

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 : Mr. ASHISH NARANG

AGE/ GENDER : 53 YRS/MALE **PATIENT ID** : 1712212

COLLECTED BY : REG. NO./LAB NO. : 012412300042

REFERRED BY : CENTRAL PHOENIX CLUB (AMBALA CANTT) REGISTRATION DATE : 30/Dec/2024 05:56 PM BARCODE NO. : 01523230 COLLECTION DATE : 30/Dec/2024 05:56 PM

CLIENT CODE. : KOS DIAGNOSTIC LAB **REPORTING DATE** : 30/Dec/2024 07:28PM

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

Test Name Value Unit Biological Reference interval

HAEMATOLOGY

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

GLYCOSYLATED HAEMOGLOBIN (HbA1c): 7.4^H % 4.0 - 6.4 WHOLE BLOOD

by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)

ESTIMATED AVERAGE PLASMA GLUCOSE **165.68^H** mg/dL 60.00 - 140.00

by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)

INTERPRETATION:

AS PER AMERICAN DI	ABETES ASSOCIATION (ADA):		
REFERENCE GROUP	GLYCOSYLATED HEMOGLO	OGIB (HBAIC) in %	
Non diabetic Adults >= 18 years	<5.7		
At Risk (Prediabetes)	5.7 – 6.4		
Diagnosing Diabetes	>= 6.5		
	Age > 19 Years		
	Goals of Therapy:	< 7.0	
Therapeutic goals for glycemic control	Actions Suggested:	>8.0	
	Age < 19 Ye	ears	
	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 appropriate.

 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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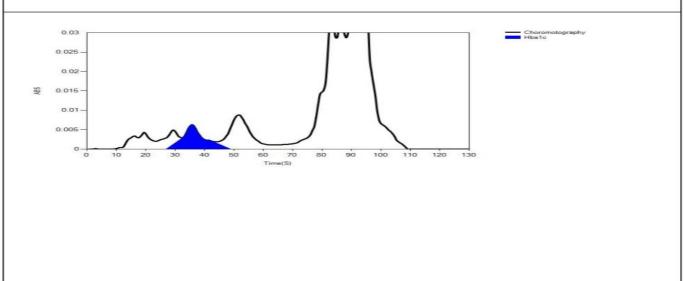
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Test Name Value Unit Biological Reference interval

LIFOTRONIC Graph Report

Name :	Case:	Patient Type :	Test Date: 30/12/2024 21:41:51
Age:	Department:	Sample Type: Whole Blood EDTA	Sample ld: 01523230
Gender:			Total Area: 12364

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	68	3448	10868	87.9
HbA1c	38	88	720	7.4
La1c	26	63	319	3.3
HbF	21	50	221	0.7
Hba1b	14	43	127	1.3
Hba1a	11	34	109	1.1



*** End Of Report ***

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