



نام بیمار: [REDACTED]  
سن بیمار: ۵۲ سال  
شماره: ۱۲۶۶۷۷

تاریخ پذیرش: ۱۴۰۳/۰۸/۰۲  
تاریخ جواب: ۱۴۰۳/۰۸/۰۷ ۲:۳۰ PM  
بیمه: تامین اجتماعی آنلاین  
پزشک: [REDACTED]



Blood Biochemistry

ناظر فنی: دکتر

Test	Flag	Result	Unit	Method	Reference Interval
Fasting Serum Glucose (FBS)	H	116	mg/dL	GOD-POD	70 - 100 Pregnant Females: <92
Glycated Hb. (HbA1c)		5.6	% total Hb	HPLC	Non Diabetic: 4.0 - 5.6 Non Diabetic or IGT: 5.7 - 6.4 Well Diabetic Control: 6.4 - 8.0 Fair Diabetic Control: 8.0 - 10.0 Poor Diabetic Control: More than 10.0

At Parseh Laboratory, Hb. A1c assay has been done with Premier Hb9210 from an American company "Trinity Biotech" which uses the reference method called "Boronate Affinity High Pressure Liquid Chromatography".

The Premier Hb9210 offers you fast, reliable & safe HbA1c diagnosis in a compact, high-capacity platform. Rely on patented Boronate Affinity technology and the precise, accurate performance of HPLC to give you complete reassurance in your results.

FDA: Cleared

CE: Cleared

Canada: Cleared

You can also rely on best in class precision, linearity & specificity:

Precision: Intra-run CVs below 2% guarantee a reliable, repeatable result.

Linearity:  $r^2 = 0.9958$  (for 3.8% HbA1c to 18.5% HbA1c) ensure accuracy for the whole diabetic population.

Specificity: minimal interference from variants, interferents, matrix effects & sample freezing.

Correlation: vs Trinity Biotech Ultra2 -  $r^2 = 0.9962$  allowing you to upgrade with confidence.

The instrument is also an IFCC Reference Method and as a NGSP Certification Reference Method can even be used for the correlation of other devices for NGSP certification.

Estimated average glucose	114	mg/dL	Calculation	Estimation based on HbA1c
Serum Urea Nitrogen	17.1	mg/dL	Urease	Child (1 - 14 yr): 5.1 - 16.8 Adults: Males 8.4 - 21, Females 7.0 - 20
Creatinine	1.17	mg/dL	jaffe	0.4 - 1.3
Uric Acid (Serum)	5.5	mg/dL	URicase	Adults: Females 2.3 - 6.1, Males 3.6 - 8.2 Child: Females 1.9 - 7.9, Males 1.9 - 7.9 0 - 5 d: 1.9 - 7.9, 1 - 4 yr: 1.7 - 5.1, 5 - 11 yr: 3.0 - 6.4, 12 - 14 yr: 3.2 - 6.4, 4.5 - 8.1
Triglycerides (Tg)	121	mg/dL	GPO-POD	ATP III Classification: " " " < 150: Normal " " " 150 - 199: Borderline High " " " 200 - 499: High " " " >= 500: Very High
Cholesterol-Total	187	mg/dL	CHOD-PAP	ATP III Classification: " " " < 200: Desirable " " " 200 - 239: Borderline High " " " >= 240: High

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پزشک : جناب آقای دکتر مجید شهشهرانی پور

نام بیمار : آقای کریم سلیمانی تیرآبادی

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**HDL-Cholestrol (Direct )**

**44**

mg/dL

Enzymatic

ATP III Classification:

Males

Females

No Risk:

> 55

> 65

Moderate Risk:

35 - 55

45 - 65

High Risk:

< 35

< 45

**LDL-Cholestrol (Direct )**

**97**

mg/dL

Enzymatic

ATP III Classification:

" " " < 100: Optimal

" " " 100 - 129: Near Optimal

" " " 130 - 159: Borderline High

" " " 160 - 189: High

" " " >= 190: Very High

**Atherogenic Index (LDL/HDL)**

**2.20**

Ratio

Calculation

< 2.0: Low Risk

2.0 - 3.0: Weak Risk

3.0 - 5.0: Moderate Risk

> 5.0: High Risk

**Risk Factor (T.C/HDL-C)**

**4.2**

Ratio

Calculation

3.3 - 4.4: Low Risk

4.5 - 7.1: Weak Risk

7.2 - 11.0: Moderate Risk

> 11.0: High Risk

**AST (SGOT)**

**25**

U/L

UV.IFCC

Males: Up to 37

Females: Up to 31

Child: Up to 60

Reference values have not been established for patients who are <12 mo of age.

