

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. SARITA SURI

AGE/ GENDER : 54 YRS/FEMALE **PATIENT ID** : 1680811

COLLECTED BY : SURJESH REG. NO./LAB NO. :012411240020

REFERRED BY **REGISTRATION DATE** : 24/Nov/2024 10:34 AM BARCODE NO. :01521353 **COLLECTION DATE** : 24/Nov/2024 10:59AM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 24/Nov/2024 03:40PM

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

Value Unit **Biological Reference interval Test Name**

HAEMATOLOGY GLYCOSYLATED HAEMOGLOBIN (HBA1C)

GLYCOSYLATED HAEMOGLOBIN (HbA1c): 7.1H % 4.0 - 6.4

WHOLE BLOOD

by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)

ESTIMATED AVERAGE PLASMA GLUCOSE

by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)

157.07H

mg/dL

60.00 - 140.00

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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Value Unit **Biological Reference interval Test Name**

CLINICAL CHEMISTRY/BIOCHEMISTRY GLUCOSE FASTING (F)

GLUCOSE FASTING (F): PLASMA NORMAL: < 100.0 106.18^H mg/dL

by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD) PREDIABETIC: 100.0 - 125.0 DIABETIC: > 0R = 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.



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COLLECTED BY : SURJESH REG. NO./LAB NO. : 012411240020

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

Test Name Value Unit Biological Reference interval

ENDOCRINOLOGY THYROID STIMULATING HORMONE (TSH)

THYROID STIMULATING HORMONE (TSH): SERUM **0.114^L** µIU/mL 0.35 - 5.50

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

3rd GENERATION, ULTRASENSITIVE

INTERPRETATION:

AGE	REFFERENCE RANGE (μIU/mL)	
0 – 5 DAYS	0.70 - 15.20	
6 Days – 2 Months	0.70 - 11.00	
3 – 11 Months	0.70 - 8.40	
1 – 5 Years	0.70 - 7.00	
6 – 10 Years	0.60 - 5.50	
11 - 15	0.50 - 5.50	
> 20 Years (Adults)	0.27 - 5.50	
	PREGNANCY	
1st Trimester	0.10 - 3.00	
2nd Trimester	0.20 - 3.00	
3rd Trimester	0.30 - 4.10	

NOTE:-TSH levels are subjected to circardian variation, reaching peak levels between 2-4 a.m and at a minimum between 6-10 pm. The variation is of the order of 50 %. Hence time of the day has influence on the measured serum TSH concentration.

USE:- TSH controls biosynthesis and release of thyroid harmones T4 & T3. It is a sensitive measure of thyroid function, especially useful in early or subclinical hypothyroidism, before the patient develops any clinical findings or goitre or any other thyroid function abnormality.

INCREASED LEVELS:

- 1. Primary or untreated hypothyroidism, may vary from 3 times to more than 100 times normal depending on degree of hypofunction.
- 2. Hypothyroid patients receiving insufficient thyroid replacement therapy.
- 3. Hashimotos thyroiditis.
- 4.DRUGS: Amphetamines, Iodine containing agents and dopamine antagonist.
- 5. Neonatal period, increase in 1st 2-3 days of life due to post-natal surge.

DECREASED LEVELS:

- 1. Toxic multi-nodular goitre & Thyroiditis.
- 2. Over replacement of thyroid harmone in treatment of hypothyroidism.
- 3. Autonomously functioning Thyroid adenoma
- 4. Secondary pituatary or hypothalmic hypothyroidism
- 5. Acute psychiatric illness
- 6. Severe dehydration.
- 7.DRUGS: Glucocorticoids, Dopamine, Levodopa, T4 replacement therapy, Anti-thyroid drugs for thyrotoxicosis.



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8. Pregnancy: 1st and 2nd Trimester **LIMITATIONS:**

1.TSH may be normal in central hypothyroidism, recent rapid correction of hyperthyroidism or hypothyroidism, pregnancy, phenytoin therapy.

2. Autoimmune disorders may produce spurious results.

*** End Of Report **



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