

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

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

NAME	: Mr. AJAY SABARWAL		
AGE/ GENDER	: 69 YRS/MALE	PATIENT ID	: 1747369
COLLECTED BY	: SURJESH	REG. NO./LAB NO.	: 012502060010
REFERRED BY	: CENTRAL PHOENIX CLUB (AMBALA CANTT)	REGISTRATION DATE	: 06/Feb/2025 10:06 AM
BARCODE NO.	: 01525034	COLLECTION DATE	: 06/Feb/2025 10:32AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPORTING DATE	: 06/Feb/2025 04:09PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

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)	6.7 ^H	%	4.0 - 6.4
ESTIMATED AVERAGE PLASMA GLUCOSE by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)	145.59 ^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
Age > 19 Years	
Therapeutic goals for glycemic control	Goals of Therapy: < 7.0
	Actions Suggested: >8.0
Age < 19 Years	
	Goal of therapy: <7.5

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
- Any condition that shortens RBC life span like acute blood loss, hemolytic anemia falsely lowers HbA1c results.
- 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.
- 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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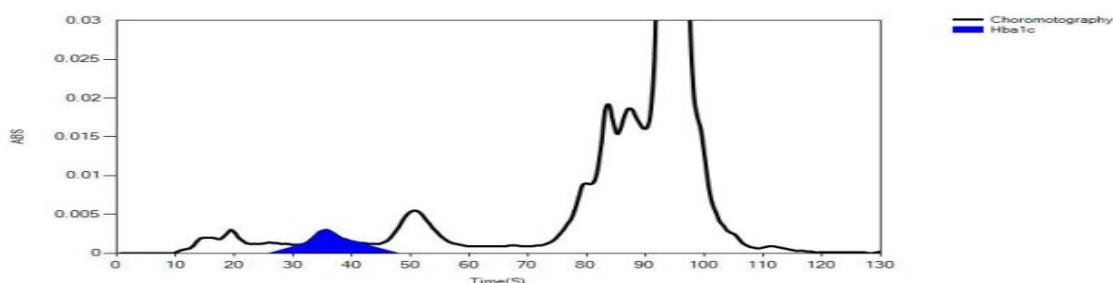
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LIFOTRONIC Graph Report

Name :	Case :	Patient Type :	Test Date : 06/02/2025 18:27:02
Age :	Department :	Sample Type : Whole Blood EDTA	Sample Id : 01525034
Gender :			Total Area : 7398

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	70	1985	6447	80.7
HbA1c	37	55	538	6.7
La1c	26	30	208	2.6
HbF	19	14	22	0.3
Hba1b	14	30	107	1.3
Hba1a	11	20	76	0.9



*** End Of Report ***




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