
Mean Platelet Volume (MPV)	11.4	fL	7.8-11.0

Method : Tests done by EDTA sample on automated cell counter, based on SLS, Flow Cytochemistry, DC Detection & Microscopy.

Remark: As per the recommendation of International Council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.

*** End of report ***

Dr. B. Lal Gupta
 MD Microbiology
 Medical Director

Dr. Kirti Pandia
 DNB Pathology

Dr. Ruhi Munjal
 DCP Pathology

Dr. Shaily Garg
 DPB Pathology

Shaily



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