

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

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

NAME	: Dr. VINAY CHOPRA	PATIENT ID	: 1757204
AGE/ GENDER	: 71 YRS/Male	REG. NO./LAB NO.	: 012502140054
COLLECTED BY	:	REGISTRATION DATE	: 14/Feb/2025 04:46 PM
REFERRED BY	:	COLLECTION DATE	: 14/Feb/2025 04:47PM
BARCODE NO.	: 01525525	REPORTING DATE	: 14/Feb/2025 05:07PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
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)	5.9	%	4.0 - 6.4
ESTIMATED AVERAGE PLASMA GLUCOSE by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)	122.63	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
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:

- Glycosylated hemoglobin (HbA1c) test is three monthly monitoring done to assess compliance with therapeutic regimen in diabetic patients.
- Since HbA1c 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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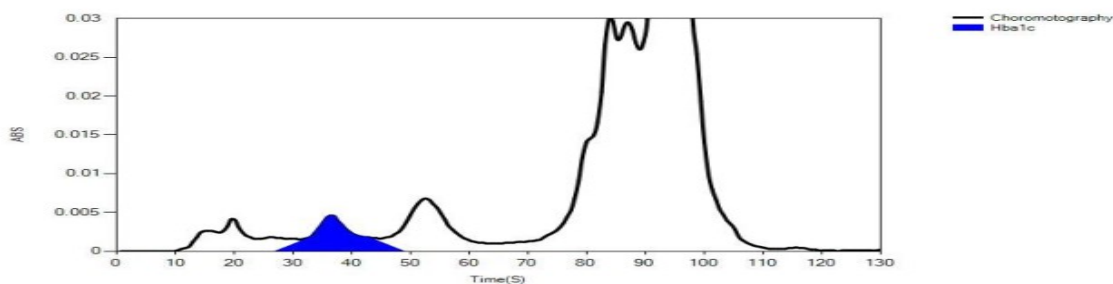
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LIFOTRONIC Graph Report

Name :	Case :	Patient Type :	Test Date : 14/02/2025 19:25:19
Age :	Department :	Sample Type : Whole Blood EDTA	Sample Id : 01525525
Gender :			Total Area : 11094

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	69	2916	9789	82.9
HbA1c	38	68	698	5.9
La1c	26	46	325	2.8
HbF	19	18	21	0.2
Hba1b	14	43	156	1.3
Hba1a	11	26	105	0.9




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CLINICAL CHEMISTRY/BIOCHEMISTRY
GLUCOSE RANDOM (R)

GLUCOSE RANDOM (R): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)	121.3	mg/dL	NORMAL: < 140.00 PREDIABETIC: 140.0 - 200.0 DIABETIC: > OR = 200.0
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INTERPRETATION

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A random plasma glucose level below 140 mg/dl is considered normal.
2. A random glucose level between 140 - 200 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.
3. A random glucose level of above 200 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients. A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.

*** End Of Report ***




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