

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

: 02/Nov/2024 01:36PM

4.0 - 6.4

NAME : Mrs. MAMTA

AGE/ GENDER : 69 YRS/FEMALE **PATIENT ID** : 1658400

COLLECTED BY : SURJESH :012411020024 REG. NO./LAB NO.

REFERRED BY : CENTRAL PHOENIX CLUB (AMBALA CANTT) **REGISTRATION DATE** : 02/Nov/2024 11:13 AM BARCODE NO. :01519910 **COLLECTION DATE** : 02/Nov/2024 11:28AM

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

Value Unit **Biological Reference interval Test Name**

HAEMATOLOGY

REPORTING DATE

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

7^H GLYCOSYLATED HAEMOGLOBIN (HbA1c): % WHOLE BLOOD

by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)

ESTIMATED AVERAGE PLASMA GLUCOSE 60.00 - 140.00 154.2H mg/dL

by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)

INTERPRETATION:

CLIENT CODE.

AS PER AMERICAN D	ABETES ASSOCIATION (ADA):		
REFERENCE GROUP	GLYCOSYLATED HEMOGL	OGIB (HBAIC) in %	
Non diabetic Adults >= 18 years	<5.7		
At Risk (Prediabetes)	5.7 – 6.	4	
Diagnosing Diabetes	>= 6.5		
	Age > 19 Y	ears	
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 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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MD (Pathology)
CEO & Consultant Pathologist

NAME : Mrs. MAMTA

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COLLECTED BY : SURJESH REG. NO./LAB NO. : 012411020024

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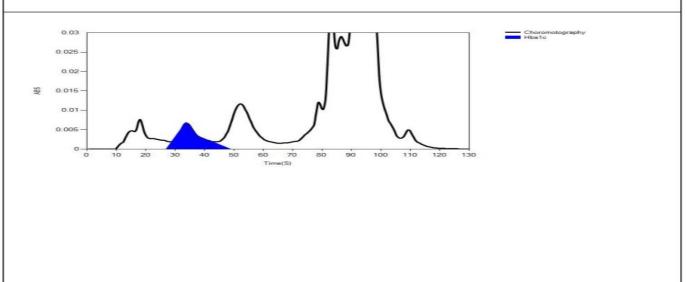
CLIENT ADDRESS: 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

LIFOTRONIC Graph Report

Name :	Case:	Patient Type :	Test Date: 02/11/2024 13:04:42
Age:	Department:	Sample Type: Whole Blood EDTA	Sample ld: 01519910
Gender:			Total Area : 17056

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	68	5332	15134	84.4
HbA1c	38	117	1015	7.0
La1c	24	67	428	2.4
HbF	20	20	102	0.6
Hba1b	13	77	225	1.2
Hba1a	11	47	152	0.8



*** End Of Report ***

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