

wt - 105 Kg  
Ht - 159  
BP - 130/80 mm Hg  
Pv - 98 / wt  
SpO<sub>2</sub> - 98%

*Neetu Singh*

850 6060 5520



## Ultrasound Report

NAME: Mrs. Neetu Singh

AGE/SEX:36yrs/F

DATE: 28/08/2022

### Real time USG of abdomen and pelvis reveals –

**LIVER**--Liver appears normal. There is no evidence of any focal lesion seen in the parenchyma. Intra-hepatic vascular and biliary radicles appear normal. Portal vein and common bile duct are normal.

**GALL BLADDER**- Gall bladder is physiologically distended. The wall thickness is normal. There is no Evidence of any intraluminal mass lesion or calculi seen.

**PANCREAS**-Pancreas is normal in size, shape and echo pattern. No focal mass lesion seen. Pancreatic duct is not dilated.

**SPLEEN**-Spleen show normal size, shape and homogeneous echopattern. No focal mass lesion is seen in parenchyma.

**KIDNEY** -Both kidneys are normal in size, shape, position and axis. Parenchymal echopattern is normal bilaterally. No focal solid or cystic lesion is seen. There is no evidence of renal concretions on both sides.

**RETROPERITONIUM**- -There is no evidence of ascites or Para – aortic adenopathy seen. Retroperitoneal structures appear normal.

**URINARY BLADDER**- Adequately distended. Walls were regular and thin. Contents are normal. No stone formation seen.

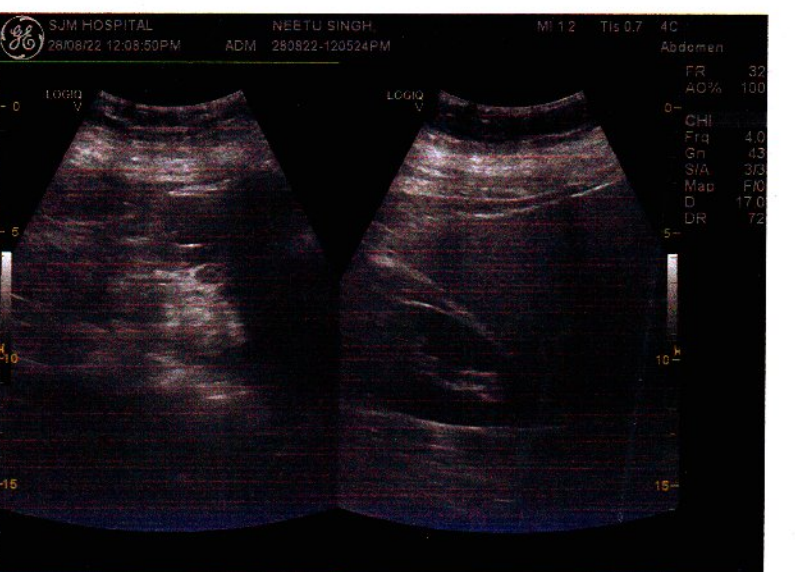
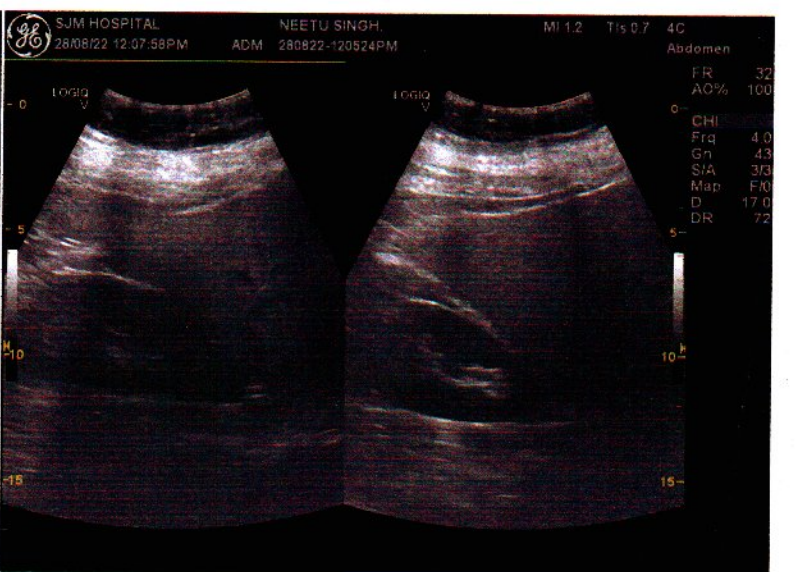
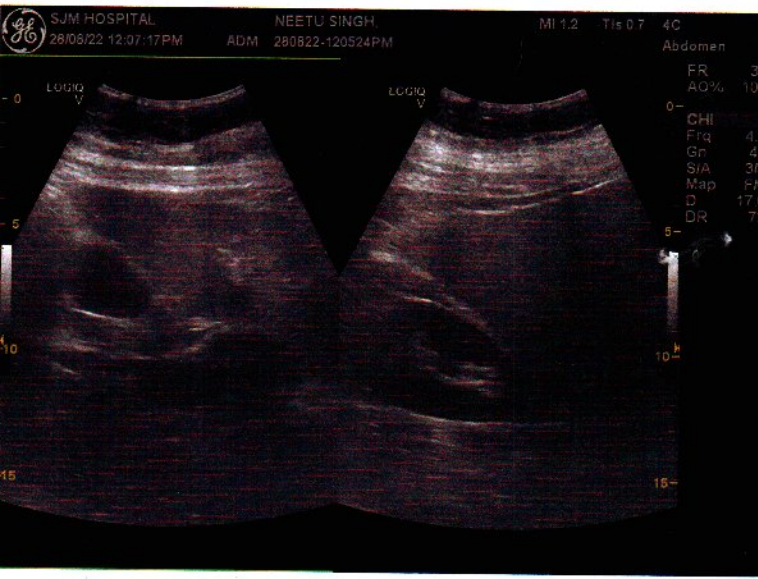
**UTERUS**-Uterus and Both ovaries are normal in size, shape and echopattern. No focal lesion is seen. Endometrial appears. There is no evidence of free fluid seen in the pelvis. There is no evidence of adnexal mass is seen.

