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

NAME	**: Mr. RAJINDER**		
AGE/ GENDER	: 61 YRS/MALE	**PATIENT ID**	: 1775974
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012503020041**
REFERRED BY	:	**REGISTRATION DATE**	: 02/Mar/2025 03:16 PM
BARCODE NO.	: 01526350	**COLLECTION DATE**	: 02/Mar/2025 03:17PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 02/Mar/2025 03:47PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

HAEMATOLOGY
HAEMOGLOBIN (HB)

HAEMOGLOBIN (HB) *by CALORIMETRIC*	10.5^L	gm/dL	12.0 - 17.0

INTERPRETATION:-

Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the bodys tissues and returns carbon dioxide from the tissues back to the lungs.
A low hemoglobin level is referred to as ANEMIA or low red blood count.

ANEMIA (DECRESED HAEMOGLOBIN):
1) Loss of blood (traumatic injury, surgery, bleeding, colon cancer or stomach ulcer)
2) Nutritional deficiency (iron, vitamin B12, folate)
3) Bone marrow problems (replacement of bone marrow by cancer)
4) Suppression by red blood cell synthesis by chemotherapy drugs
5) Kidney failure
6) Abnormal hemoglobin structure (sickle cell anemia or thalassemia).

POLYCYTHEMIA (INCREASED HAEMOGLOBIN):
1) People in higher altitudes (Physiological)
2) Smoking (Secondary Polycythemia)
3) Dehydration produces a falsely rise in hemoglobin due to increased haemoconcentration
4) Advanced lung disease (for example, emphysema)
5) Certain tumors
6) A disorder of the bone marrow known as polycythemia rubra vera,
7) Abuse of the drug erythropoetin (Epogen) by athletes for blood doping purposes (increasing the amount of oxygen available to the body by chemically raising the production of red blood cells).

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

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REFERRED BY	:	**REGISTRATION DATE**	: 02/Mar/2025 03:15 PM
BARCODE NO.	: 01526350	**COLLECTION DATE**	: 02/Mar/2025 03:17PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 02/Mar/2025 03:44PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

Test Name	Value	Unit	Biological Reference interval
GLYCOSYLATED HAEMOGLOBIN (HbA1c): WHOLE BLOOD	6.9^{H}	%	4.0 - 6.4
by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)			
ESTIMATED AVERAGE PLASMA GLUCOSE	151.33^{H}	mg/dL	60.00 - 140.00
by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)			

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	
	Age > 19 Years	
	Goals of Therapy:	< 7.0
Therapeutic goals for glycemic control	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 HbAlc. 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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KOS Diagnostic Lab
(A Unit of KOS Healthcare)

ISO 9001 : 2008 CERTIFIED LAB

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EXCELLENCE IN HEALTHCARE & DIAGNOSTICS

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NAME	: Mr. RAJINDER		
AGE/ GENDER	: 61 YRS/MALE	**PATIENT ID**	: 1775974
COLLECTED BY	:	**REG. NO./LAB NO.**	: **012503020041**
REFERRED BY	:	**REGISTRATION DATE**	: 02/Mar/2025 03:15 PM
BARCODE NO.	: 01526350	**COLLECTION DATE**	: 02/Mar/2025 03:17PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 02/Mar/2025 03:44PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

LIFOTRONIC Graph Report

Name :	Case :	Patient Type :	Test Date : 02/03/2025 15:33:21
Age :	Department :	Sample Type : Whole Blood EDTA	Sample Id : 01526350
Gender :			Total Area : 6829

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	66	2097	5876	80.7
HbA1c	39	46	506	6.9
La1c	26	26	218	3.0
HbF	21	15	19	0.2
Hba1b	12	39	114	1.6
Hba1a	10	26	96	1.3
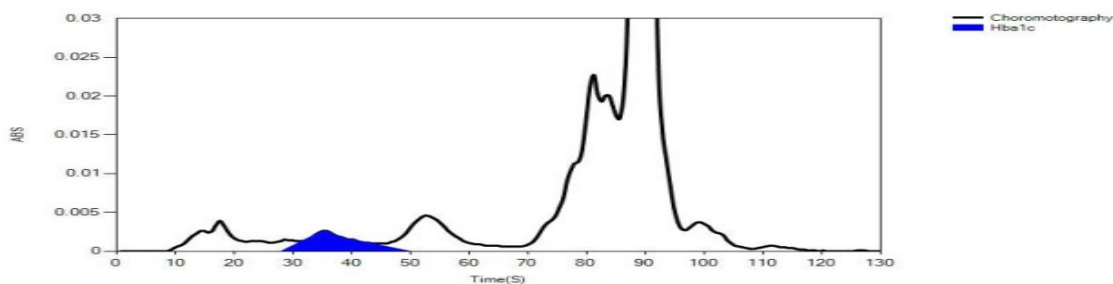
*** End Of Report ***

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