

Dr. Vinay Chopra
MD (Pathology & Microbiology)
Chairman & Consultant Pathologist

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

NAME : Mr. SUNIL KUMAR
AGE/ GENDER : 55 YRS/MALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 01522577
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1701274
REG. NO./LAB NO. : 012412170030
REGISTRATION DATE : 17/Dec/2024 11:40 AM
COLLECTION DATE : 17/Dec/2024 11:42AM
REPORTING DATE : 17/Dec/2024 02:49PM

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)
10.4^H % 4.0 - 6.4

ESTIMATED AVERAGE PLASMA GLUCOSE
by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)
251.78^H 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:
	Actions Suggested:
	Age < 19 Years
	Goal of therapy:

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.
 - 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 shortens RBC life span like acute blood loss, hemolytic anemia falsely lowers 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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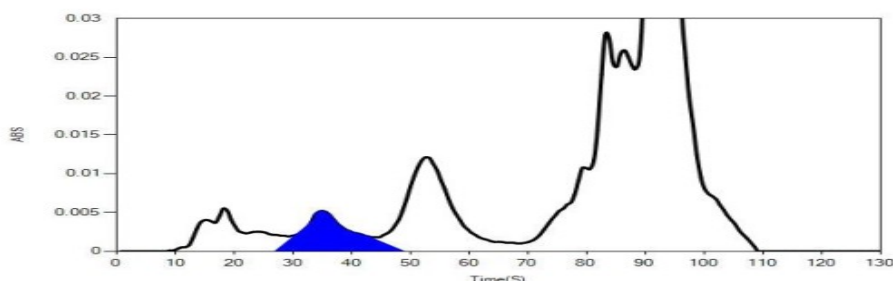
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LIFOTRONIC Graph Report

Name :	Case :	Patient Type :	Test Date : 17/12/2024 17:07:05
Age :	Department :	Sample Type : Whole Blood EDTA	Sample Id : 01522577
Gender :			Total Area : 12037

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	68	3180	10415	86.5
HbA1c	38	122	1033	10.4
La1c	25	52	271	2.7
HbF	21	19	70	0.2
Hba1b	13	55	147	1.5
Hba1a	11	40	101	1.0



*** End Of Report ***




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