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 Chairman & Consultant Pathologist

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<b>NAME</b>	: Mrs. KAMLESH RANI	<b>PATIENT ID</b>	: 1748477
<b>AGE/ GENDER</b>	: 68 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012502070017
<b>COLLECTED BY</b>	: SURJESH	<b>REGISTRATION DATE</b>	: 07/Feb/2025 10:27 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 07/Feb/2025 10:33AM
<b>BARCODE NO.</b>	: 01525080	<b>REPORTING DATE</b>	: 07/Feb/2025 03:41PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 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 <i>by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)</i>	5.8	%	4.0 - 6.4
ESTIMATED AVERAGE PLASMA GLUCOSE <i>by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)</i>	119.76	mg/dL	60.00 - 140.00

#### INTERPRETATION:

#### AS PER AMERICAN DIABETES ASSOCIATION (ADA):

REFERENCE GROUP	GLYCOSYLATED HEMOGLOBIN (HbA1C) in %
Non diabetic Adults $\geq$ 18 years	$<5.7$
At Risk (Prediabetes)	$5.7 - 6.4$
Diagnosing Diabetes	$\geq 6.5$
Therapeutic goals for glycemic control	<b>Age <math>&gt; 19</math> Years</b>
	Goals of Therapy:
	Actions Suggested:
	<b>Age <math>&lt; 19</math> Years</b>
	Goal of therapy:

#### 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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<b>BARCODE NO.</b>	: 01525080	<b>REPORTING DATE</b>	: 07/Feb/2025 11:52AM
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## CLINICAL CHEMISTRY/BIOCHEMISTRY

### CHOLESTEROL: SERUM

CHOLESTEROL TOTAL: SERUM by CHOLESTEROL OXIDASE PAP	198.24	mg/dL	OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.0
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#### INTERPRETATION:

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	CHOLESTEROL IN ADULTS (mg/dL)	CHOLESTEROL IN ADULTS (mg/dL)
DESIRABLE	< 200.0	< 170.0
BORDERLINE HIGH	200.0 – 239.0	171.0 – 199.0
HIGH	>= 240.0	>= 200.0

#### NOTE:

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- As per National Lipid association - 2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

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



  
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