Apollo Medical Centre

(Promoters : Kurnool Hospital Enterprises Ltd.)

43-67/A,N.R. Peta, Kurnool - 518 004, Phone : (08518) 225888, 225889

Name	: **SHAIK MD IQBAL BASHA**	**Bill Date** :	**29-Dec-2025 11:01 am**
Age	: **60 Years**	**Sample No** :	**26**
Gender	: **Male**	**Smpl.Time** :	**29-Dec-2025 11:04 AM**
Bill No	: **QR10383**	**Report Date** :	**29-Dec-2025 11:59 am**
Ref.Dr.	: **SELF**	QR10383	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
UREA				
UREA (BLOOD)	44	mg/dL	14 - 45	UV-GLDH

Urea is the major nitrogen containing metabolic product of protein catabolism. Increased in dehydration, severe vomiting, fever, severe infections, burns, high protein diet, acute GN etc
Decreased in low protein intake, starvation, anorexia nervosa, late pregnancy etc.

CREATININE				
CREATININE (SERUM)	1.2	mg/dL	0.6 - 1.3 Adult	Enzymatic
		mg/dL	0.3 - 1.0 Children	

Creatinine is produced at a fairly constant rate within an individual as a result of breakdown of Creatine within muscle tissue.
Creatinine is freely filtered at the glomerulus and predominantly excreted by the kidneys.
Increased - Old age, glomerulonephritis , pyelonephritis , renal failure , urinary obstruction, CCF , Dehydration , Shock, medicines
like amphotericin B, captopril , cephalosporins etc
Decreased - low muscle mass, females , Malnutrition , Drugs like - Tlianoide , Vancomycin etc.,

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
HBA1C , GLYCATED HEMOGLOBIN	6.0 %	%	-	Turbilatex

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control.

Reference:	
Non Diabetic Level	< 5.7 %
Pre diabetic range	5.7 % to 6.4 %
Diabetic Range	> 6.5 %
Diabetic Level	
Excellent control	6 %- 7 %
Fair to good control	7 % -8 %
Poor control	8 % -10 %
Unsatisfactory control	> 10 %

LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.7	mg/dL	0 - 1.0	DCA
DIRECT BILIRUBIN	0.2	mg/dL	0 - 0.3	DCA
S G P T (ALT)	22	U/L	0 - 42	Modified IFCC
S G O T (AST)	16	U/L	0 - 37	Modified IFCC
ALKALINE PHOSPHATASE	76	U/L	53 - 128	PNPP-AMP Buffer
TOTAL PROTIEN	7.0	gm/dL	6.6 - 8.8	Biuret
SERUM ALBUMIN	4.0	gm/dL	3.5 - 5.2	BCG
SERUM GLOBULIN	3.0	gm/dL	2.0 - 3.5	Calculated
A : G RATIO	1.3:1		-	

LFT are useful in detecting & diagnosing liver disease & dysfunction , as well as in evaluating severity , monitoring therapy & assessing prognosis. Predominantly elevation of AST and ALT suggests parenchymal liver or hepatitis. Predominant elevation of ALP and GGT suggests bile duct injury , cholestasis or cholangitis.

*** END OF REPORT ***

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Checked By : SAI

QR10383

KINDLY CORRELATE RESULTS WITH CLINICAL FINDINGS & DISCUSS IF NECESSARY.

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Consultant Biochemist

APOLLO MEDICAL CENTRE KURNOOL