**IMPRESSION: Normal Scan.**

DR. PUSHPA KAUL

For SJM Super Specialty Hospital  
DR. P.K GUPTA





nctu singh  
Female 38 Years

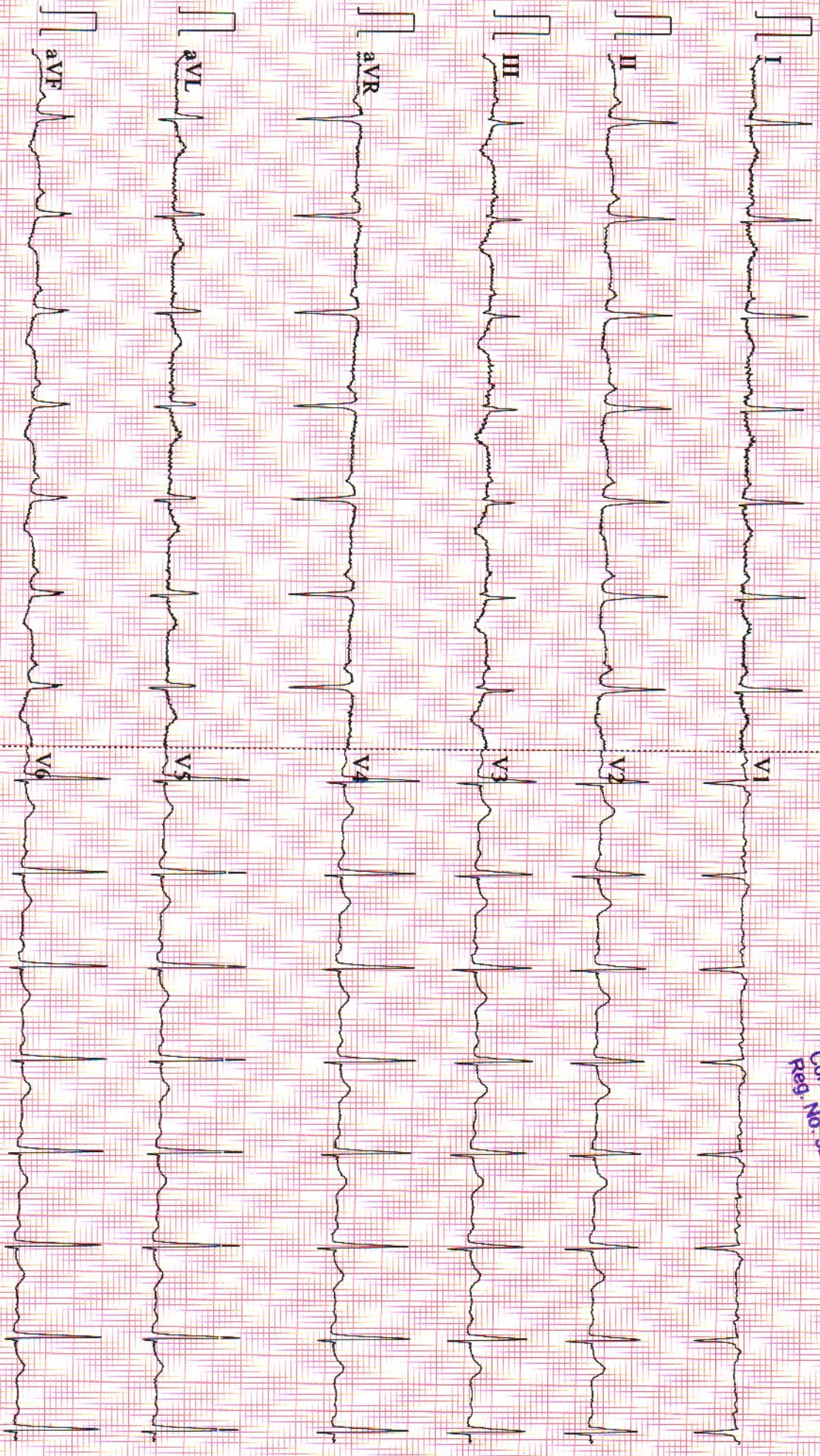
08-16-2022 22:29:20

HR : 89 bpm  
P : 98 ms  
PR : 148 ms  
QRS : 83 ms  
QT/QTc : 345/420 ms  
P/QRS/T : 52/47/-45 °  
RV5/SV1 : 1.546/0.745 mV

Diagnosis Information:  
Sinus Rhythm  
Inverted T Wave(I,III,aVF)

Report Confirmed by:

SIM SUPER SPECIALITY HOSPITAL  
Dr. Amit Kohant (Medicine)  
M.B.B.S., M.D. Consultant Physician  
Reg. No. 52855 (MCI)



0.67~100Hz AC50 25mm/s 10mm/mV 2\*5.0s 89 V2.2 SEMIP V181 SIM SUPER SPECIALITY HOSPITAL SEC 63



# SJM SUPER SPECIALITY HOSPITAL, & IVF CENTRE



100 Bedded Super Speciality Hospital

Sector-63, Noida, NH-9, Near Hindon Bridge

Ph.: 0120-6530900 / 10, Mob.: +91 9599259072

E-mail: sjmhospital@yahoo.com / Website: sjmhospital.com

(24 Hours Emergency, NICU/ICU, Pharmacy & Ambulance Available)

## (IVF SPECIALIST)

Dr. Pushpa Kaul (IVF)  
