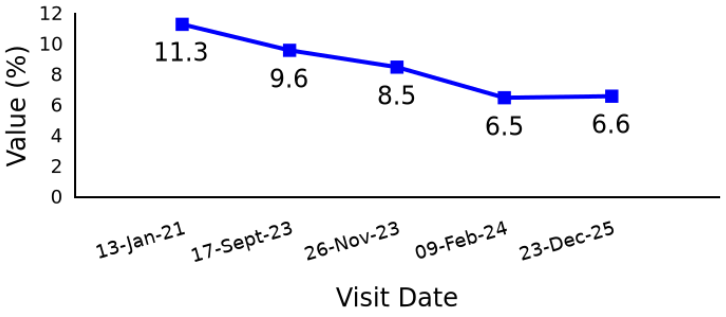
LISTER METROPOLIS

250121512477567

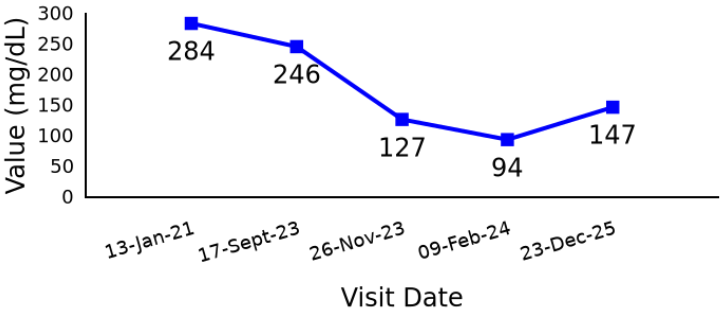
Name	**: Mr. RAMASUBRAMANIAN C R**	**VID No.**	: 250121512477567
Age / Gender	: 81.3 Year(s)/ Male	**PID No.**	: P64180119966
Contact No.	: +919962697361	**Referred by**	: SELF
Address	: NO 8A, ABISHEK RAMANIYAM APT, NO 68, E...	**Registered On**	: 23/12/2025 12:02 PM
Pin code	: 600041	**Collected On**	: 23/12/2025 11:59AM
		Reported On	: 23/12/2025 5:24 PM

Result Trend (For selected tests used for followup)

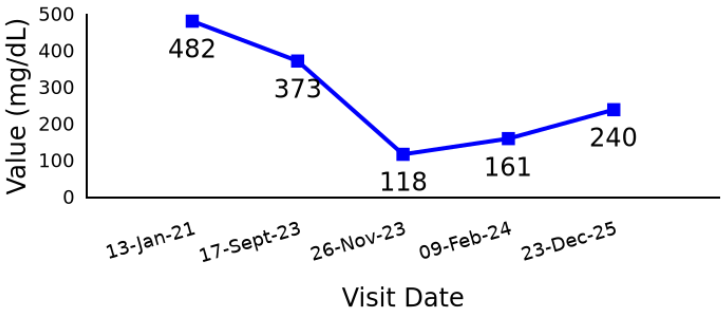
HbA1C- Glycated Haemoglobin



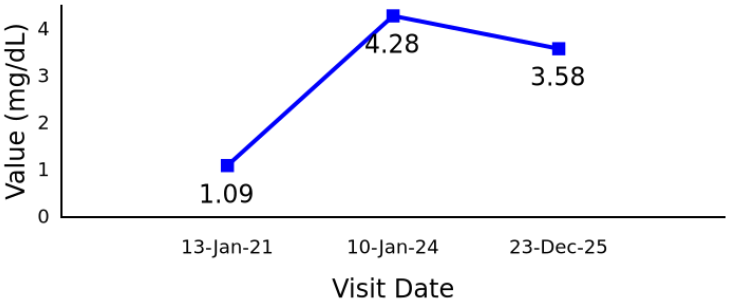
Glucose Fasting



Glucose Post Prandial



Creatinine, Serum



Sample Collected At:
PREVENTIVE CARE(MHL), 303, Sunrise Business Park, Kisan Nagar, Road No 16, Wagle Estate.

