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

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



| | | | |
|---|---|---|---|
| **NAME** | **: Mr. RIPU DAMAN GULATI** | | |
| **AGE/ GENDER** | : 75 YRS/MALE | **PATIENT ID** | : 1800447 |
| **COLLECTED BY** | : SURJESH | **REG. NO./LAB NO.** | **: 012503210040** |
| **REFERRED BY** | : CENTRAL PHOENIX CLUB (AMBALA CANTT) | **REGISTRATION DATE** | : 21/Mar/2025 12:43 PM |
| **BARCODE NO.** | : 01527505 | **COLLECTION DATE** | : 21/Mar/2025 12:45PM |
| **CLIENT CODE.** | : KOS DIAGNOSTIC LAB | **REPORTING DATE** | : 21/Mar/2025 02:29PM |
| **CLIENT ADDRESS** | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |

| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|

## HAEMATOLOGY

### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

| | | | |
|---|---|---|---|
| GLYCOSYLATED HAEMOGLOBIN (HbA1c): WHOLE BLOOD<br>*by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)* | **8.7$^{H}$** | % | 4.0 - 6.4 |
| ESTIMATED AVERAGE PLASMA GLUCOSE<br>*by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)* | **202.99$^{H}$** | 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.

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| **CLIENT CODE.** | : KOS DIAGNOSTIC LAB | **REPORTING DATE** | : 21/Mar/2025 01:57PM |
| **CLIENT ADDRESS** | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |

| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|
| **CLINICAL CHEMISTRY/BIOCHEMISTRY** | | | |
| **CREATININE** | | | |
| CREATININE: SERUM<br>*by ENZYMATIC, SPECTROPHOTOMETRY* | **2.23$^{H}$** | mg/dL | 0.40 - 1.40 |

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| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|
| **POTASSIUM** | | | |
| POTASSIUM: SERUM<br>*by ISE (ION SELECTIVE ELECTRODE)* | 4.2 | mmol/L | 3.50 - 5.00 |

***INTERPRETATION:-***

**POTASSIUM:**

Potassium is the major cation in the intracellular fluid. 90% of potassium is concentrated within the cells. When cells are damaged, potassium is released in the blood.

**HYPOKALEMIA (LOW POTASSIUM LEVELS):-**

1.Diarrhoea, vomiting & malabsorption.
2. Severe Burns.
3.Increased Secretions of Aldosterone

**HYPERKALEMIA (INCREASED POTASSIUM LEVELS):-**

1.Oliguria
2.Renal failure or Shock
3.Respiratory acidosis
4.Hemolysis of blood

*** End Of Report ***

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