CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj,Varanasi
Ph: 9235447795,0542-3500227
CIN : U85110DL2003PLC308206

Patient Name	: Mrs.EKTA LOHIYA -BOBS6173	Registered On	: 27/Jan/2024 09:09:27
Age/Gender	: 31 Y 0 M 0 D /F	Collected	: 27/Jan/2024 10:16:55
UHID/MR NO	: CVAR.0000046591	Received	: 28/Jan/2024 10:47:52
Visit ID	: CVAR0105372324	Reported	: 28/Jan/2024 12:27:28
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLYCOSYLATED HAEMOGLOBIN (HBA1C) ** , *EDTA BLOOD*				
Glycosylated Haemoglobin (HbA1c)	5.60	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	38.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	114	mg/dl		

Interpretation:

NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes mnagement.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.
**Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated VARIANT II TURBO HPLC Analyser.

Clinical Implications:

*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.
*With optimal control, the HbA 1c moves toward normal levels.
*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy

SIN No:64944310

CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj,Varanasi
Ph: 9235447795,0542-3500227
CIN : U85110DL2003PLC308206

Patient Name	: Mrs.EKTA LOHIYA -BOBS6173	Registered On	: 27/Jan/2024 09:09:27
Age/Gender	: 31 Y 0 M 0 D /F	Collected	: 27/Jan/2024 10:16:55
UHID/MR NO	: CVAR.0000046591	Received	: 28/Jan/2024 10:47:52
Visit ID	: CVAR0105372324	Reported	: 28/Jan/2024 12:27:28
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

c. Alcohol toxicity d. Lead toxicity
*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss
*Pregnancy d. chronic renal failure. Interfering Factors:
*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

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

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:
STOOL, ROUTINE EXAMINATION, ECG / EKG

Dr. Anupam Singh (MBBS MD Pathology)

SIN No:64944310