M.B.B.S., MD(Obst. & Gynae)  
Dr. Neha Zutshi (Embryologist)

## OTHER SPECIALIST

Dr. Pushpa Kaul (IVF)  
M.B.B.S., MD(Obst. & Gynae)  
Dr. Smritee Virmani (Endoscopy)  
MBBS, DGO, DNB, ICOG (Obst. & Gynae)  
Dr. Vinod Bhat  
M.B.B.S., MD (General Medicine)  
Dr. Vineet Gupta, MS (ENT)  
Dr. Naveen Gupta, MS (EYE)  
Dr. Ashutosh Singh, MS (Urology)  
Dr. Rahul Kaul (Spine Surgeon)  
MBBS, MS, (Orthopaedic)  
Dr. Raj Ganjoo MD (Psychiatric)  
Dr. Akash Mishra (Neuro Surgeon)  
Dr. Sanjay Sharma (Cardiologist)  
Dr. S.K. Pandita, MS (Surgeon)  
Dr. B.P. Gupta, MS (Surgeon)  
Dr. Jaisika Rajpal  
(MDS), (Periodontist & Implantologist)  
Dr. Akash Arora  
(MDS), Maxillofacial Surgeon  
Dr. Deepa Maheshwari  
M.B.B.S., MD, FRM, (IVF Specialist)  
Dr. Vivek Kumar Gupta  
MBBS, MS (General Surgeon)  
M.Ch. (Plastic Surgery)  
Dr. Anand Kumar  
MBBS, MD (Paediatrics)  
Dr. Amit kumar Kothari  
MBBS, MD (Medicine)  
Dr. Amit Aggarwal  
M.B.B.S., M.S. Ortho.

