

KOS Diagnostic Lab (A Unit of KOS Healthcare)



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

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

NAME : Mr. ASHUTOSH PURI

AGE/ GENDER : 57 YRS/MALE **PATIENT ID** : 1618702

COLLECTED BY :012409190055 REG. NO./LAB NO.

REFERRED BY **REGISTRATION DATE** : 19/Sep/2024 05:03 PM BARCODE NO. :01517288 **COLLECTION DATE** : 19/Sep/2024 05:08PM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 19/Sep/2024 05:47PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit **Biological Reference interval**

HAEMATOLOGY

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

GLYCOSYLATED HAEMOGLOBIN (HbA1c): 10.4^H % 4.0 - 6.4

WHOLE BLOOD

by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)

ESTIMATED AVERAGE PLASMA GLUCOSE

251.78^H mg/dL 60.00 - 140.00 by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)

INTERPRETATION:

AS PER AMERICAN D	IABETES 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
- 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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Test Name Value Unit **Biological Reference interval**

CLINICAL CHEMISTRY/BIOCHEMISTRY GLUCOSE RANDOM (R)

GLUCOSE RANDOM (R): PLASMA 340.01^H mg/dL NORMAL: < 140.00 by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)

PREDIABETIC: 140.0 - 200.0 DIABETIC: > 0R = 200.0

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A random plasma glucose level below 140 mg/dl is considered normal.

2. A random glucose level between 140 - 200 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prnadial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.

3. A random glucose level of above 200 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients. A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.

*** End Of Report ***



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