

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

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

NAME	: Mr. PARVEEN GUPTA	PATIENT ID	: 1246813
AGE/ GENDER	: 63 YRS/MALE	REG. NO./LAB NO.	: 042407090001
COLLECTED BY	:	REGISTRATION DATE	: 09/Jul/2024 09:05 AM
REFERRED BY	:	COLLECTION DATE	: 09/Jul/2024 03:05PM
BARCODE NO.	: A0524915	REPORTING DATE	: 09/Jul/2024 03:49PM
CLIENT CODE.	: KOS DIAGNOSTIC SHAHBAD		
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)	6.8 ^H	%	4.0 - 6.4
ESTIMATED AVERAGE PLASMA GLUCOSE by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)	148.46 ^H	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 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.
- 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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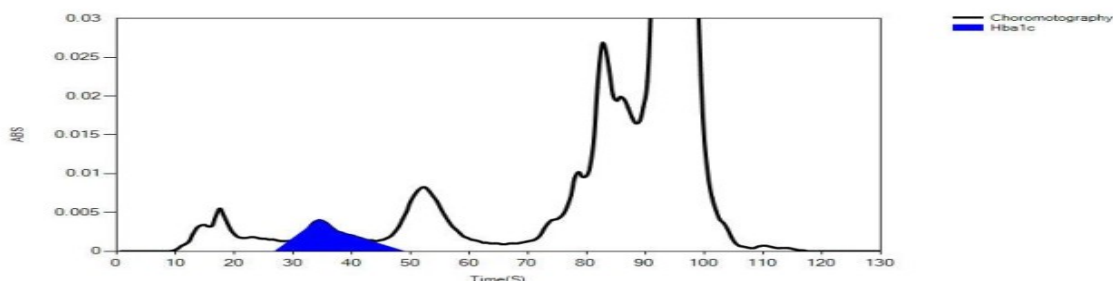
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LIFOTRONIC Graph Report

Name :	Case :	Patient Type :	Test Date : 09/07/2024 15:38:39
Age :	Department :	Sample Type : Whole Blood EDTA	Sample Id : A0524915
Gender :			Total Area : 12300

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	70	3153	10887	84.8
HbA1c	38	82	870	6.8
La1c	25	40	264	2.0
HbF	21	13	18	0.1
Hba1b	12	55	155	1.2
Hba1a	10	34	106	0.8




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NAME : Mr. PARVEEN GUPTA
AGE/ GENDER : 63 YRS/MALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : A0524917
CLIENT CODE. : KOS DIAGNOSTIC SHAHBAD
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1246813
REG. NO./LAB NO. : 042407090001
REGISTRATION DATE : 09/Jul/2024 09:05 AM
COLLECTION DATE : 09/Jul/2024 03:05PM
REPORTING DATE : 09/Jul/2024 04:02PM

Test Name	Value	Unit	Biological Reference interval
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CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE FASTING (F)

GLUCOSE FASTING (F): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)	120.53 ^H	mg/dL	NORMAL: < 100.0 PREDIABETIC: 100.0 - 125.0 DIABETIC: > OR = 126.0
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INTERPRETATION

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A fasting plasma glucose level below 100 mg/dl is considered normal.
2. A fasting plasma glucose level between 100 - 125 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 fasting plasma glucose level of above 125 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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NAME : Mr. PARVEEN GUPTA
AGE/ GENDER : 63 YRS/MALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : A0524918
CLIENT CODE. : KOS DIAGNOSTIC SHAHBAD
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

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GLUCOSE POST PRANDIAL (PP)

GLUCOSE POST PRANDIAL (PP): PLASMA
by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)

143.57^H

mg/dL

NORMAL: < 140.00
PREDIABETIC: 140.0 - 200.0
DIABETIC: > OR = 200.0

INTERPRETATION

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A post-prandial plasma glucose level below 140 mg/dl is considered normal.
2. A post-prandial 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 post-prandial plasma 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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NAME : Mr. PARVEEN GUPTA
AGE/ GENDER : 63 YRS/MALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : A0524916
CLIENT CODE. : KOS DIAGNOSTIC SHAHBAD
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

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REPORTING DATE : 09/Jul/2024 04:06 PM

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CREATININE

CREATININE: SERUM by ENZYMATIC, SPECTROPHOTOMETRY	1.39	mg/dL	0.40 - 1.40
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*** End Of Report ***



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