

Patient Name : Ms.TALAT ZAIDI	Visit No : CHA250038571
Age/Gender : 74 Y/F	Registration ON : 03/Mar/2025 09: 24PM
Lab No : 10135866	Sample Collected ON : 03/Mar/2025 09: 25PM
Referred By : Dr.UK MISHRA**	Sample Received ON : 03/Mar/2025 10: 21PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 04/Mar/2025 09: 20AM
Doctor Advice : HOMOCYSTEINE,25 OH vit. D,VIT B12,HBA1C (EDTA),RANDOM	



Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	8.3	%	4 - 5.7	HPLC (EDTA)

NOTE:-

Glycosylated Hemoglobin Test (HbA1c) is performed in this laboratory by the Gold Standard Reference method, ie: HPLC Technology (High performance Liquid Chromatography D10) from Bio-Rad Laboratories. USA.

EXPECTED (RESULT) RANGE :

Bio system	Degree of normal
4.0 - 5.7 %	Normal Value (OR) Non Diabetic
5.8 - 6.4 %	Pre Diabetic Stage
> 6.5 %	Diabetic (or) Diabetic stage
6.5 - 7.0 %	Well Controlled Diabet
7.1 - 8.0 %	Unsatisfactory Control
> 8.0 %	Poor Control and needs treatment

HOMOCYSTEINE				
HOMOCYSTEINE(-O)	10.0	umol/L	3.7 - 15.0	CLIA

Homocysteine (HCY) is a thiol-containing amino acid produced by the intracellular demethylation of methionine. Total homocysteine (HCY) represents the sum of all forms of HCY including forms of oxidized, protein bound & free.

Elevated total Homocysteine levels are caused by four major factors, including:

- Genetic deficiencies in enzymes involved in HCY metabolisms such as cystathionine beta synthase.
- (CBS) methionine synthase (MS), and methylenetetrahydrofolate reductase (MTHFR).
- Nutritional deficiency in vitamin B such as B6, B12 and folate.
- Renal failure for effective amino acid clearance.
- Drug interactions such as nitric oxide, methotrexate and phenytoin that interfere with Homocysteine metabolisms.
- Elevated levels of Homocysteine are also linked with Alzheimers disease and osteoporosis.

[Checked By]

Print.Date/Time: 04-03-2025 09:55:12

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
25 OH vit. D				
25 Hydroxy Vitamin D	18.90	ng/ml		ECLIA

Deficiency < 10
Insufficiency 10 - 30
Sufficiency 30 - 100
Toxicity > 100

DONE BY: ELECTROCHEMILUMINESCENCE IMMUNOASSAY(Cobas e 411,Unicel DxI600,vitros ECI)

VITAMIN B12				
VITAMIN B12	1996	pg/mL		CLIA
			180 - 814 Normal	
			145 - 180 Intermediate	
			145.0 Deficient pg/ml	

Summary :-

Nutritional & macrocytic anemias can be caused by a deficiency of vitamin B12. This deficiency can result from diets devoid of meat & bacterial products, from alcoholism or from structural / functional damage to digestive or absorptive processes. Malabsorption is the major cause of this deficiency.

CHARAK

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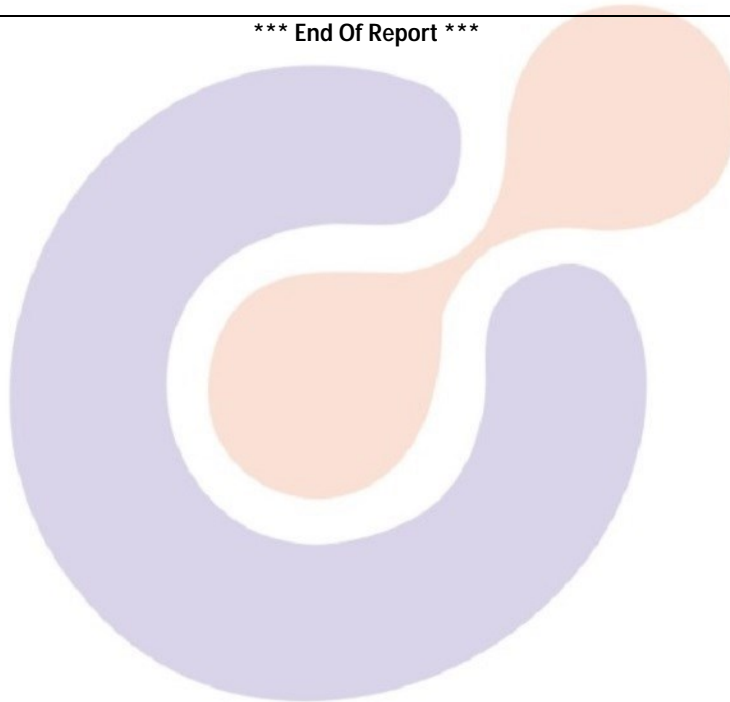
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	259	mg/dl	70 - 170	Hexokinase

*** End Of Report ***



CHARAK



Sham