





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

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

**NAME** : Mr. RAKESH GUPTA

**AGE/ GENDER** : 59 YRS/MALE **PATIENT ID** : 1706293

**COLLECTED BY** : SURJESH REG. NO./LAB NO. :012412230015

REFERRED BY : CENTRAL PHOENIX CLUB (AMBALA CANTT) **REGISTRATION DATE** : 23/Dec/2024 09:52 AM BARCODE NO. :01522881 **COLLECTION DATE** : 23/Dec/2024 10:00AM

CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 23/Dec/2024 01:48PM

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

**Value** Unit **Biological Reference interval Test Name** 

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

GLYCOSYLATED HAEMOGLOBIN (HbA1c): 6.6<sup>H</sup> % 4.0 - 6.4

WHOLE BLOOD

by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)

ESTIMATED AVERAGE PLASMA GLUCOSE

by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)

142.72H

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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DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY)





(A Unit of KOS Healthcare)



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

Test Name Value Unit Biological Reference interval

### CLINICAL CHEMISTRY/BIOCHEMISTRY

**UREA** 

UREA: SERUM 25.82 mg/dL 10.00 - 50.00 by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)

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### **KOS Diagnostic Lab** (A Unit of KOS Healthcare)





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**CREATININE** 

**CREATININE: SERUM** 0.84 mg/dL 0.40 - 1.40by ENZYMATIC, SPECTROPHOTOMETRY

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### **CLINICAL PATHOLOGY URINE ROUTINE & MICROSCOPIC EXAMINATION**

#### PHYSICAL EXAMINATION

QUANTITY RECIEVED 10 ml by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

PALE YELLOW COLOUR PALE YELLOW

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

TRANSPARANCY **HAZY CLEAR** by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

SPECIFIC GRAVITY 1.02 1.002 - 1.030

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

**CHEMICAL EXAMINATION** 

**ACIDIC** REACTION

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY NEGATIVE (-ve) **Negative** 

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

**SUGAR** NEGATIVE (-ve) Negative

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY рН 5.0 - 7.5

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

BILIRUBIN NEGATIVE (-ve) Negative

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY **NITRITE** Negative NEGATIVE (-ve)

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.

EU/dL **UROBILINOGEN** 0.2 - 1.0Normal

NEGATIVE (-ve) KETONE BODIES Negative

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

2+ **NEGATIVE (-ve)** by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

ASCORBIC ACID NEGATIVE (-ve) NEGATIVE (-ve)

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

**MICROSCOPIC EXAMINATION** 

15-20 /HPF 0 - 3RED BLOOD CELLS (RBCs) by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT



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PUS CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	8-10	/HPF	0 - 5
EPITHELIAL CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	1-3	/HPF	ABSENT
CRYSTALS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
CASTS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
BACTERIA by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
OTHERS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
TRICHOMONAS VAGINALIS (PROTOZOA) by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	ABSENT		ABSENT

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



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