**ALT (SGPT)**

**26**

U/L

UV.IFCC

Males: Up to 40

Females: Up to 32

Reference values have not been established for patients who are <12 mo of age.

**Alkaline Phosphatase**

**214**

U/L

DGKC

Males: 80 - 306

Females: 64 - 306

Child: (< 15 yr): 180 - 1200

**Total Bilirubin (Serum)**

**0.81**

mg/dL

DPD

Adults: 0.2 - 1.3

Full Term Newborns:

< 1 d: 2.0 - 6.0

1 - 2 d: 1.3 - 9.0

3 - 5 d: 0.5 - 12.0

Premature Newborns:

< 1 d: 1.0 - 2.0

1 - 2 d: 6.0 - 8.0

3 - 5 d: 10.0 - 15

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**Blood Biochemistry Continue**

ناظر فنی: دکتر

<b>Direct Bilirubin (Serum)</b>	<b>0.21</b>	mg/dL	DPD	Adults: Up to 0.3 Neonates: Up to 0.5
<b>Calcium (Ca)</b>	<b>9.2</b>	mg/dL	Arsenazo	Adults: 8.2 - 10.6 1 mo - 1 yr: 8.6 - 11.2 2 - 12 yr: 8.8 - 10.8
<b>Phosphorus (P)</b>	<b>3.7</b>	mg/dL	Endpoint	Adults: 2.6 - 4.5 Neonates: 1 - 30 d: 3.9 - 7.7 1 - 12 mo: 3.5 - 6.6 Child: 1 - 3 yr: 3.1 - 6.0 4 - 6 yr: 3.5 - 5.6 7 - 9 yr: 3.0 - 5.4 10 - 12 yr: 3.2 - 5.7 13 - 15 yr: 2.9 - 5.1 16 - 18 yr: 2.7 - 4.9
<b>Sodium : (Na+)</b>	<b>141</b>	mEq/L	ISE	135 - 150
<b>Potassium : (K+)</b>	<b>4.5</b>	mEq/L	ISE	3.6 - 5.2

**ECL**

ناظر فنی: دکتر

<u>Test</u>	<u>Flag</u>	<u>Result</u>	<u>Unit</u>	<u>Method</u>	<u>Reference Interval</u>
<b>Testosterone</b>		<b>3.15</b>	ng/mL	ECL	Males: 7 - 18 yr: 0.649 - 8.82 19 - 49 yr: 2.49 - 8.36 >= 50 yr: 1.93 - 7.40 Females: 8 - 18 yr: 0.046 - 0.383 19 - 49 yr: 0.084 - 0.481 >= 50 yr: 0.029 - 0.408
<b>Prostatic Specific Antigen (PSA)</b>		<b>1.063</b>	ng/mL	CLIA	36 - 45 yr : Upto 1.3 45 - 55 yr : Upto 2.1 55 - 65 yr : Upto 3.2 65 - 81 yr : Upto 6.4
<b>25 (OH) vit. D (D3)</b>		<b>38.4</b>	ng/mL	HPLC	<10 Deficiency 10 - 25 Insufficiency 25 - 80 Sufficiency >80 Toxicity Possible