Processing Location :
Processing Location Metropolis Healthcare Ltd, #3, Jagannathan Road, Nungambakkam, Chennai - 600 034

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Truhealth Diabetes Screen
HbA1c- Glycated Haemoglobin
(EDTA Whole Blood)

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1C- Glycated Haemoglobin (High-Performance Liquid Chromatography (HPLC))	**6.6**	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5
Estimated Average Glucose (eAG)	143	mg/dL	

Interpretation & Remark:

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: eAG(mg/dl) = 28.7*A1c-46.7
6. Interference of Haemoglobinopathies in HbA1c estimation.

   A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
   B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
   C. Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).

7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .

Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

Dr. LAKSHMI KANTH.R.M.
MD (Pathology)
Doctor in Charge Histopathology
Reg No.89421

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Investigation	Observed Value	Unit	Biological Reference Interval
Truhealth Diabetes Screen			
Glucose Fasting (Fluoride Plasma - F,Hexokinase)	**147**	mg/dL	Normal: 70-100 Impaired Fasting Glucose(IFG): 100-125 Diabetes mellitus: > 126 (on more than one occassion) (American diabetes association guidelines 2022)

Note: An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons : The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

Associated Tests: HbA1c (H0018), Diabetes Profile – Maxi (D0021),HOMA Index (H0275), Insulin (I0275).

Glucose Post Prandial (Fluoride Plasma - PP,Hexokinase)	**240**	mg/dL	Normal: 70-140 Impaired Tolerance: 140-199 Diabetes mellitus: >= 200 (on more than one occassion) (American diabetes association guidelines 2022)

Note: An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons:

The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

Associated Tests: HbA1c (H0018), Diabetes Profile – Maxi (D0021),HOMA Index (H0275), Insulin (I0275).

Creatinine, Serum (Serum,Jaffes method)	**3.58**	mg/dL	0.70-1.20

Medical Remarks: Please correlate clinically.

Interpretation -

Creatinine is a waste product formed in muscles from the high energy storage compound, creatine phosphate. The amount of creatinine produced is constant (unlike Urea) and is primarily a function of muscle mass. Physiological factors affecting serum creatinine concentration includes age, gender, race, muscularity, exercise, Pregnancy, certain drugs, diet, dehydration and nutritional status. Low serum Creatinine levels is seen in cases of low muscle mass like muscular atrophy, or aging. High serum creatinine levels is seen in Acute and Chronic kidney disease, obstruction. Since a rise in blood creatinine is observed only with marked damage of the nephrons, it is not suited to detect early stage kidney disease.

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MEDICAL LABORATORY REPORT

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Investigation	Observed Value	Unit	Biological Reference Interval
Lipid Profile - 2 (Mini - Fasting)			
Cholesterol Total, Serum (Serum,Cholesterol oxidase-peroxidase (CHOD-POD))	134	mg/dL	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides, Serum (Serum,Glycerol-3-phosphate peroxidase chromogenic method (GPO-POD))	101	mg/dL	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500
HDL Cholesterol Direct (Serum,Direct Homogeneous method)	**39**	mg/dL	> 40
Non HDL Cholesterol (Serum,Calculated)	95.00	mg/dL	Optimal <130 ,Desirable 130-159 ,Borderline high 160-189 ,High 190-220 ,Very High >=220
LDL Cholesterol (Serum,Calculated)	74.8	mg/dL	Optimal <100 ,Near Optimal 100-129 ,Borderline high 130-159 ,High 160-189 ,Very High >=190
VLDL Cholesterol (Serum,Calculated)	20.20	mg/dL	6-38
LDL/HDL Ratio (Serum,Calculated)	1.92		2.5-3.5
Cholestrol / HDL Ratio (Serum,Calculated)	3.44		3.5-5.0

Note: Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

-- End of Report --

MC-2518

Test Marked with NABL symbol are in the scope of accrediation

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