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

A PIONEER DIAGNOSTIC CENTRE

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| NAME | : Mrs. RADHA | | | | |
|---|---|-------------------|--|---------------------------|------------------------|
| AGE/ GENDER | : 54 YRS/FEMALE | | PATIENT ID : 1578536 | | |
| COLLECTED BY | : | | REG. NO./LAB NO. | : 122409020031 | |
| REFERRED BY | : | | REGISTRATION DATE | : 02/Sep/2024 04:44 PM | |
| BARCODE NO. | : 12504450 | | COLLECTION DATE | : 02/Sep/2024 04:54PM | |
| CLIENT CODE. | : P.K.R JAIN HEALTHCARE INSTITUTE | | REPORTING DATE | : 03/Sep/2024 03:11PM | |
| CLIENT CODE. | : NASIRPUR, HISSAR ROAD, AMBALA CITY - HA | | | . 00/ 5ep/ 2024 00.1 11 W | |
| CLIENT ADDRESS | . NASIKPUR, HISSAR KOAD, AMD | ALA UITI - HAK | IANA | | |
| Test Name | | Value | Unit | Biologi | cal Reference interval |
| | | НАЕМА | TOLOGY | | |
| | CI VOO | | | | |
| | GLYCO | SYLATED HAE | EMOGLOBIN (HBA1C) | | |
| GLYCOSYLATED HAEMOGLOBIN (HbA1c): | | 6.2 | % | 4.0 - 6.4 | ļ |
| WHOLE BLOOD by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) | | | | | |
| ESTIMATED AVERAGE PLASMA GLUCOSE | | 131.24 | mg/dL 60.00 - 140 | | 140.00 |
| | RMANCE LIQUID CHROMATOGRAPHY) | 101121 | iiig, al | 00.00 | |
| INTERPRETATION: | | | | | |
| | AS PER AMERICAN DI | ABETES ASSOCIA | TION (ADA): | | |
| REFERENCE GROUP | | | GLYCOSYLATED HEMOGLOGIB (HBAIC) in % | | |
| Non di | Non diabetic Adults >= 18 years <5.7 | | <5.7 | | |
| | t Risk (Prediabetes) | 5.7 - 6.4 | | | |
| D | liagnosing Diabetes | >= 6.5 | | | |
| | | | Age > 19 Years | | |
| T L | | Goals of Therapy: | | < 7.0 | _ |
| Therapeut | ic goals for glycemic control | Actions | ons Suggested: >8.0 | | _ |
| | | | Age < 19 Years Goal of therapy: <7.5 | | |
| | | • • • | | <7.5 | |

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 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.

*** End Of Report ***



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