

# **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. JASBIR SINGH

AGE/ GENDER : 58 YRS/MALE PATIENT ID : 1632378

COLLECTED BY : REG. NO./LAB NO. : 012410020055

 REFERRED BY
 : 02/Oct/2024 03:12 PM

 BARCODE NO.
 : 01518195
 COLLECTION DATE
 : 02/Oct/2024 03:14PM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 02/Oct/2024 03:50PM

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

Test Name Value Unit Biological Reference interval

### **HAEMATOLOGY**

### **GLYCOSYLATED HAEMOGLOBIN (HBA1C)**

GLYCOSYLATED HAEMOGLOBIN (HbA1c): 11.5<sup>H</sup> % 4.0 - 6.4 WHOLE BLOOD

by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)

ESTIMATED AVERAGE PLASMA GLUCOSE 283.35<sup>H</sup> mg/dL 60.00 - 140.00

by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) INTERPRETATION:

AS PER AMERICAN DI	ABETES ASSOCIATION (ADA):		
REFERENCE GROUP	GLYCOSYLATED HEMOGL	OGIB (HBAIC) in %	
Non diabetic Adults >= 18 years	<5.7	<5.7	
At Risk (Prediabetes)	5.7 – 6.4		
Diagnosing Diabetes	>= 6.5		
	Age > 19 Years		
Therapeutic goals for glycemic control	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 appropriate.

  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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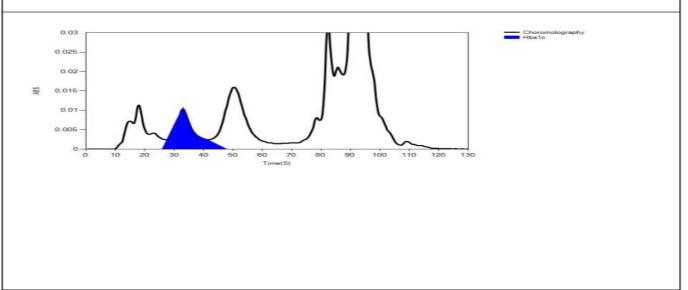
Test Name Value Unit **Biological Reference interval** 

REPORTING DATE

#### LIFOTRONIC Graph Report

Name :	Case:	Patient Type :	Test Date: 02/10/2024 15:28:15
Age:	Department:	Sample Type: Whole Blood EDTA	Sample ld: 01518195
Gender:			Total Area: 12602

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	68	3490	9959	74.9
HbA1c	37	159	1319	11.5
La1c	24	103	610	4.6
HbF	16	42	165	1.2
Hba1b	13	115	324	2.4
Hba1a	10	72	225	1.7





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### CLINICAL PATHOLOGY

### **URINE ROUTINE & MICROSCOPIC EXAMINATION**

### PHYSICAL EXAMINATION

QUANTITY RECIEVED 10 ml by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

COLOUR AMBER YELLOW PALE YELLOW

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

TRANSPARANCY HAZY CLEAR by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

SPECIFIC GRAVITY <=1.005 1.002 - 1.030

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

#### **CHEMICAL EXAMINATION**

REACTION ACIDIC

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

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PROTEIN Negative NEGATIVE (-ve)

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

SUGAR 2+ NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

pH <=5.0 5.0 - 7.5

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

BILIRUBIN Negative NEGATIVE (-ve) by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

NITRITE Negative NEGATIVE (-ve)

UROBILINOGEN Normal EU/dL 0.2 - 1.0

KETONE BODIES Negative NEGATIVE (-ve)

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

BLOOD Negative NEGATIVE (-ve)

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

ASCORBIC ACID

NEGATIVE (-ve)

NEGATIVE (-ve)

MICROSCOPIC EXAMINATION



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RED BLOOD CELLS (RBCs) by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)	/HPF	0 - 3
PUS CELLS  by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	1-3	/HPF	0 - 5
EPITHELIAL CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	1-2	/HPF	ABSENT
CRYSTALS  by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
CASTS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
BACTERIA by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
OTHERS  by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
TRICHOMONAS VAGINALIS (PROTOZOA)  by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	ABSENT		ABSENT

\*\*\* End Of Report \*\*\*



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