## Facilities:

100 Beds. Private & Public wards  
Inpatient & Outpatient - (OPD)Facilities  
24-Hour ambulance and emergency  
8 Operation theatres  
Laparoscopic & Conventional Surgery  
In vitro fertilization centre (IVF)  
Intensive Care Unit. (ICU)  
Neonatal ICUs (NICU)  
Dental Clinic  
Computerized pathology lab  
Digital X-ray and ultrasound  
Physiotherapy facilities  
24-Hour Pharmacy  
Cafeteria & Kitchen

Neetu Singh

27/8/22

36x/R

teleo Hypothym  
(150u)

Cap Artery 60K HLA  
x 3mm

Cap Trineve 105  
10

Dr. AMIT KOTHARI  
M.D. Medicine  
Consultant Physician  
Timing:-12:00 To 1:00 Pm (Mon To Sat)  
4:30 To 5:30 Pm (Tues To Sat)

## CGHS & AYUSHMAN BHARAT

+ Not for medico legal purpose + No substitution of drugs allowed

Panel: Raksha TPA Pvt Ltd., Vipul Med Corp TPA Pvt Ltd., E-Meditek (TPA) Series Ltd., Medi-Assit India TPA Pvt Ltd., Park Mediclaim, Genins India TPA Pvt Ltd., Family Healthcare TPA Pvt Ltd., Medsave Healthcare TPA Pvt Ltd., Vidal Health Care TPA Pvt Ltd., MD India Healthcare, DHS TPA (India) Private Ltd., Medicate TPA Service (I) Pvt. Ltd., East West Assist TPA Pvt Ltd., United Healthcare Parekh TPA Pvt Ltd., Good Health TPA Services Ltd., Bajaj Allianz General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., Universal Insurance General Co. Ltd., TATA AIG General Insurance Co. Ltd., Cholamandalam General Insurance Co. Ltd., Liberty Videocon General Insurance Ltd., SBI General Insurance Co. Ltd., Kotak Mahindra General Insurance Co. Ltd., HDFC Standard Life Insurance Co. Ltd., The Oriental Insurance Co. Ltd.(Corporate), National Insurance Co. Ltd.(Corporate), The New India Insurance Co. Ltd. (Corporate), United India Insurance Co Ltd. (Corporate)

**Ultrasound Report**  
 TRANSTHORASCIC ECHO-DOPPLER REPORT

- **Name: MRS. NEETU SINGH**      **Age /sex: 38/Female**      **Date: -29/08/2022**
- **POOR ECHO WINDOW**

	Observed values (mm)		Normal values (mm)
Aortic root diameter	3.0		22-36
Aortic valve Opening			15 -26
Left Atrium size	3.5		19 - 40
	End Diastole (mm)	End Systole (mm)	Normal Values (mm)
Left Ventricle size	4.3	3.0	(ED =39 -58 )
Interventricular Septum	1.0		(ED = 6 - 10 )
Posterior Wall thickened	1.0		( ED = 6- 10 )
LV Ejection Fraction (%)	55-60	%	55% -80%

**Doppler Velocities (cm / sec)**

Pulmonary valve = Normal		Aortic valve = Normal	
Max velocity	94	Max velocity	130
Mean PG		Max PG	
Pressure ½ time		Mean velocity	
Acceleration Time		Mean PG	
RVET		LVET	
Mitral valve = Normal		Tricuspid valve = Normal	
E	E>A	108	Max Velocity
A		84	Mean Velocity
DT			Mean PG
E/E			TAPSE

## Ultrasound Report

Regurgitation: -

MR = Trace		TR = Trace	
Severity		Severity	
Max Velocity		RVSP	17+RAP
AR		PR	
Severity	NIL	Severity	NIL
Jet width /LVOT ratio		Mean PAP	

Final Interpretation: - (POOR WINDOW)

- 1) No RWMA, LV EF; 55-60 %
- 2) All chambers are normal in size.
- 3) Normal LV diastolic function
- 4) Trace MR, Trace TR(RVSP-17+RAP)
- 5) No AR/PR.
- 6) No Intracardiac clot, vegetation, pericardial effusion
- 7) IVC is normal in size / diameter.

