

Dr. Vinay Chopra
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 Chairman & Consultant Pathologist

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

NAME	: Mr. MANOJ KUMAR	PATIENT ID	: 1807456
AGE/ GENDER	: 55 YRS/MALE	REG. NO./LAB NO.	: 012503260066
COLLECTED BY	:	REGISTRATION DATE	: 26/Mar/2025 04:28 PM
REFERRED BY	:	COLLECTION DATE	: 26/Mar/2025 04:29PM
BARCODE NO.	: 01527826	REPORTING DATE	: 26/Mar/2025 05:11PM
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):	10.1^H	%	4.0 - 6.4
WHOLE BLOOD			
by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)			
ESTIMATED AVERAGE PLASMA GLUCOSE	243.17^H	mg/dL	60.00 - 140.00
by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)			

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 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.
- HbA1c (>9.0 -9.5 %) is strongly associated with risk of development and rapid progression of microvascular and nerve complications
- Any condition that shorten RBC life span like acute blood loss, hemolytic anemia falsely lower 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.

4.High




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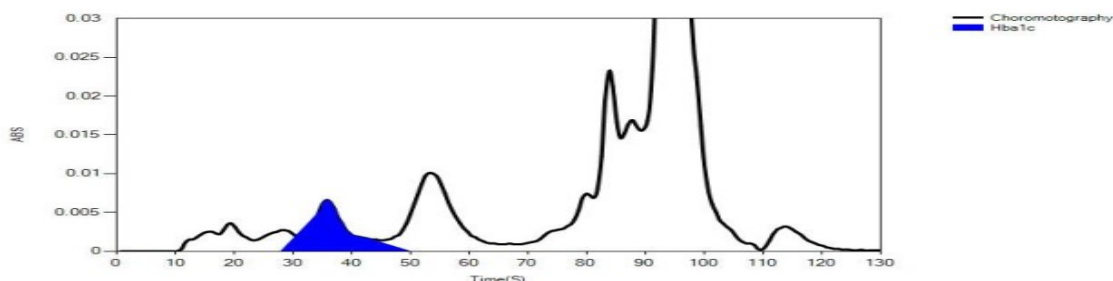
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LIFOTRONIC Graph Report

Name :	Case :	Patient Type :	Test Date : 26/03/2025 16:57:26
Age :	Department :	Sample Type : Whole Blood EDTA	Sample Id : 01527826
Gender :			Total Area : 9311

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	69	2483	7660	78.9
HbA1c	39	102	982	10.1
La1c	26	66	382	3.9
HbF	20	27	45	0.5
Hba1b	14	36	134	1.4
Hba1a	11	26	108	1.1





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CLINICAL CHEMISTRY/BIOCHEMISTRY
GLUCOSE RANDOM (R)

GLUCOSE RANDOM (R): PLASMA <i>by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)</i>	320.56^H	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.




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SGOT/SGPT PROFILE

SGOT/AST: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	18.4	U/L	7.00 - 45.00
SGPT/ALT: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	20.5	U/L	0.00 - 49.00
SGOT/SGPT RATIO <i>by CALCULATED, SPECTROPHOTOMETRY</i>	0.9		

INTERPRETATION

NOTE:- To be correlated in individuals having SGOT and SGPT values higher than Normal Reference Range.

USE:- Differential diagnosis of diseases of hepatobiliary system and pancreas.

INCREASED:-

DRUG HEPATOTOXICITY	> 2
ALCOHOLIC HEPATITIS	> 2 (Highly Suggestive)
CIRRHOSIS	1.4 - 2.0
INTRAHEPATIC CHOLESTASIS	> 1.5
HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS	> 1.3 (Slightly Increased)

DECREASED:-

1. Acute Hepatitis due to virus, drugs, toxins (with AST increased 3 to 10 times upper limit of normal)
2. Extra Hepatic cholestasis: 0.8 (normal or slightly decreased).

PROGNOSTIC SIGNIFICANCE:-

NORMAL	< 0.65
GOOD PROGNOSTIC SIGN	0.3 - 0.6
POOR PROGNOSTIC SIGN	1.2 - 1.6

*** End Of Report ***




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