

डा पंकज अग्रवाल
एम डी, डी एम (एंडोक्राइनोलॉजी)
डा प्रशा अग्रवाल
एम डी



हॉर्मोन केयर एवं रिसर्च सेंटर

परामर्श
केवल अपॉइंटमेंट द्वारा
प्रातः 8:00 AM - 2:00 PM
रविवार अथकाज

📍 SB-5, शाही नगर, गाजियाबाद



अपॉइंटमेंट के लिए व्हाट्सएप करें 9310442098

ऑनलाइन परामर्श नं 9910447372

नाम. Mr. A. J. ... Ahjana ... Swaha

दिनांक... 13/2/23... Tel...

☎ - 9319677551

9312284212 ✓

ROOM - 9-104m

adv

- खानपान एवं व्यायाम जैसे बतयाई

- BIADINE

OR

लिंग सुवर्ण

- GLYCOMET- TRIO-1-FORTE रात में बर

↓
GLYCOMET- GP-1-FORTE खाने के बाद

F-159, 283, 200

HP- 321

At-

SuH107 - 24/21

Urine - N

2-3

Hb - 12.0

C V W S
2 0.4 2000 100.

At 20

- ISTAVEL 100mg

- SGLT-D 10mg

- PROLYD 150mg

- AZTOR 20mg

} रात में
खाने
के बाद

} रक्त
में
बढ़ाने

For - online.

S. creatinine

S cholesterol

अगला अपॉइंटमेंट - दिनांक..... परामर्श नं.....

✉ drpankaj.endo@gmail.com

लक्ष

जीवनशैली के सत्र सीखने के लिए डाउनलोड करें - मेडिकल कॉन्सेप्स इन हिंदी (MCH) एप - गूगल प्ले स्टोर पर निशुल्क उपलब्ध

BARCODED|NETWORKED|ACCREDITED
REPORT

Patient Name	: Mrs. ANJANA SHARMA	Reg. No.	: 00332305130027
Age and Sex	: 53 Yrs / Female	PCC Code	: PCL-UP-414
Referring Doctor	: Dr. SELF	Sample Drawn Date	: 13-May-2023 09:00 AM
Referring Customer	: SELF	Registration Date	: 13-May-2023 12:15 PM
Vial ID	: M3955925, M3955923	Report Date	: 13-May-2023 01:42 PM
Sample Type	: Urine, Plasma-Sodium Fluoride-	Report Status	: Final Report
Client Address	: NEAR KALAWATI INTERCOLLEGE, BOLA ROAD MEERUT UP		

CLINICAL BIOCHEMISTRY
PATHCHECK 65

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
Microalbumin/Creatinine Ratio				
Microalbumin - Urine	8	mg/L	0 - 30	Immunoturbidometry
Creatinine - Urine	0.59	g/L	0.3-1.25	Kinetic Alkaline Picrate
Microalbumin/ Creatinine Ratio(mg/g)	13.56		0-30	

Note: Microalbumin/Creatinine Ratio is expressed as milligram of Albumin excreted per gram of Urinary Creatinine.

CATEGORY	REFERENCE RANGE IN mg/g CREATININE
Normal / Non-diabetic	< 30
Microalbuminuria	30-300
Clinical Albuminuria	> 300

Note: Patient is considered to be within diagnostic category if at least 2 out of 3 specimens collected within a period of 3-6 months show abnormal results.

*Glucose-Blood-Fasting	134.7	mg/dL	Normal < 100 Pre-diabetic 100-125 Diabetic >= 126	Hexokinase
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Comments:

- Glucose is the major carbohydrate present in blood. Its oxidation in the cells is the source of energy for the body. Increased levels of Glucose are found in Diabetes Mellitus, Hyperparathyroidism, Pancreatitis and renal failure.
- Decreased levels are found in Insulinoma, Hypothyroidism, Hypopituitarism and extensive Liver disease

Biological Reference Interval : Source: American Diabetic Association, Diabetes Care 2018:41 (Suppl.1) S13-S27

Result rechecked and verified for abnormal cases.

