

## **KOS Diagnostic Lab**

(A Unit of KOS Healthcare)



Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathologist

Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist

**NAME** : Mr. RAKESH GUPTA

**AGE/ GENDER** : 69 YRS/MALE **PATIENT ID** : 1549123

**COLLECTED BY** : SURJESH :012407150021 REG. NO./LAB NO.

REFERRED BY : CENTRAL PHOENIX CLUB (AMBALA CANTT) **REGISTRATION DATE** : 15/Jul/2024 09:04 AM BARCODE NO. :01513167 **COLLECTION DATE** : 15/Jul/2024 09:26AM

CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 15/Jul/2024 02:35PM

**CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit **Biological Reference interval** 

### **HAEMATOLOGY**

## **GLYCOSYLATED HAEMOGLOBIN (HBA1C)**

GLYCOSYLATED HAEMOGLOBIN (HbA1c): 6.5H 4.0 - 6.4WHOLE BLOOD

by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)

ESTIMATED AVERAGE PLASMA GLUCOSE 139.85 mg/dL 60.00 - 140.00

by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)

#### **INTERPRETATION:**

AS PER AMERICAN DIA	BETES ASSOCIATION (ADA):		
REFERENCE GROUP	GLYCOSYLATED HEMOGLOGIB (HBAIC) in %		
Non diabetic Adults >= 18 years	<5.7		
At Risk (Prediabetes)	5.7 – 6.4		
Diagnosing Diabetes	>= 6.5		
	Age > 19 Years		
	Goals of Therapy:	< 7.0	
Therapeutic goals for glycemic control	Actions Suggested:	>8.0	
	Age < 19 Years		
	Goal of therapy:	<7.5	

## COMMENTS:

- 1. Glycosylated hemoglobin (HbA1c) test is three monthly monitoring done to assess compliace with therapeutic regimen in diabetic patients.
- 2. Since Hb1c reflects long term fluctuations in blood glucose concentration, a diabetic patient who has recently under good control may still have high concentration of HbAlc. Converse is true for a diabetic previously under good control but now poorly controlled.
- 3. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targetting a goal of < 7.0% may not be appropiate.

- HbA1c (>9.0 -9.5 %) is strongly associated with risk of development and rapid progression of microvascular and nerve complications
  5.Any condition that shorten RBC life span like acute blood loss, hemolytic anemia falsely lower HbA1c results.
  6.HbA1c results from patients with HbSS,HbSC and HbD must be interpreted with caution, given the pathological processes including anemia,increased red cell turnover, and transfusion requirement that adversely impact HbA1c as a marker of long-term gycemic control.
- 7. Specimens from patients with polycythemia or post-spienctomy may exhibit increse in HbA1c values due to a somewhat longer life span of the red cells.



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Chairman & Consultant Pathologist

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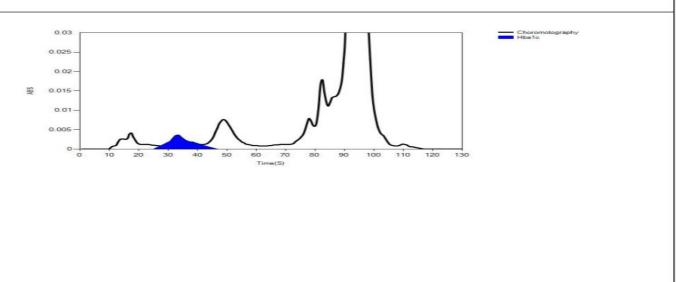
**CLIENT ADDRESS**: 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

#### LIFOTRONIC Graph Report

Name :	Case:	Patient Type :	Test Date: 15/07/2024 14:24:03
Age:	Department:	Sample Type: Whole Blood EDTA	Sample ld: 01513167
Gender:			Total Area: 11494

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	69	3406	10359	87.9
HbA1c	36	76	769	6.5
La1c	28	16	169	1.4
HbF	21	10	12	0.1
Hba1b	12	42	103	0.9
Hba1a	10	27	82	0.7



\*\*\* End Of Report \*\*\*

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