NAME	: Mr. ASHOK KUMAR				
AGE/ GENDER : 54 YRS/MALE		PATIENT ID		: 1727165	
COLLECTED BY : REFERRED BY :			REG. NO./LAB NO.	: 012501180001	
		REGISTRATION DATE		: 18/Jan/2025 06:38 AM	
BARCODE NO.	NO. : 01524016		COLLECTION DATE	: 18/Jan/2025 06:40AM	
CLIENT CODE.	CODE. : KOS DIAGNOSTIC LAB		REPORTING DATE	: 18/Jan/2025 02:17PM	
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT				
Test Name		Value	Unit	Biological Reference interval	
		HAEM	ATOLOGY		
	GLYCOS	SYLATED HA	AEMOGLOBIN (HBA1	.C)	
GLYCOSYLATED HAEMOGLOBIN (HbA1c): WHOLE BLOOD by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)		9.2 ^H	%	4.0 - 6.4	
ESTIMATED AVERAGE PLASMA GLUCOSE by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)		217.34 ^H	mg/dL	60.00 - 140.00	
INTERPRETATION:					7
	AS PER AMERICAN D		· · ·		-
REFERENCE GROUP		GLYCOSYLATED HEMOGLOGIB (HBAIC) in %		-	
Non diabetic Adults >= 18 years At Risk (Prediabetes)		<5.7 5.7 – 6.4		-	
Diagnosing Diabetes		>= 6.5		-	
	Daynosing Diabetes		Age > 19 Years		
		Goals	s of Therapy:	< 7.0	
Therapeutic goals for glycemic control			ns Suggested:	>8.0	
			33		-1

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.

Goal of therapy:

Age < 19 Years

<7.5

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.

*** End Of Report ***



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M. ACHOW WIMAD