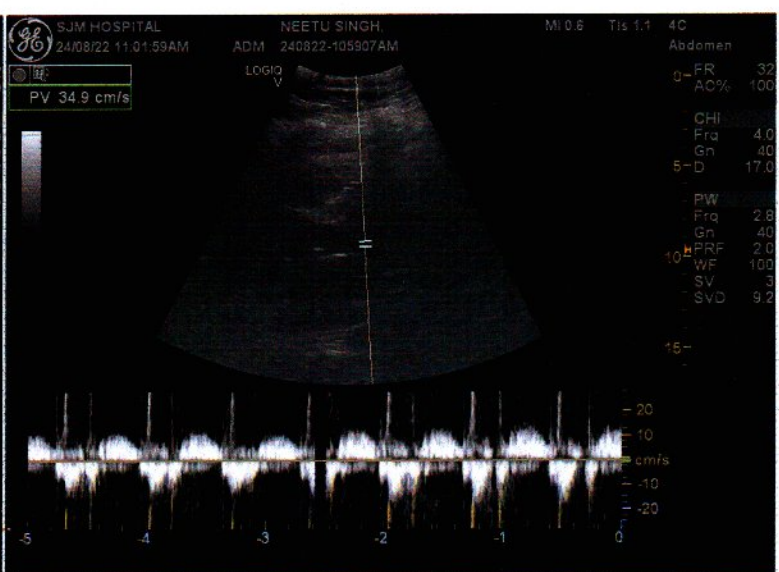
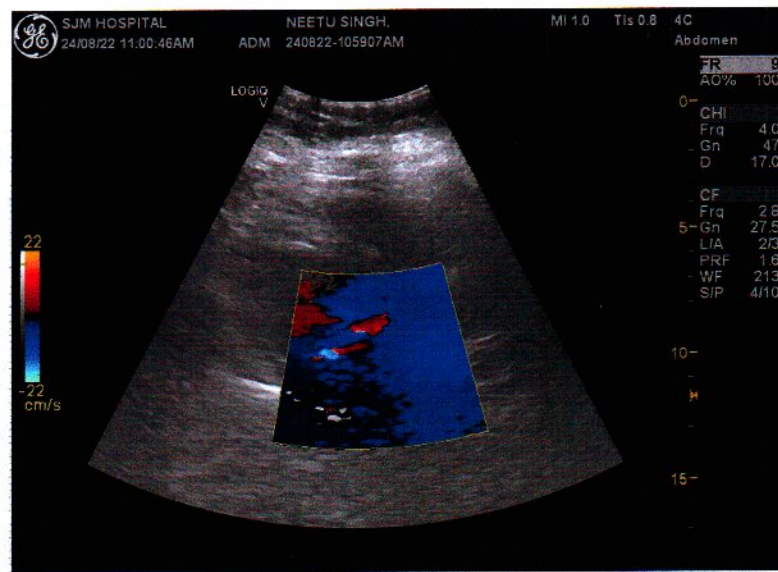
  
**DR. BHUPENDER BHATI**

**MBBS, MD, PGDCC**

Non-Interventional Cardiologist.

Centre for Excellent Patient Care







## Laboratory Report

Lab Serial no. : LSHHI227771	Mr. No : 94311
Patient Name : Mrs. NEETU SINGH	Reg. Date & Time : 27-Aug-2022 03:27 AM
Age / Sex : 36 Yrs / F	Sample Receive Date : 27-Aug-2022 03:41 PM
Referred by : Dr. SELF	Result Entry Date : 27-Aug-2022 06:22PM
Doctor Name : Dr. AMIT KOTHARI	Reporting Time : 27-Aug-2022 06:22 PM
OPD : OPD	

