

(A Unit of KOS Healthcare)



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

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

NAME : Mrs. KOMAL

AGE/ GENDER : 29 YRS/FEMALE **PATIENT ID** : 1817701

COLLECTED BY : 042504040003 REG. NO./LAB NO.

REFERRED BY **REGISTRATION DATE** : 04/Apr/2025 12:38 PM BARCODE NO. : A1260790 **COLLECTION DATE** : 04/Apr/2025 02:46PM CLIENT CODE. : KOS DIAGNOSTIC SHAHBAD REPORTING DATE : 04/Apr/2025 03:06PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Value Unit Test Name **Biological Reference interval**

HAEMATOLOGY HAEMOGLOBIN (HB)

12.9 HAEMOGLOBIN (HB) gm/dL 12.0 - 16.0

by CALORIMETRIC

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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CLIENT ADDRESS: 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

BLOOD GROUP (ABO) AND RH FACTOR TYPING

ABO GROUP by SLIDE AGGLUTINATION RH FACTOR TYPE

by SLIDE AGGLUTINATION

В

POSITIVE



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Test Name Value Unit Biological Reference interval

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

GLYCOSYLATED HAEMOGLOBIN (HbA1c): 5.3 % 4.0 - 6.4

WHOLE BLOOD

by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)

ESTIMATED AVERAGE PLASMA GLUCOSE 105.41 mg/dL 60.00 - 140.00

by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)

INTERPRETATION:

AS PER AMERICAN D	IABETES ASSOCIATION (ADA):		
REFERENCE GROUP	GLYCOSYLATED HEMOGL	OGIB (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 appropriate.

 4. High
- $\frac{1}{100}$ A1 $^{\circ}$ (>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-spienctomy 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 SHAHBAD **REPORTING DATE** : 04/Apr/2025 03:34PM

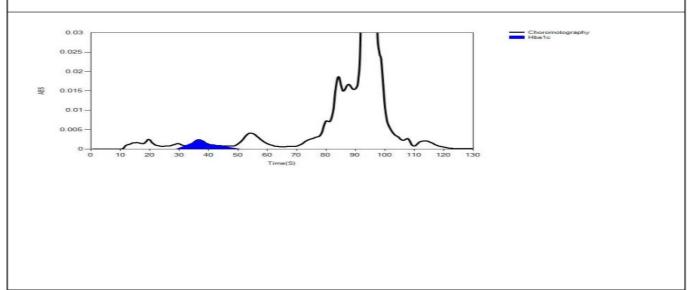
CLIENT ADDRESS: 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

LIFOTRONIC Graph Report

Name :	Case:	Patient Type :	Test Date: 04/04/2025 15:31:00
Age:	Department:	Sample Type: Whole Blood EDTA	Sample ld: A1260790
Gender:			Total Area: 8401

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	69	2610	7559	86.0
HbA1c	40	41	462	5.3
La1c	27	24	184	2.1
HbF	21	14	23	0.3
Hba1b	14	26	93	1.0
Hba1a	11	17	80	0.9





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: 04/Apr/2025 04:53PM

NAME : Mrs. KOMAL

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COLLECTED BY : 042504040003 REG. NO./LAB NO.

REFERRED BY **REGISTRATION DATE** : 04/Apr/2025 12:38 PM BARCODE NO. : A1260791 **COLLECTION DATE** : 04/Apr/2025 02:46PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

: KOS DIAGNOSTIC SHAHBAD

Value Unit Test Name **Biological Reference interval**

REPORTING DATE

CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE FASTING (F)

GLUCOSE FASTING (F): PLASMA 77.18 mg/dL NORMAL: < 100.0

by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD) PREDIABETIC: 100.0 - 125.0 DIABETIC: > 0R = 126.0

CLIENT CODE.

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.

End Of Report



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