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

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

NAME	**: Mrs. NEHA**		
AGE/ GENDER	: 30 YRS/FEMALE	**PATIENT ID**	: 1457829
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012407260006**
REFERRED BY	:	**REGISTRATION DATE**	: 26/Jul/2024 07:48 AM
BARCODE NO.	: 01513818	**COLLECTION DATE**	: 26/Jul/2024 08:51AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 26/Jul/2024 01:26PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

HAEMATOLOGY

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

GLYCOSYLATED HAEMOGLOBIN (HbA1c): WHOLE BLOOD *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	5.3	%	4.0 - 6.4
ESTIMATED AVERAGE PLASMA GLUCOSE *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	105.41	mg/dL	60.00 - 140.00

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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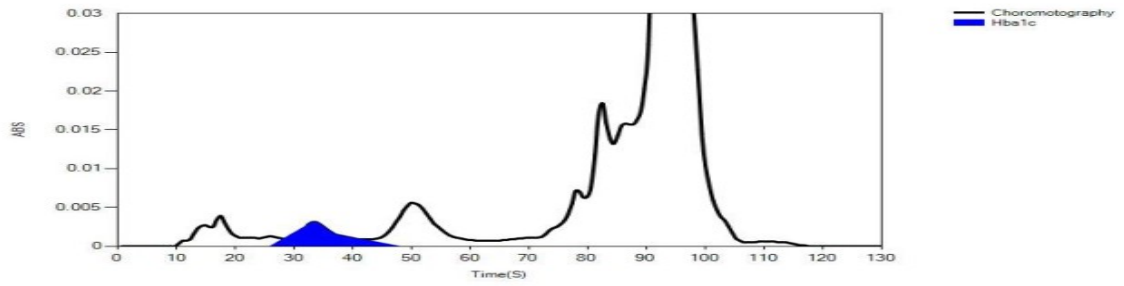
Test Name	Value	Unit	Biological Reference interval

LIFOTRONIC Graph Report

Name :	Case :	Patient Type :		Test Date : 26/07/2024 12:56:59
Age :	Department :	Sample Type : Whole Blood EDTA		Sample Id : 01513818
Gender :				Total Area : 10969

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	69	3226	9921	87.9
HbA1c	37	56	602	5.3
La1c	24	32	231	2.0
HbF	19	13	17	0.1
Hba1b	12	39	106	0.9
Hba1a	11	27	92	0.8



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BARCODE NO.	: 01513818	**COLLECTION DATE**	: 26/Jul/2024 08:51AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 27/Jul/2024 08:36AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

BILE ACIDS TOTAL

BILE ACID TOTAL - SERUM ***by ENZYMATIC CYCLING***	**30.9^{H}**	**µmol/L**	**0.50 - 10.00**

INTERPRETATION:

NOTE:

1.In Obstetric cholestasis, normal values for serum bile acids and transaminases may occasionally be seen. A repeat test is recommended after 1-2 weeks in patients with persistent pruritis

2.Following meals, serum bile acid levels have been shown to increase only slightly in normal persons, but markedly in patients with various liver diseases.

COMMENTS:

1.Total bile acids are metabolized in the liver and can serve as a marker for normal liver function.

2.Increases in serum bile acids are seen in patients with acute hepatitis, chronic hepatitis, liver sclerosis, liver cancer, and intrahepatic cholestasis of pregnancy

3.Abnormal levels in fasting patient or immediately after a meal can be used to detect liver disease and damage ,impaired liver function ,intestinal dysfunction and gall bladder blockage , hepatocellular carcinoma.

4.Most sensitive test for obstetric cholestasis in pregnancy. In Obstetric Cholestasis, concentrations greater than 15 µmol/L usually confirms the diagnosis in the absence of other hepatic disease. Bile acid concentrations greater than 40 µmol/L have been associated with increased fetal risk.

5.It detects liver disease earlier than standard liver tests because bile acid levels correspond to liver function rather than liver damage.

*** End Of Report ***

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