CLIENT CODE.



## **KOS Diagnostic Lab**

(A Unit of KOS Healthcare)



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

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

**NAME** : Mr. RAM KUMAR

**AGE/ GENDER** : 55 YRS/MALE **PATIENT ID** : 1578175

**COLLECTED BY** REG. NO./LAB NO. : 092408120010

REFERRED BY **REGISTRATION DATE** : 12/Aug/2024 01:48 PM BARCODE NO. : 09508494 **COLLECTION DATE** : 12/Aug/2024 01:55PM

: AMBALA KOS FRANCHISE **CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit **Biological Reference interval** 

#### **HAEMATOLOGY**

REPORTING DATE

### **GLYCOSYLATED HAEMOGLOBIN (HBA1C)**

GLYCOSYLATED HAEMOGLOBIN (HbA1c): WHOLE BLOOD

by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)

ESTIMATED AVERAGE PLASMA GLUCOSE

by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)

**INTERPRETATION:** 

6.6H

142.72H

mg/dL

60.00 - 140.00

4.0 - 6.4

: 12/Aug/2024 03:08PM

AS PER AMERICAN DI	ABETES ASSOCIATION (ADA):	
REFERENCE GROUP	GLYCOSYLATED HEMOGLO	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 Ye	ears
	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.



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST



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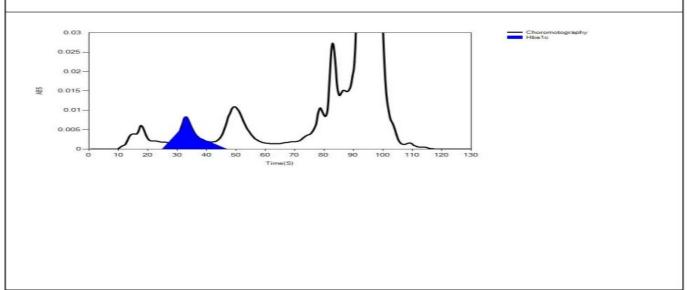
Test Name Value Unit **Biological Reference interval** 

REPORTING DATE

#### LIFOTRONIC Graph Report

Name :	Case:	Patient Type :	Test Date: 12/08/2024 14:51:44
Age:	Department:	Sample Type: Whole Blood EDTA	Sample ld: 09508494
Gender:			Total Area: 17659

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	69	4894	15824	87.7
HbA1c	36	110	1192	6.6
La1c	28	23	313	1.7
HbF	18	18	18	0.1
Hba1b	13	62	179	1.0
Hba1a	11	40	133	0.7



\*\*\* End Of Report

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