

Dr. Vinay Chopra  
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Chairman & Consultant Pathologist

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

NAME : Mrs. NEELIMA  
AGE/ GENDER : 52 YRS/FEMALE  
COLLECTED BY :  
REFERRED BY :  
BARCODE NO. : 01514946  
CLIENT CODE. : KOS DIAGNOSTIC LAB  
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1578076  
REG. NO./LAB NO. : 012408120040  
REGISTRATION DATE : 12/Aug/2024 12:39 PM  
COLLECTION DATE : 12/Aug/2024 12:43PM  
REPORTING DATE : 12/Aug/2024 03:10PM

Test Name	Value	Unit	Biological Reference interval
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### HAEMATOLOGY

#### GLYCOSYLATED HAEMOGLOBIN (HbA1c)

GLYCOSYLATED HAEMOGLOBIN (HbA1c): WHOLE BLOOD by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)	9.4 <sup>H</sup>	%	4.0 - 6.4
ESTIMATED AVERAGE PLASMA GLUCOSE by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)	223.08 <sup>H</sup>	mg/dL	60.00 - 140.00

INTERPRETATION:

AS PER AMERICAN DIABETES ASSOCIATION (ADA):	
REFERENCE GROUP	GLYCOSYLATED HEMOGLOBIN (HbA1c) 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:
	Actions Suggested:
	Age < 19 Years
	Goal of therapy:

#### COMMENTS:

- Glycosylated hemoglobin (HbA1c) test is three monthly monitoring done to assess compliance with therapeutic regimen in diabetic patients.
  - 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 HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
  - 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, targeting a goal of < 7.0% may not be appropriate.
  - 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 glycemic control.
7. Specimens from patients with polycythemia or post-splenectomy may exhibit increase in HbA1c values due to a somewhat longer life span of the red cells.



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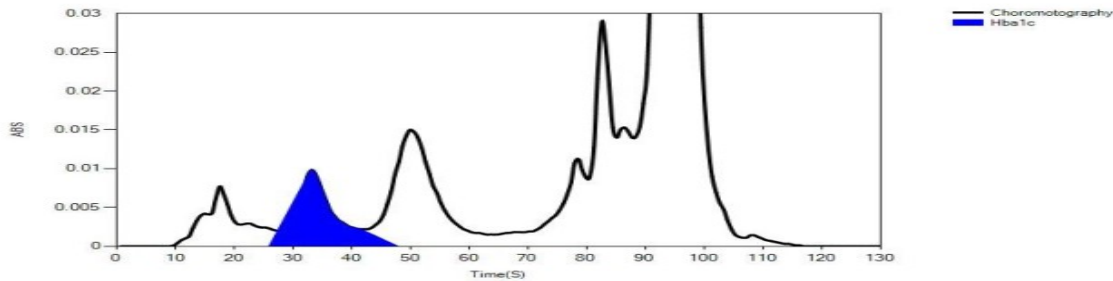
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LIFOTRONIC Graph Report

Name :	Case :	Patient Type :	Test Date : 12/08/2024 14:53:20
Age :	Department :	Sample Type : Whole Blood EDTA	Sample Id : 01514946
Gender :			Total Area : 15507

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	69	4128	13311	83.6
HbA1c	37	150	1495	9.4
La1c	28	27	377	2.4
HbF	21	22	16	0.1
Hba1b	13	77	202	1.3
Hba1a	11	42	106	0.7



  
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### CLINICAL CHEMISTRY/BIOCHEMISTRY

#### CHOLESTEROL: SERUM

CHOLESTEROL TOTAL: SERUM	190.28	mg/dL	OPTIMAL: < 200.0
by CHOLESTEROL OXIDASE PAP			BORDERLINE HIGH: 200.0 - 239.0
			HIGH CHOLESTEROL: > OR = 240.0

#### INTERPRETATION:

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	CHOLESTEROL IN ADULTS (mg/dL)	CHOLESTEROL IN ADULTS (mg/dL)
DESIRABLE	< 200.0	< 170.0
BORDERLINE HIGH	200.0 – 239.0	171.0 – 199.0
HIGH	>= 240.0	>= 200.0

#### NOTE:

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- As per National Lipid association - 2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

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



  
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