Dr. Vinay Chopra
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Chairman & Consultant Pathologist

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

NAME	**: Mrs. KUSUM**		
AGE/ GENDER	: 70 YRS/FEMALE	**PATIENT ID**	: 1740118
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012501300037**
REFERRED BY	:	**REGISTRATION DATE**	: 30/Jan/2025 02:44 PM
BARCODE NO.	: 01524668	**COLLECTION DATE**	: 30/Jan/2025 03:43PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 30/Jan/2025 03:44PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

HAEMATOLOGY

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

GLYCOSYLATED HAEMOGLOBIN (HbA1c): WHOLE BLOOD *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	**7.8^{H}**	%	4.0 - 6.4
ESTIMATED AVERAGE PLASMA GLUCOSE *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	**177.16^{H}**	mg/dL	60.00 - 140.00

INTERPRETATION:

AS PER AMERICAN DIABETES 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 HbAIc. 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 appropiate.

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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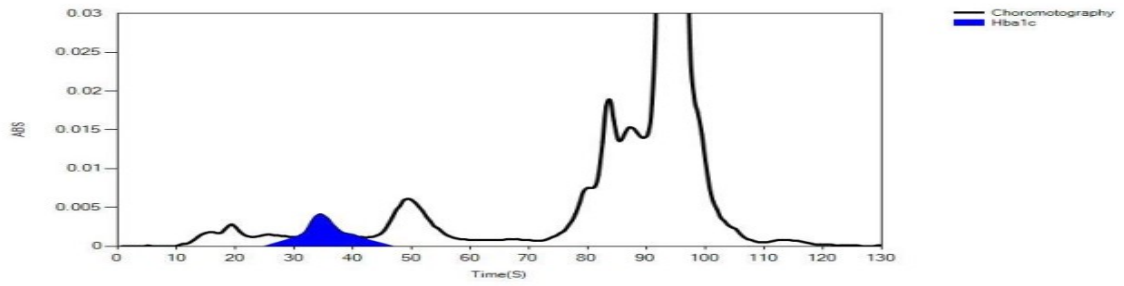
Test Name	Value	Unit	Biological Reference interval

LIFOTRONIC Graph Report

Name :	Case :	Patient Type :		Test Date : 30/01/2025 18:01:50
Age :	Department :	Sample Type : Whole Blood EDTA		Sample Id : 01524668
Gender :				Total Area : 7096

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	69	1922	6103	81.4
HbA1c	36	61	589	7.8
La1c	25	41	229	3.0
HbF	18	15	21	0.3
Hba1b	14	28	91	1.2
Hba1a	11	18	63	0.8



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CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 30/Jan/2025 03:59PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
CLINICAL CHEMISTRY/BIOCHEMISTRY			
CREATININE			
CREATININE: SERUM *by ENZYMATIC, SPECTROPHOTOMETRY*	**1.4^{H}**	mg/dL	0.40 - 1.20

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Test Name	Value	Unit	Biological Reference interval

URIC ACID

URIC ACID: SERUM	3.31	mg/dL	2.50 - 6.80

by URICASE - OXIDASE PEROXIDASE

INTERPRETATION:-

1.GOUT occurs when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint.
2.Uric Acid is the end product of purine metabolism . Uric acid is excreted to a large degree by the kidneys and to a smaller degree in the intestinal tract by microbial degradation.

INCREASED:-

(A).DUE TO INCREASED PRODUCTION:-

1.Idiopathic primary gout.
2.Excessive dietary purines (organ meats,legumes,anchovies, etc).
3.Cytolytic treatment of malignancies especially leukemais & lymphomas.
4.Polycythemai vera & myeloid metaplasia.
5.Psoriasis.
6.Sickle cell anaemia etc.

(B).DUE TO DECREASED EXCREATION (BY KIDNEYS)

1.Alcohol ingestion.
2.Thiazide diuretics.
3.Lactic acidosis.
4.Aspirin ingestion (less than 2 grams per day).
5.Diabetic ketoacidosis or starvation.
6.Renal failure due to any cause etc.

DECREASED:-

(A).DUE TO DIETARY DEFICIENCY

1.Dietary deficiency of Zinc, Iron and molybdenum.
2.Fanconi syndrome & Wilsons disease.
3.Multiple sclerosis .
4.Syndrome of inappropriate antidiuretic hormone (SIADH) secretion & low purine diet etc.

(B).DUE TO INCREASED EXCREATION

1.Drugs:-Probenecid , sulphinpyrazone, aspirin doses (more than 4 grams per day), corticosterroids and ACTH, anti-coagulants and estrogens etc.

*** End Of Report ***

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