

Dr. Vinay Chopra  
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Chairman & Consultant Pathologist

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

NAME : Mr. VIKRAM SINGH  
AGE/ GENDER : 75 YRS/MALE  
COLLECTED BY : SURJESH  
REFERRED BY :  
BARCODE NO. : 01518923  
CLIENT CODE. : KOS DIAGNOSTIC LAB  
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1643699  
REG. NO./LAB NO. : 012410150019  
REGISTRATION DATE : 15/Oct/2024 09:45 AM  
COLLECTION DATE : 15/Oct/2024 10:01AM  
REPORTING DATE : 15/Oct/2024 02:05PM

Test Name	Value	Unit	Biological Reference interval
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## HAEMATOLOGY

### GLYCOSYLATED HAEMOGLOBIN (HbA1C)

GLYCOSYLATED HAEMOGLOBIN (HbA1c): WHOLE BLOOD by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)	6.5 <sup>H</sup>	%	4.0 - 6.4
ESTIMATED AVERAGE PLASMA GLUCOSE by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)	139.85	mg/dL	60.00 - 140.00

#### 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.
- 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 glycemic control.
- 7.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.



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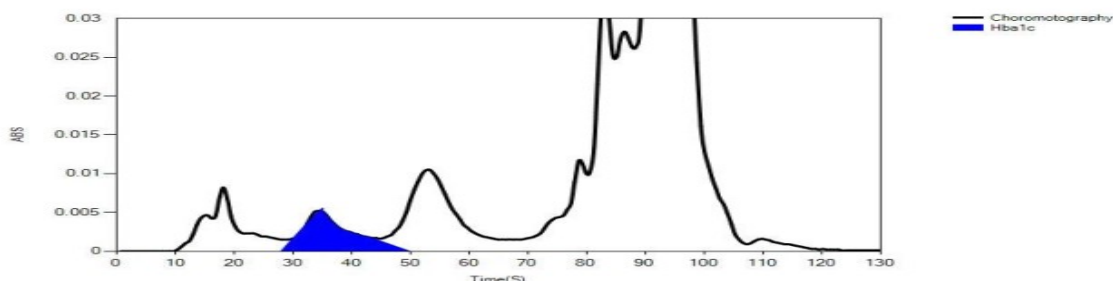
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LIFOTRONIC Graph Report

Name :	Case :	Patient Type :	Test Date : 15/10/2024 13:44:09
Age :	Department :	Sample Type : Whole Blood EDTA	Sample Id : 01518923
Gender :			Total Area : 16851

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	68	5369	15108	85.6
HbA1c	39	106	914	6.5
La1c	25	52	376	2.1
HbF	20	15	83	0.5
Hba1b	13	82	226	1.3
Hba1a	11	46	144	0.8



  
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### CLINICAL CHEMISTRY/BIOCHEMISTRY

#### GLUCOSE FASTING (F)

GLUCOSE FASTING (F): PLASMA  
by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)

114.18<sup>H</sup>

mg/dL

NORMAL: < 100.0  
 PREDIABETIC: 100.0 - 125.0  
 DIABETIC: > OR = 126.0

#### INTERPRETATION

##### IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A fasting plasma glucose level below 100 mg/dl is considered normal.
2. A fasting plasma glucose level between 100 - 125 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.
3. A fasting plasma glucose level of above 125 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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