

Dr. Vinay Chopra
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 Chairman & Consultant Pathologist

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

NAME : Mrs. NISHA JAIN
AGE/ GENDER : 63 YRS/FEMALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 01515143
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT
PATIENT ID : 1581970
REG. NO./LAB NO. : 012408160024
REGISTRATION DATE : 16/Aug/2024 10:12 AM
COLLECTION DATE : 16/Aug/2024 10:37AM
REPORTING DATE : 16/Aug/2024 03:24PM

| Test Name | Value | Unit | Biological Reference interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

HAEMATOLOGY

GLYCOSYLATED HAEMOGLOBIN (HbA1c)

| | | | |
|--|--------|-------|----------------|
| GLYCOSYLATED HAEMOGLOBIN (HbA1c): WHOLE BLOOD by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) | 5.8 | % | 4.0 - 6.4 |
| ESTIMATED AVERAGE PLASMA GLUCOSE by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) | 119.76 | mg/dL | 60.00 - 140.00 |

INTERPRETATION:

AS PER AMERICAN DIABETES ASSOCIATION (ADA):

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|---|--------------------------------------|-------|
| 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: | < 7.0 |
| | Actions Suggested: | >8.0 |
| | Age < 19 Years | |
| | Goal of therapy: | <7.5 |

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.
- HbA1c (>9.0 -9.5 %) is strongly associated with risk of development and rapid progression of microvascular and nerve complications
- Any condition that shorten RBC life span like acute blood loss, hemolytic anemia falsely lower HbA1c results.
- 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.
- 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.

4.High




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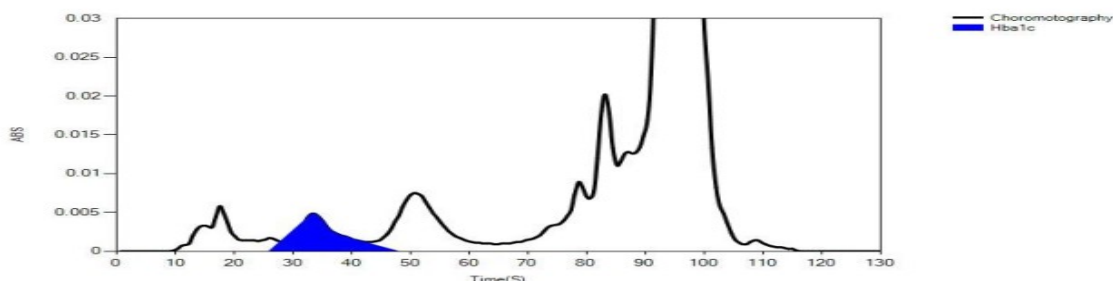
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LIFOTRONIC Graph Report

| | | | |
|----------|--------------|--------------------------------|---------------------------------|
| Name : | Case : | Patient Type : | Test Date : 16/08/2024 15:07:44 |
| Age : | Department : | Sample Type : Whole Blood EDTA | Sample Id : 01515143 |
| Gender : | | | Total Area : 14255 |

| Peak Name | Retention Time(s) | Absorbance | Area | Result (Area %) |
|-----------|-------------------|------------|-------|-----------------|
| HbA0 | 70 | 3926 | 12771 | 87.9 |
| HbA1c | 37 | 75 | 851 | 5.8 |
| La1c | 24 | 49 | 344 | 2.4 |
| HbF | 19 | 17 | 21 | 0.1 |
| Hba1b | 13 | 59 | 161 | 1.1 |
| Hba1a | 10 | 33 | 107 | 0.7 |




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BLEEDING TIME (BT)

| | | | |
|--------------------------------------|---------------|------|-------|
| BLEEDING TIME (BT) by DUKE METHOD | 2 MIN.25 SEC. | MINS | 1 - 5 |
|--------------------------------------|---------------|------|-------|




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CLOTTING TIME (CT)

| | | | |
|--------------------------|----------------|------|-------|
| CLOTTING TIME (CT) | 6 MIN. 15 SEC. | MINS | 4 - 9 |
| by CAPILLARY TUBE METHOD | | | |




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PROTHROMBIN TIME STUDIES (PT/INR)

| | | | |
|---|--------|------|-------------|
| PT TEST (PATIENT) by PHOTO OPTICAL CLOT DETECTION | 11.7 | SECS | 11.5 - 14.5 |
| PT (CONTROL) by PHOTO OPTICAL CLOT DETECTION | 13.2 | SECS | |
| ISI by PHOTO OPTICAL CLOT DETECTION | 1.03 | | |
| INTERNATIONAL NORMALISED RATIO (INR) by PHOTO OPTICAL CLOT DETECTION | 0.88 | | 0.80 - 1.20 |
| PT INDEX by PHOTO OPTICAL CLOT DETECTION | 112.82 | % | |

INTERPRETATION:-

1. INR is the parameter of choice in monitoring adequacy of oral anti-coagulant therapy. Appropriate therapeutic range varies with the disease and treatment intensity.
2. Prolonged INR suggests potential bleeding disorder /bleeding complications
3. Results should be clinically correlated.
4. Test conducted on Citrated Plasma

RECOMMENDED THERAPEUTIC RANGE FOR ORAL ANTI-COAGULANT THERAPY (INR)

| INDICATION | | INTERNATIONAL NORMALIZED RATIO (INR) |
|--|----------------|--------------------------------------|
| Treatment of venous thrombosis | Low Intensity | 2.0 - 3.0 |
| Treatment of pulmonary embolism | | |
| Prevention of systemic embolism in tissue heart valves | | |
| Valvular heart disease | | |
| Acute myocardial infarction | | |
| Atrial fibrillation | | |
| Bileaflet mechanical valve in aortic position | High Intensity | 2.5 - 3.5 |
| Recurrent embolism | | |
| Mechanical heart valve | | |
| Antiphospholipid antibodies ⁺ | | |

COMMENTS:




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The prothrombin time (PT) and its derived measures of prothrombin ratio (PR) and international normalized ratio (INR) are measures of the efficacy of the extrinsic pathway of coagulation. PT test reflects the adequacy of factors I (fibrinogen), II (prothrombin), V, VII, and X. It is used in conjunction with the activated partial thromboplastin time (aPTT) which measures the intrinsic pathway.

The common causes of prolonged prothrombin time are :

- 1.Oral Anticoagulant therapy.
- 2.Liver disease.
- 3.Vit K. deficiency.
- 4.Disseminated intra vascular coagulation.
- 5.Factor 5, 7 , 10 or Prothrombin deficiency

*** End Of Report ***





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