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### Hematology

ناظر فنی: دکتر ناصر اسماعیلی

<u>Test</u>	<u>Flag</u>	<u>Result</u>	<u>Unit</u>	<u>Method</u>	<u>Reference Interval</u>
<b>Complete Blood Count</b>					
<b>WBC</b>		<b>4.85</b>	1000/ $\mu$ L		4 - 10 -----
<b>RBC</b>		<b>5.29</b>	M/ $\mu$ L		4.3 - 5.9 -----
<b>Hb.</b>		<b>15.1</b>	g/dL		13.5 - 17.5 -----
<b>Hct.</b>		<b>43.2</b>	%		40 - 52 -----
<b>MCV</b>		<b>81.6</b>	fL		80 - 100 -----
<b>MCH</b>		<b>28.5</b>	pg		27 - 33 -----
<b>MCHC</b>		<b>35.0</b>	g/dL		32 - 37 -----
<b>RDW-CV</b>		<b>13.4</b>	%		11.5 - 14.5 -----
<b>Platelets</b>		<b>199</b>	1000/ $\mu$ L		140 - 450 -----
<b>MPV</b>		<b>9.9</b>	fL		7.2 - 12.0 -----
<b>Differential</b>					
<b>Neutrophil #</b>		<b>2.32</b>	1000/ $\mu$ L		1.5 - 8
<b>Lymphocyte #</b>		<b>1.92</b>	1000/ $\mu$ L		0.8 - 4.8
<b>Monocyte #</b>		<b>0.41</b>	1000/ $\mu$ L		0.2 - 1.0
<b>Eosinophil #</b>		<b>0.17</b>	1000/ $\mu$ L		0 - 0.8
<b>Basophil #</b>		<b>0.03</b>	1000/ $\mu$ L		0 - 0.2
<b>Neutrophil</b>		<b>47.9</b>	%		38 - 80
<b>Lymphocyte</b>		<b>39.5</b>	%		18 - 50
<b>Monocyte</b>		<b>8.5</b>	%		2 - 10
<b>Eosinophil</b>		<b>3.5</b>	%		0 - 5
<b>Basophil</b>		<b>0.6</b>	%		0 - 2

\* All of reference intervals for CBC parameters are specified for sex and age.

### Coagulation

ناظر فنی: دکتر ناصر اسماعیلی

<u>Test</u>	<u>Flag</u>	<u>Result</u>	<u>Unit</u>	<u>Method</u>	<u>Reference Interval</u>
<b>PT</b>					
<b>Patient Time</b>		<b>15.1</b>	sec		
<b>Control Time</b>		<b>13.5</b>	sec		
<b>PT Activity</b>		<b>83</b>	%		

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### Coagulation Continue

ناظر فنی: دکتر ناصر اسماعیلی

**INR**

**1.12**

Ratio

Normal Individuals : Up to 1.2  
during anticoagulant therapy : 2.0 - 3.0

With prosthetic heart valve : 3.0 - 4.4

Drugs may increase PT:

Acetaminophen, Allopurinol, Diazoxide, Disulfiram, Ethacrynic acid, Heparin, Mercaptopurine, Methyldopa, Methylphenidate, Monamine oxidase (MAO) inhibitors, Nalidixic acid, Nortriptyline, Sulfinpyrazone, Sulfonamides (long-acting), Thyroid drugs, Tolbutamide.

Drugs that decrease PT:

Barbiturates, Ethchlorvynol, Glutethimide, Griseofulvin, Heptabarbital, Vitamin K.

Drugs may decrease PT:

Adrenocortical steroids, Birth control pills, Cholestyramine, Colchicine, Meprobamate, Rifampin.

**aPTT**

**30.6**

sec

Couagulomet

26.0 - 40.0

This is the most suitable test for monitoring heparin-therapy and evaluation of the intrinsic coagulation system. Prolonged PTT is found in liver disease, coagulation factor deficiencies, specially hemophilia, Christmas disease (and sometimes in Von Willebrand's disease), anticoagulant therapy (including heparin), DIC, lupus anticoagulant, and with circulating anticoagulants. Results may be influenced by extraneous heparin, lipemia, antistreplase, chlorpromazine and valproic acid.

### Urinalysis

ناظر فنی بخش: دکتر نوشین شعبانی

#### Urinalysis

Urine

#### Macroscopic

#### Microscopic

Color	Yellow
Appearance	Clear
Specific Gravity	1.020
pH	6.5
Protein	Negative
Glucose in urine	Negative
Blood/Hb	Negative
Ketone	Negative
Bilirubin	Negative
Urobilinogen	Negative
Nitrite	Negative
Ascorbic Acid	Negative

W.B.C/hpf	0-1
R.B.C/hpf	0-1
Epithelial Cell	0-1
Bacteria/hpf	Rare
Crystals/hpf	Not seen
Casts/lpf	Not seen
Mucus Threads/hpf	Not seen
Yeast like cell	Not seen

### Bacteriology

ناظر فنی بخش: دکتر نوشین شعبانی

Test	Flag	Result	Unit	Method	Reference Interval
Urine Culture & Sensitivity					
Culture		No Growth after 24 hours			

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