### HAEMATOLOGY

	results	unit	reference
<b>CBC / COMPLETE BLOOD COUNT</b>			
HB (Haemoglobin)	<b>11.0</b>	gm/dl	12.0 - 16.0
TLC	8.8	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	57	%	40 - 70
Lymphocyte	35	%	20 - 40
Eosinophil	06	%	02 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.53	Thousand / UI	3.8 - 5.10
P.C.V	36.2	million/UI	0 - 40
M.C.V.	79.9	fL	78 - 100
M.C.H.	<b>24.3</b>	pg	27 - 32
M.C.H.C.	<b>30.4</b>	g/dl	32 - 36
Platelet Count	3.72	Lacs/cumm	1.5 - 4.5

#### INTERPRETATION:

To determine your general health status; to screen for, diagnose, or monitor any one of a variety of diseases and conditions that affect blood cells, such as anemia, infection, inflammation, bleeding disorder or cancer

technician :

Typed By : Mr. BIRJESH



## Laboratory Report

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### BIOCHEMISTRY

	results	unit	reference
<b>BLOOD SUGAR (PP), Serum</b>			
SUGAR PP	129.7	mg/dl	80 - 140

**Comments:**

Accurate measurement of glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions. High levels of serum glucose may be seen in case of diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents. Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.  
METHOD:- GOD-POD METHOD, END POINT

### BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)	104.9	mg/dl	70 - 110
-----------------	-------	-------	----------

**Comments:**

Accurate measurement of glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions. High levels of serum glucose may be seen in case of Diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents. Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.



technician :

Typed By : Mr. BIRJESH

*Swati*  
**Dr. Swati Chandel**  
Consultant Pathologist  
39292 (MCI)

**Dr. Bupinder Zutshi**  
(M.B.B.S., MD)  
Pathologist & Microbiologist

## Laboratory Report

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### HAEMATOLOGY

	results	unit	reference
--	---------	------	-----------

#### ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	22	mm/1hr	00 - 20
--------------------------------------	----	--------	---------

#### Comments

The ESR is a simple non-specific screening test that indirectly measures the presence of inflammation in the body. It reflects the tendency of red blood cells to settle more rapidly in the face of some disease states, usually because of increases in plasma fibrinogen, immunoglobulins, and other acute-phase reaction proteins. Changes in red cell shape or numbers may also affect the ESR.

### BIOCHEMISTRY

	results	unit	reference
--	---------	------	-----------

#### KFT,Serum

Blood Urea	16.9	mg/dL	13 - 40
Serum Creatinine	0.73	mg/dl	0.6 - 1.1
Uric Acid	5.4	mg/dl	2.6 - 6.0
Calcium	9.0	mg/dL	8.8 - 10.2
Sodium (Na+)	136.4	mEq/L	135 - 150
Potassium (K+)	3.9	mEq/L	3.5 - 5.0
Chloride (Cl)	102.3	mmol/L	94 - 110
PHOSPHORUS-Serum	3.12	mg/dl	2.5 - 4.5

#### Comment:-

Kidneys play an important role in the removal of waste products and maintenance of water and electrolyte balance in the body. Kidney Function Test (KFT) includes a group of blood tests to determine how well the kidneys are working.

technician :

Typed By : Mr. BIRJESH

*Swati*  
**Dr. Swati Chandel**  
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39292 (MCI)

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## Laboratory Report

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### BIOCHEMISTRY

	results	unit	reference
<b>LIPID PROFILE, Serum</b>			
S. Cholesterol	190.0	mg/dl	< - 200
HDL Cholesterol	53.0	mg/dl	42.0 - 88.0
LDL Cholesterol	122.4	mg/dl	50 - 150
VLDL Cholesterol	14.6	mg/dl	00 - 40
Triglyceride	72.8	mg/dl	00 - 170
Chloestrol/HDL RATIO	3.6	%	3.30 - 4.40

#### INTERPRETATION:

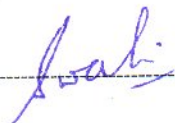
Lipid profile Of lipid panel is a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis, and other diseases.

