



PKR JAIN HEALTHCARE INSTITUTE NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

■ 0171-2532620, 8222896961 pkrjainhealthcare@gmail.com

NAME : Mr. ISHWAR CHANDER SANGWAN

AGE/ GENDER : 69 YRS/MALE **PATIENT ID** : 1495089

COLLECTED BY : 122408010004 REG. NO./LAB NO.

REFERRED BY **REGISTRATION DATE** : 01/Aug/2024 09:13 AM BARCODE NO. : 12503928 **COLLECTION DATE** : 01/Aug/2024 09:15AM

CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE REPORTING DATE : 01/Aug/2024 03:38PM

CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

Test Name Value Unit **Biological Reference interval**

HAEMATOLOGY

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

GLYCOSYLATED HAEMOGLOBIN (HbA1c): 4.0 - 6.4WHOLE BLOOD

by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)

ESTIMATED AVERAGE PLASMA GLUCOSE 136.98 mg/dL 60.00 - 140.00

by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)

INTERPRETATION:

AS PER AMERICAN DIABETES ASSOCIATION (ADA):				
REFERENCE GROUP	GLYCOSYLATED HEMOGLOGIB (HBAIC) 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:

- 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 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-spienctomy may exhibit increse in HbA1c values due to a somewhat longer life span of the red cells.



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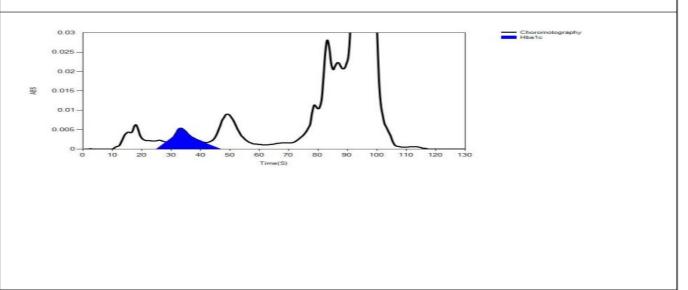
CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

Test Name Value Unit **Biological Reference interval**

LIFOTRONIC Graph Report

Name :	Case:	Patient Type :	Test Date: 01/08/2024 15:24:11
Age:	Department:	Sample Type: Whole Blood EDTA	Sample ld: 12503928
Gender:			Total Area: 14153

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	70	3394	12528	85.1
HbA1c	36	90	941	6.4
La1c	28	23	277	1.9
HbF	19	23	28	0.2
Hba1b	13	64	240	1.6
Hba1a	11	44	139	0.9





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0.0 - 4.0

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1.33

CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

Test Name Value Unit **Biological Reference interval**

TUMOUR MARKER

PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL

ng/mL

PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL:

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

INTERPRETATION:-

Expected Values for the PSA		
Smokers	< 4 ng/ml	
Non-smokers	< 4 ng/ml	

- 1. Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland.
- 2. Normally, very little PSA is secreted in the blood.

INCREASED:-

- 1.Increased in glandular size and tissue damage caused by benign prostatic hypertrophy.
- 2. Prostatitis.
- 3. Prostate cancer may increase circulating PSA levels.
- 4.In patients with previously diagnosed prostate cance, PSA testing is advocated as an early indicator of tumor recurrence and as an indicator of response to therapy.

The test is also useful for initial screening for prostate cancer:-

- 1. Total PSA levels < 2 ng/ml almost rule out the possibility of prostatic malignancy.
- 2.Total PSA levels between 2 and 10 ng/ml lie in the grey zone. Such values may be obtained in prostatitis, benign hyperplasia and malignancy. Further testing including a free PSA/PSA ratio and prostate biopsy is recommended for these patients for confirmation of the diagnosis. 3. Total PSA values >10 ng/ml are highly suspicious for prostate cancer but further testing, such as prostate biopsy, is needed to diagnose the exact pathology.

*** End Of Report ***



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