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

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

NAME	**: Mr. MUSTHAK MOHD**		
AGE/ GENDER	: 45 YRS/MALE	**PATIENT ID**	: 1680874
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012502240050**
REFERRED BY	:	**REGISTRATION DATE**	: 24/Feb/2025 07:02 PM
BARCODE NO.	: 01526093	**COLLECTION DATE**	: 24/Feb/2025 07:04PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 24/Feb/2025 07:46PM
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)*	**11.9^{H}**	%	4.0 - 6.4
ESTIMATED AVERAGE PLASMA GLUCOSE *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	**294.83^{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.

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS , MD (PATHOLOGY)

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

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

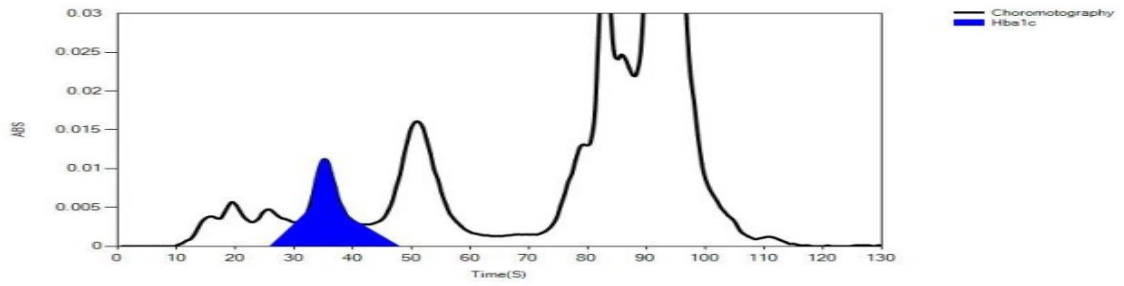
NAME	**: Mr. MUSTHAK MOHD**		
AGE/ GENDER	: 45 YRS/MALE	**PATIENT ID**	: 1680874
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012502240050**
REFERRED BY	:	**REGISTRATION DATE**	: 24/Feb/2025 07:02 PM
BARCODE NO.	: 01526093	**COLLECTION DATE**	: 24/Feb/2025 07:04PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 24/Feb/2025 07:46PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

LIFOTRONIC Graph Report

Name :	Case :	Patient Type :		Test Date : 24/02/2025 19:41:32
Age :	Department :	Sample Type : Whole Blood EDTA		Sample Id : 01526093
Gender :				Total Area : 11519

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	68	2691	9090	74.2
HbA1c	37	161	1464	11.9
La1c	26	113	555	4.5
HbF	18	48	72	0.6
Hba1b	14	57	202	1.6
Hba1a	11	38	136	1.1



DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS , MD (PATHOLOGY)

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

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

NAME	**: Mr. MUSTHAK MOHD**		
AGE/ GENDER	: 45 YRS/MALE	**PATIENT ID**	: 1680874
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012502240050**
REFERRED BY	:	**REGISTRATION DATE**	: 24/Feb/2025 07:02 PM
BARCODE NO.	: 01526093	**COLLECTION DATE**	: 24/Feb/2025 07:04PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 24/Feb/2025 10:38PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

ENDOCRINOLOGY

TESTOSTERONE: TOTAL

TESTOSTERONE - TOTAL: SERUM *by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)*	**0.17**^{L}	ng/mL	0.47 - 9.80

INTERPRETATION:

1.Testosterone is secreted in females by the ovary and formed indirectly from androstenedione in adrenal glands.
2.In males it is secreted by the testes. It circulates in blood bound largely to sex hormone binding globulin (SHBG). Less than 1% of the total testosterone is in the free form.
3.The bioavailable fraction includes the free form and that "weakly bound" to albumin (40% of the total in men and 20% of the total in women) and bound to cortisol binding globulin (CBG). It is the most potent circulating androgenic hormone.
4.The total testosterone bound to SHBG fluctuates since SHBG levels are affected by medication, disease, sex steroids and insulin.

CLINIC USE:

1.Assesment of testicular functions in males
2.Management of hirsutism and virilization in females

INCREASED LEVELS:

1.Precocious puberty (Males)
2.Androgen resistance
3.Testoxicosis
4.Congenital Adrenal Hyperplasia
5.Polycystic ovarian disease
7.Ovarian tumors

DECREASED LEVELS:

1.Delayed puberty (Males)
2.Gonadotropin deficiency
3.Testicular defects
4.Systemic diseases

*** End Of Report ***

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS , MD (PATHOLOGY)