Centre for Excellent Patient Care



technician :

Typed By : Mr. BIRJESH



MRS. NEETU SINGH

**SJM SUPER SPECIALITY HOSPITAL**

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Web.: www.sjmhospital.com

**Laboratory Report**

Lab Serial No. : LSHHI227771	Reg. No. : 94311
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Doctor Name : Dr. AMIT KOTHARI	ReportingTime : 27-Aug-2022 06:22 PM
OPD/IPD : OPD	

**URINE SUGAR (Fasting)****CHEMICAL EXAMINATION**

Glucose : Nil

**URINE SUGAR (PP)****CHEMICAL EXAMINATION**

Glucose : Nil

Centre for Excellent Patient Care



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 27-08-2022

MRS. NEETU SINGH

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 E-mail.: email@sjmhospital.com  
 Web.: www.sjmhospital.com

**Laboratory Report**

Lab Serial No. : LSHH1227771	Reg. No. : 94311
Patient Name : MRS. NEETU SINGH	Reg. Date & Time : 27-Aug-2022 03:27 AM
Age/Sex : 36 Yrs /F	Sample Collection Date : 27-Aug-2022 03:41 PM
Referred By : SELF	Sample Receiving Date : 27-Aug-2022 03:41 PM
Doctor Name : Dr. AMIT KOTHARI	ReportingTime : 27-Aug-2022 06:22 PM
OPD/IPD : OPD	

**TEST NAME****VALUE**

ABO

"A"

Rh

POSITIVE

**Comments:**

Human red blood cell antigens can be divided into four groups A, B, AB AND O depending on the presence or absence of the corresponding antigens on the red blood cells. There are two glycoprotein A and B on the cell's surface that are responsible for the ABO types. Blood group is further classified as RH positive and RH negative.

Centre for Excellent Patient Care



Mr. BIRJESH

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 27-08-2022

**SJM SUPER SPECIALITY HOSPITAL**

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**Laboratory Report**

Lab Serial No. : LSHHI227771	Reg. No. : 94311
Patient Name : MRS. NEETU SINGH	Reg. Date & Time : 27-Aug-2022 03:27 AM
Age/Sex : 36 Yrs /F	Sample Collection Date : 27-Aug-2022 03:41 PM
Referred By : SELF	Sample Receiving Date : 27-Aug-2022 03:41 PM
Doctor Name : Dr. AMIT KOTHARI	ReportingTime : 27-Aug-2022 06:22 PM
OPD/IPD : OPD	

**URINE EXAMINATION TEST****PHYSICAL EXAMINATION**

Quantity: 20 ml  
 Color: Straw  
 Transparency: clear

**CHEMICAL EXAMINATION**

Albumin: nil  
 Glucose: nil  
 PH: Acidic

**MICROSCOPIC EXAMINATION**

Pus cells: 1-2 /HPF  
 RBC's: nil  
 Crystals: nil  
 Epithelial cells: 0-1 /HPF  
 Others: nil

**Note:-**

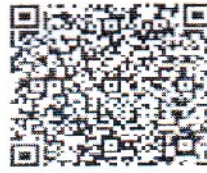
A **urinalysis** is a test of your urine. It's used to detect and manage a wide range of disorders, such as urinary tract infections, kidney disease and diabetes. A urinalysis involves checking the appearance, concentration and content of urine.



Mr. BIRJESH

*Swati*  
**Dr. Swati Chandel**  
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 39292 (MCI)

**Dr. Bupinder Zutshi**  
 (M.B.B.S., MD)  
 Pathologist & Microbiologist  
 27-08-2022



Patient Name : Mrs. NEETU SINGH  
 Age/Sex : 39 Y/Female  
 Patient ID : 012208270098  
 Barcode : 10110813  
 Ref. By : Self  
 SRF No. :  
 Aadhar-Nation : - Indian

Registration No : 105476  
 Registered : 27/Aug/2022  
 Collection : 27/Aug/2022 07:30PM  
 Received : 27/Aug/2022 09:06PM  
 Reported : 27/Aug/2022 11:45PM  
 Panel : SJM Hospital  
 Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
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**THYROID PROFILE.(TFT)SERUM**

T3 ,Serum	106.50	ng/dl	69-215
T4 ,Serum ECLIA	6.40	ug/dL	5.2-12.7
TSH(ultrasensitive) ECLIA	5.2	uIU/mL	0.3-4.5

