ISO 9001 : 2008 CERTIFIED LAB

KOS Diagnostic Lab
(A Unit of KOS Healthcare)

KOS™
EXCELLENCE IN HEALTHCARE & DIAGNOSTICS

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

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



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|---|---|---|---|
| **NAME** | **: Mr. K.N PRASHAR** | | |
| **AGE/ GENDER** | : 65 YRS/MALE | **PATIENT ID** | : 1598334 |
| **COLLECTED BY** | : SURJESH | **REG. NO./LAB NO.** | **: 012409010022** |
| **REFERRED BY** | : | **REGISTRATION DATE** | : 01/Sep/2024 09:20 AM |
| **BARCODE NO.** | : 01516093 | **COLLECTION DATE** | : 01/Sep/2024 09:21AM |
| **CLIENT CODE.** | : KOS DIAGNOSTIC LAB | **REPORTING DATE** | : 01/Sep/2024 02:50PM |
| **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)* | **6.7$^{H}$** | **%** | **4.0 - 6.4** |
| **ESTIMATED AVERAGE PLASMA GLUCOSE** *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)* | **145.59$^{H}$** | **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.

*** End Of Report ***

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS , MD (PATHOLOGY)