

## **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** : Mrs. MITHLESH GOEL

**AGE/ GENDER** : 65 YRS/FEMALE **PATIENT ID** : 1658332

**COLLECTED BY** :012411020006 REG. NO./LAB NO.

REFERRED BY **REGISTRATION DATE** : 02/Nov/2024 07:25 AM BARCODE NO. :01519892 **COLLECTION DATE** : 02/Nov/2024 08:27AM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 02/Nov/2024 01:09PM

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

Value Unit **Biological Reference interval Test Name** 

## HAEMATOLOGY

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

GLYCOSYLATED HAEMOGLOBIN (HbA1c): % 4.0 - 6.46.8<sup>H</sup> WHOLE BLOOD

by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)

ESTIMATED AVERAGE PLASMA GLUCOSE 60.00 - 140.00 148.46<sup>H</sup> mg/dL 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		
At Risk (Prediabetes)	5.7 – 6.4	1	
Diagnosing Diabetes	>= 6.5		
	Age > 19 Years		
	Goals of Therapy:	< 7.0	
Therapeutic goals for glycemic control	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.



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST



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NAME : Mrs. MITHLESH GOEL

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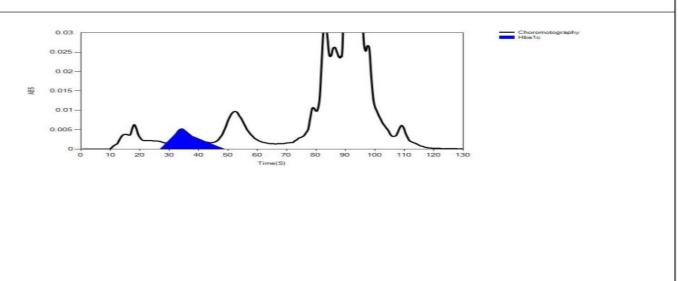
**CLIENT ADDRESS**: 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

#### LIFOTRONIC Graph Report

Name :	Case:	Patient Type :	Test Date: 02/11/2024 12:48:39	ĺ
Age:	Department:	Sample Type: Whole Blood EDTA	Sample ld: 01519892	ı
Gender:			Total Area : 14834	ı

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	67	4876	13185	84.4
HbA1c	38	97	850	6.8
La1c	25	52	426	2.7
HbF	19	21	64	0.4
Hba1b	13	63	181	1.1
Hba1a	11	38	128	0.8



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

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