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated non-thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within range	Within Range	Isolated high TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & biological TSH variability.
			Subclinical Autoimmune Hypothyroidism
			Intermittent T4 therapy for hypothyroidism
			Recovery phase after non-thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis
			Post thyroidectomy, post radioiodine
			Hypothyroid phase of transient thyroiditis" Interfering antibodies to thyroid hormones (anti-TPO antibodies)
Raised or within range	Raised	Raised/ Normal	Intermittent T4 therapy or T4 overdose Drug interference- Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics

Dr. Jatinder Bhatia  
 MD Pathology  
 Director

Dr. Madhusmita Das  
 MD MICROBIOLOGY



Dr. Priyanka Rana  
 MD Pathology





**Patient Name : Mrs. NEETU SINGH**  
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 Panel : SJM Hospital  
 Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
Decreased	Raised / Normal	Raised / Normal	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
			Subclinical Hyperthyroidism
			Thyroxine ingestion"
Decreased	Decreased	Decreased	Central Hypothyroidism
			Non-Thyroidal illness
			Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule
			Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or	Raised	Within range	T3 toxicosis
Within range			Non-Thyroidal illness

**TSH( $\mu$ U/ml) for pregnant females (As per American Thyroid Association)**

First Trimester	0.10-2.5
Second Trimester	0.20-3.00
Third Trimester	0.30-3.00

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



Dr. Jatinder Bhatia  
 MD Pathology  
 Director

Dr. Madhusmita Das  
 MD MICROBIOLOGY

Dr. Priyanka Rana  
 MD Pathology



**Patient Name** : Mrs. NEETU SINGH  
**Age/Sex** : 39 Y/Female  
**Patient ID** : 012208270098  
**Barcode** : 10110813  
**Ref. By** : Self  
**SRF No.** :  
**Aadhar-Nation** : - Indian

**Registration No** : 105476  
**Registered** : 27/Aug/2022  
**Collection** : 27/Aug/2022 07:30PM  
**Received** : 27/Aug/2022 09:05PM  
**Reported** : 27/Aug/2022 11:58PM  
**Panel** : SJM Hospital  
**Passport No.** :

Test Name	Value	Unit	Bio Ref.Interval
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### HbA1C(Glycosylated Hemoglobin ):EDTA

Hb A1C, GLYCOSYLATED Hb ,EDTA Particle enhanced immunoturbidimetric	6.20	%	
Average Glucose Calculated	131.24	mg/dL	<125.0

#### Interpretation:

AS PER AMERICAN DIABETES ASSOCIATION (ADA)

REFERENCE GROUP	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 GOAL OF THERAPY: <7.0 ACTION SUGGESTED: > 8.0 AGE <19 YEARS GOAL OF THERAPY: <7.5

#### Comment :

Glycosylated Hb is a normal adult Hb which is covalently bounded to a glucose molecule. Glycosylated Hb concentration is dependent on the average blood glucose concentration and is stable for the life of the RBC (120 days). Glycohaemoglobin serves as suitable marker of metabolic control of diabetics. Its estimation is unaffected by diet, insulin, exercise on day of testing and thus reflects average blood glucose levels over a period of last several weeks /months. There is a 3 - 4 week time before percent Glycohaemoglobin reflects changes in blood glucose levels.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

1. Glycosylated hemoglobin (HbA1c) test is three monthly monitoring done to assess compliance 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 HbA1c. 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

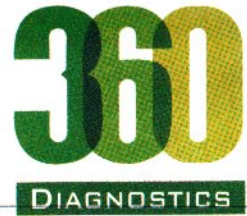
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REPORT



Patient Name : Mrs. NEETU SINGH  
 Age/Sex : 39 Y/Female  
 Patient ID : 012208270098  
 Barcode : 10110813  
 Ref. By : Self  
 SRF No. :  
 Aadhar-Nation : - Indian

Registration No : 105476  
 Registered : 27/Aug/2022  
 Collection : 27/Aug/2022 07:30PM  
 Received : 27/Aug/2022 09:05PM  
 Reported : 27/Aug/2022 11:58PM  
 Panel : SJM Hospital  
 Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
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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 glycemc control.

7.Specimens from patients with polycythemia or post-splenctomy may exhibit increase in HbA1c values due to a somewhat longer life span of the red cells.

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



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NABL ACCREDITED & ICMR APPROVED FOR COVID-19

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