Dr. Vinay Chopra
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Chairman & Consultant Pathologist

Dr. Yugam Chopra
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CEO & Consultant Pathologist

NAME	**: Miss. RAVNEET KAUR**		
AGE/ GENDER	: 24 YRS/FEMALE	**PATIENT ID**	: 1555028
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012407200042**
REFERRED BY	:	**REGISTRATION DATE**	: 20/Jul/2024 10:44 AM
BARCODE NO.	: 01513494	**COLLECTION DATE**	: 20/Jul/2024 10:51AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 20/Jul/2024 04:38PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

HAEMATOLOGY

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

GLYCOSYLATED HAEMOGLOBIN (HbA1c):	**8.3^{H}**	**%**	**4.0 - 6.4**
WHOLE BLOOD			
by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)			
ESTIMATED AVERAGE PLASMA GLUCOSE	**191.51^{H}**	**mg/dL**	**60.00 - 140.00**
by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)			

INTERPRETATION:

AS PER AMERICAN DIABETES 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	
Therapeutic goals for glycemic control	**Age > 19 Years**	
	Goals of Therapy:	< 7.0
	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 HbAIc. 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.

*4.*High 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-splenctomy may exhibit increse in HbA1c values due to a somewhat longer life span of the red cells.

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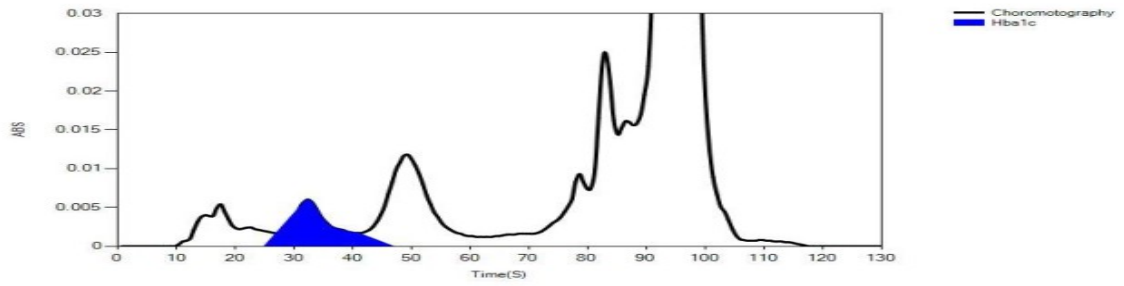
Test Name	Value	Unit	Biological Reference interval

LIFOTRONIC Graph Report

Name :	Case :	Patient Type :		Test Date : 20/07/2024 14:31:48
Age :	Department :	Sample Type : Whole Blood EDTA		Sample Id : 01513494
Gender :				Total Area : 13557

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	70	3299	11904	85.2
HbA1c	36	118	1159	8.3
La1c	28	19	197	1.4
HbF	23	60	60	0.4
Hba1b	12	54	123	0.9
Hba1a	11	40	114	0.8



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CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE FASTING (F)

GLUCOSE FASTING (F): PLASMA *by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)*	**116.27^{H}**	**mg/dL**	**NORMAL: < 100.0** **PREDIABETIC: 100.0 - 125.0** **DIABETIC: > 0R = 126.0**

INTERPRETATION

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A fasting plasma glucose level below 100 mg/dl is considered normal.
2. A fasting plasma glucose level between 100 - 125 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.
3. A fasting plasma glucose level of above 125 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients. A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.

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Test Name	Value	Unit	Biological Reference interval

CLINICAL PATHOLOGY

MICROALBUMIN - RANDOM URINE

MICROALBUMIN: RANDOM URINE *by NEPHLOMETRY*	10.2	mg/L	0 - 25

INTERPRETATION:-

PHYSIOLOGICALLY NORMAL:	mg/L	0 - 30
MICROALBUMINURIA:	mg/L	30 - 300
GROSS PROTEINURIA:	mg/L	> 300

1.Long standing un-treated Diabetes and Hypertension can lead to renal dysfunction.

2. Diabetic nephropathy or kidney disease is the most common cause of end stage renal disease(ERSD) or kidney failure.

3. Presence of Microalbuminuria is an early indicator of onset of compromised renal function in these patients.

4.Microalbuminuria is the condition when urinary albumin excre tion is between 30-300 mg & above this it is called as macroalbuminuria, the presence of which indicates serious kidney disease.

5.Microalbuminuria is not only associated with kidney disease but of cardiovascular disease in patients with dibetes & hypertension.

6.Microalbuminuria reflects vascular damage & appear to be a marker of of early arterial disease & endothelial dysfunction.

NOTE:- IF A PATIENT HAS = 1+ PROTEINURIA (30 mg/dl OR 300 mg/L) BY URINE DIPSTICK (URINEANALYSIS), OVERT PROTEINURIA IS PRESENT AND TESTING FOR MICROALBUMIN IS INAPPROPIATE. IN SUCH A CASE, URINE PROTEIN:CREATININE RATIO OR 24 HOURS TOTAL URINE MICROPROTEIN IS APPROPIATE.

*** End Of Report ***

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