*** End Of Report ***



Dr VIVEK KAPOOR
 M.B.B.S, D.C.P

REPORT

Patient Name	: Mrs. ANJANA SHARMA	Reg. No.	: 00332305130027
Age and Sex	: 53 Yrs / Female	PCC Code	: PCL-UP-414
Referring Doctor	: Dr. SELF	Sample Drawn Date	: 13-May-2023 09:00 AM
Referring Customer	: SELF	Registration Date	: 13-May-2023 12:15 PM
Via ID	: M3955922	Report Date	: 13-May-2023 01:42 PM
Sample Type	: WB-EDTA	Report Status	: Final Report
Client Address	: NEAR KALAWATI INTERCOLLEGE, BOLA ROAD MEERUT UP		

CLINICAL BIOCHEMISTRY
PATHCHECK 65

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
*Glycosylated Hemoglobin(GHb/HbA1c)	9.2	%	<5.7 Non diabetic, 5.7 – 6.4 Borderline diabetic, >6.5 Diabetic	High-performance liquid chromatography
*Glycosylated Hemoglobin	77.05	mmol/mol		Calculated
*Mean Blood Glucose	217.34	mg/dL	90 - 120 : Excellent Control 121 - 150 : Good Control 151 - 180 : Average Control 181 - 210 : Action Suggested >211 :Panic Value	Calculated

Comments:

- HbA1c is an indicator of glycemic control. HbA1c represents average Glycemia over the past six to eight weeks. Glycation of Hemoglobin occurs over the entire 120 day life span of the Red Blood Cell, but within this 120 days. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.
- Mean Plasma Glucose mg/dL = $28.7 \times A1C - 46.7$. Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from HbA1c or vice-versa is not "perfect" but gives a good working ballpark estimate.
- Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime Glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.



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REPORT

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Age and Sex	: 53 Yrs / Female	PCC Code	: PCL-UP-414
Referring Doctor	: Dr. SELF	Sample Drawn Date	: 13-May-2023 09:00 AM
Referring Customer	: SELF	Registration Date	: 13-May-2023 02:26 PM
Vial ID	: M3955924	Report Date	: 13-May-2023 05:47 PM
Sample Type	: Serum	Report Status	: Final Report
Client Address	: NEAR KALAWATI INTERCOLLEGE, BOLA ROAD MEERUT UP		

CLINICAL BIOCHEMISTRY
PATHCHECK 65

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
Lipid Profile				
Cholesterol Total	176	mg/dL	Adult: Desirable <200 mg/dL, Borderline: 200 – 239 mg/dL, High: >240 mg/dL	Enzymatic
Cholesterol HDL	51	mg / dL	40 - 60	Direct Homogenous
Cholesterol - LDL	84.8	mg/dL	<100 Optimal	Calculated
Cholesterol VLDL	40.2	mg/dL	7-40	Calculated
Non-HDL cholesterol	125	mg/dL	Optimal < 130	Calculated
Triglycerides	201	mg/dL	Normal: < 150- Borderline High: 150 to 199- High: 200 to 499- Very High >= 500	Glycerol Phosphate Oxidase
Cholesterol Total/Cholesterol HDL Ratio	3.45		0 - 4.0	Calculated
Cholesterol LDL/Cholesterol HDL	1.66		0 - 3.5	Calculated

COMMENTS: Therapeutic target levels of lipids as per NCEP – ATP III recommendations:

Total Cholesterol (mg/dL)	<200 - Desirable, 200-239 - Borderline High, >240 - High
HDL Cholesterol (mg/dL)	<40 - Low, >60 - High
LDL Cholesterol (mg/dL)	<100 Optimal, [Primary Target of Therapy], 100-129 - Near Optimal/Above Optimal, 130-159 - Borderline High, 160-189 - High, >190 Very High
Serum Triglycerides (mg/dL)	<150 Normal, 150-199 Borderline High, 200-499 High, >500 Very High

NCEP recommends lowering of LDL Cholesterol as the primary therapeutic target with Lipid lowering agents, however, if Triglycerides remain >200 mg/dL after LDL goal is reached, set secondary goal for non-HDL Cholesterol (total minus HDL) 30 mg/dL higher than LDL goal.

When Triglyceride level is > 400 mg/dL, Friedewald Equation is not applicable for calculation of LDL & VLDL. Hence the calculated values are not provided for such samples.

ATP III Guidelines:

Risk Category	LDL Goal	LDL Level at Which to Initiate Therapeutic Lifestyle Changes (TLC)	LDL Level at Which to Consider Drug Therapy
CHD or CHD Risk Equivalents (10-year risk >20%)	<100 mg/dL	>100 mg/dL	>130 mg/dL (100-129 mg/dL: drug optional)*
2+ Risk Factors (10-year risk <20%)	<130 mg/dL	>130 mg/dL	10-year risk 10-20%: >130 mg/dL 10-year risk <10%: >160mg/dL
0-1 Risk Factor	<160 mg/dL	>160 mg/dL	>190 mg/dL (160-189 mg/dL: LDL-lowering drug optional)


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