ISO 9001 : 2008 CERTIFIED LAB

KOS Diagnostic Lab
(A Unit of KOS Healthcare)

KOS™
EXCELLENCE IN HEALTHCARE & DIAGNOSTICS

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NAME	**: Mrs. LUXMI JOLLY**		
AGE/ GENDER	: 80 YRS/FEMALE	**PATIENT ID**	: 1609299
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012409110010**
REFERRED BY	:	**REGISTRATION DATE**	: 11/Sep/2024 08:13 AM
BARCODE NO.	: 01516730	**COLLECTION DATE**	: 11/Sep/2024 08:50AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 11/Sep/2024 11:41AM
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)*	6.4	%	4.0 - 6.4
ESTIMATED AVERAGE PLASMA GLUCOSE *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	136.98	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 HbAlc. 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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BARCODE NO.	: 01516730	**COLLECTION DATE**	: 11/Sep/2024 08:50AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 12/Sep/2024 09:06AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

LACTATE

LACTATE - PLASMA *by LACTATE OXIDASE - PEROXIDASE*	**59.3^{H}**	**mg/dL**	**4.50 - 19.80**

INTERPRETATION:

SAMPLE TYPE	REFERENCE RANGE IN mg/dL
ARTERIAL	4.50 – 14.40
VENOUS	4.50 – 19.80

NOTE:
1.Use of tourniquet, clenching of hands, exercise and hyperventilation can falsely elevate Lactate levels.
2.No definitive concentration of lactate for the diagnosis of Lactic acidosis has been established. Lactate concentrations exceeding 45 mg/dL and pH < 7.25 are generally considered indicative of significant lactic acidosis.

COMMENT:
Lactate is the end product of anaerobic carbohydrate metabolism and is used to diagnose and monitor patients with lactic acidosis. Lactic acidosis occurs due to increased production with reduced clearance.

CAUSES OF LACTIC ACIDOSIS:

TYPE 1 LACTIC ACIDOSIS (L/P RATIO NORMAL)	TYPE II A LACTIC ACIDOSIS (TISSUE HYPOXIA- L/P RATIO INCREASED)	TYPEII B LACTIC ACIDOSIS (NO TISSUE HYPOXIA- L/P RATIO INCREASED)
Muscular Exercise	Circulatory Shock	Acute Alcoholism
Hyperventilation	Severe Hypoxemia	Drugs & Toxins
Glycogen Storage Disease	Heart Failue	Diabetes Mellitus
Severe Anemia	Severe Anemia	Leukemia
Insulin Infusion	Grand mal Seizure	Deficiency of Thiamin or Riboflavin
Reye Syndrome		Idiopathic

*** End Of Report ***

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