

Dr. Vinay Chopra
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Dr. Yugam Chopra
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CEO & Consultant Pathologist

NAME : Mr. MOHIT BANSAL
AGE/ GENDER : 43 YRS/MALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 01515647
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 934181
REG. NO./LAB NO. : 012408240061
REGISTRATION DATE : 24/Aug/2024 06:19 PM
COLLECTION DATE : 24/Aug/2024 06:20PM
REPORTING DATE : 24/Aug/2024 07:05PM


Test Name	Value	Unit	Biological Reference interval
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HAEMATOLOGY

TOTAL LEUCOCYTE COUNT (TLC)

TOTAL LEUCOCYTE COUNT (TLC) by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD	15590 ^H	/cmm	4000 - 11000
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BARCODE NO.	: 01515647	REPORTING DATE	: 24/Aug/2024 09:08PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
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Test Name	Value	Unit	Biological Reference interval
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GLYCOSYLATED HAEMOGLOBIN (HbA1c)

GLYCOSYLATED HAEMOGLOBIN (HbA1c):	7.1 ^H	%	4.0 - 6.4
WHOLE BLOOD			
by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)			
ESTIMATED AVERAGE PLASMA GLUCOSE	157.07 ^H	mg/dL	60.00 - 140.00
by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)			

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

*** End Of Report ***





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