



# P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

**A PIONEER DIAGNOSTIC CENTRE**

☎ 0171-2532620, 8222896961 ✉ pkrjainhealthcare@gmail.com

**NAME** : Mrs. SUNITA RANI  
**AGE/ GENDER** : 59 YRS/FEMALE  
**COLLECTED BY** :  
**REFERRED BY** :  
**BARCODE NO.** : 12503922  
**CLIENT CODE.** : P.K.R JAIN HEALTHCARE INSTITUTE  
**CLIENT ADDRESS** : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

**PATIENT ID** : 1566325  
**REG. NO./LAB NO.** : 122407310020  
**REGISTRATION DATE** : 31/Jul/2024 12:28 PM  
**COLLECTION DATE** : 31/Jul/2024 12:40PM  
**REPORTING DATE** : 31/Jul/2024 03:27PM

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)	6.1	%	4.0 - 6.4
ESTIMATED AVERAGE PLASMA GLUCOSE by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)	128.37	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.
- 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



*[Signature]*

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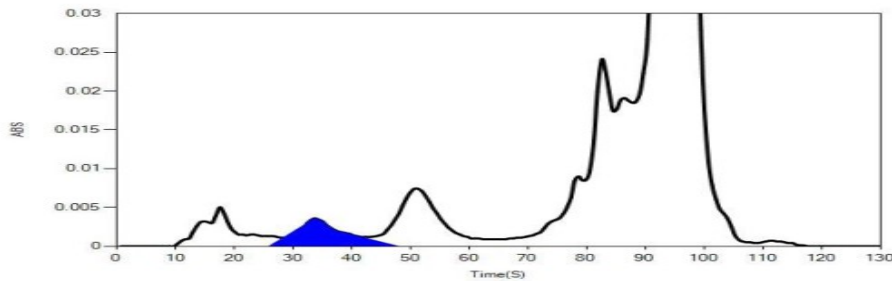
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## LIFOTRONIC Graph Report

Name :	Case :	Patient Type :	Test Date : 31/07/2024 15:10:19
Age :	Department :	Sample Type : Whole Blood EDTA	Sample Id : 12503922
Gender :			Total Area : 12536

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	70	3023	11203	86.2
HbA1c	37	74	791	6.1
La1c	24	36	280	2.2
HbF	18	13	13	0.1
Hba1b	13	50	141	1.1
Hba1a	11	32	108	0.8



  
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## CLINICAL CHEMISTRY/BIOCHEMISTRY

### GLUCOSE RANDOM (R)

GLUCOSE RANDOM (R): PLASMA  
by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)

101.07 mg/dL

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


#### 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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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

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## URIC ACID

URIC ACID: SERUM	5.12	mg/dL	2.50 - 6.80
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by URICASE - OXIDASE PEROXIDASE

### INTERPRETATION:-

- 1.GOUT occurs when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint.
- 2.Uric Acid is the end product of purine metabolism . Uric acid is excreted to a large degree by the kidneys and to a smaller degree in the intestinal tract by microbial degradation.

### INCREASED:-

#### (A).DUE TO INCREASED PRODUCTION:-

- 1.Idiopathic primary gout.
- 2.Excessive dietary purines (organ meats,legumes,anchovies, etc).
- 3.Cytolytic treatment of malignancies especially leukemias & lymphomas.
- 4.Polycythemia vera & myeloid metaplasia.
- 5.Psoriasis.
- 6.Sickle cell anaemia etc.

#### (B).DUE TO DECREASED EXCRETION (BY KIDNEYS)

- 1.Alcohol ingestion.
- 2.Thiazide diuretics.
- 3.Lactic acidosis.
- 4.Aspirin ingestion (less than 2 grams per day ).
- 5.Diabetic ketoacidosis or starvation.
- 6.Renal failure due to any cause etc.

### DECREASED:-

#### (A).DUE TO DIETARY DEFICIENCY

- 1.Dietary deficiency of Zinc, Iron and molybdenum.
- 2.Fanconi syndrome & Wilsons disease.
- 3.Multiple sclerosis .
- 4.Syndrome of inappropriate antidiuretic hormone (SIADH) secretion & low purine diet etc.

#### (B).DUE TO INCREASED EXCRETION

- 1.Drugs:-Probenecid , sulphinpyrazone, aspirin doses (more than 4 grams per day), corticosteroids and ACTH, anti-coagulants and estrogens etc.

\*\*\* End Of Report \*\*\*



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