

REPORT

| | | | |
|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Mr. VENKATESH | Sample ID | : A0933765 |
| Age/Gender | : 42 Years/Male | Reg. No | : 0312408290005 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 29-Aug-2024 08:45 AM |
| Primary Sample | : Whole Blood | Received On | : 29-Aug-2024 12:52 PM |
| Sample Tested In | : Plasma-NaF(F) | Reported On | : 29-Aug-2024 03:01 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

CLINICAL BIOCHEMISTRY

GLUCOSE FASTING

| Test Name | Results | Units | Ref. Range | Method |
|-----------|---------|-------|------------|--------|
|-----------|---------|-------|------------|--------|

| | | | | |
|----------------------------|------------|-------|--------|------------|
| Glucose Fasting (F) | 258 | mg/dL | 70-100 | Hexokinase |
|----------------------------|------------|-------|--------|------------|

Interpretation of Plasma Glucose based on ADA guidelines 2018

| Diagnosis | FastingPlasma Glucose(mg/dL) | 2hrsPlasma Glucose(mg/dL) | HbA1c(%) | RBS(mg/dL) |
|-------------|------------------------------|---------------------------|----------|----------------------|
| Prediabetes | 100-125 | 140-199 | 5.7-6.4 | NA |
| Diabetes | > = 126 | > = 200 | > = 6.5 | >=200(with symptoms) |

Reference: Diabetes care 2018;41(suppl.1):S13-S27

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

REPORT

| | | | |
|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Mr. VENKATESH | Sample ID | : A0933764 |
| Age/Gender | : 42 Years/Male | Reg. No | : 0312408290005 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 29-Aug-2024 08:45 AM |
| Primary Sample | : Whole Blood | Received On | : 29-Aug-2024 12:52 PM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 29-Aug-2024 01:19 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|-----------------------------|---------|-------|--|------------|
| Glycated Hemoglobin (HbA1c) | 11.5 | % | Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5 | HPLC |
| Mean Plasma Glucose | 283.35 | mg/dL | | Calculated |

Glycated hemoglobins (GHb), also called glycohemoglobins, are substances formed when glucose binds to hemoglobin, and occur in amounts proportional to the concentration of serum glucose. Since red blood cells survive an average of 120 days, the measurement of GHb provides an index of a person's average blood glucose concentration (glycemia) during the preceding 2-3 months. Normally, only 4% to 6% of hemoglobin is bound to glucose, while elevated glycohemoglobin levels are seen in diabetes and other hyperglycemic states Mean Plasma Glucose(MPG):This Is Mathematical Calculations Where Glycated Hb Can Be Correlated With Daily Mean Plasma Glucose Level

NOTE: The above Given Risk Level Interpretation is not age specific and is an information resource only and is not to be used or relied on for any diagnostic or treatment purposes and should not be used as a substitute for professional diagnosis and treatment. Kindly Correlate clinically.

INTERPRETATION

Method: Analyzer Fully automated HPLC platform.

| Average Blood Glucose(eAG) (mg/dL) | Level of Control | Hemoglobin A1c (%) | |
|------------------------------------|----------------------------------|--------------------|----|
| 421 | A L E R T | 14% | |
| 386 | | 13% | |
| 350 | | 12% | |
| 314 | | 11% | |
| 279 | | 10% | |
| 243 | | 9% | |
| 208 | | 8% | |
| 172 | | POOR | 7% |
| 136 | | GOOD | 6% |
| 101 | | EXCELLENT | 5% |

HbA1c values of 5.0- 6.5 percent indicate good control or an increased risk for developing diabetes mellitus. HbA1c values greater than 6.5 percent are diagnostic of diabetes mellitus. Diagnosis should be confirmed by repeating the HbA1c test.

NOTE: Hb F higher than 10 percent of total Hb may yield falsely low results. Conditions that shorten red cell survival, such as the presence of unstable hemoglobins like Hb SS, Hb CC, and Hb SC, or other causes of hemolytic anemia may yield falsely low results. Iron deficiency anemia may yield falsely high results.

Correlate Clinically.

Result rechecked and verified for abnormal cases
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*** End Of Report ***



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