

REPORT

VINEET K GOYAL
24, Kohinoor,
Vishrambaug Hsg Society,
Senapati Bapat Road, Pune
Tel No: 919822403677
PID: 114462

Age:39.08 Years Sex:MALE

Reference:Dr.--
Sample Collected At:
The Poona Club Ltd.
6,Bund Garden Road,
Pune 1
Zone CA

SID: 120046206
Collection Date:
24-07-2020 09:46 AM
Sample Date:
24-07-2020 09:46 am
Report Date:
24-07-2020 01:44 PM

Test Description	Observed Value	Biological Reference Interval
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TEST NAME

Glycated Hemoglobin (HbA1C), by HPLC	<u>7.40</u>	4.0 to 5.6 %
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On follow up.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.

For diagnosis of Diabetes Mellitus (≥ 18 yrs of age) :

5.7 % - 6.4 % : Increased risk for developing diabetes.

≥ 6.5 % : Diabetes

Therapeutic goals for glycemic control :

Adults : < 7%

Toddlers and Preschoolers : < 8.5% (but > 7.5 %)

School age (6-12 yrs) : < 8%

Adolescents and young adults (13 - 19 yrs) : < 7.5 %

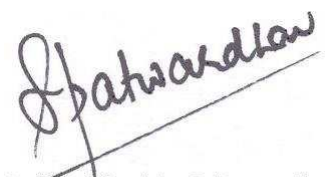
Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.

Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.

Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA. In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.

The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Ref : ADA (Standards of Medical Care in Diabetes - 2017)



Dr. (Mrs.) Manisha S. Patwardhan
MD, DPB Reg.No.: 69229
A.G Diagnostics Pvt. Ltd.

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Plasma Glucose : Plasma glucose fasting, by Hexokinase method	121	< 100 mg/dL 100 to 125 mg/dL : Impaired fasting glucose tolerance / Prediabetes >= 126 mg/dL : Suggestive of diabetes mellitus (On more than one occasion) American Diabetes Association Guidelines 2019

Clinical Chemistry

Uric Acid, serum by Uricase method **5.93** Male : 3.50 to 7.20 mg/dL

** Uric acid is useful for 1. Diagnosis and follow up of renal failure. 2. Monitoring patients receiving cytotoxic drugs and a variety of other disorders, including gout, leukemia, psoriasis, starvation and other wasting conditions . * Increased uric acid is seen in following conditions :*

1. Increased purine synthesis 2. Inherited metabolic disorders 3. Excess dietary purine intake 4. Increased nucleic acid turnover 5. Malignancy, cytotoxic drugs 6. Decreased urinary excretion (due to CRF) 7. Increased renal reabsorption .

** Uric acid is decreased in : 1. Hepatocellular disease with reduced purine synthesis 2. Defective renal reabsorption 3. Overtreatment of uricemia (allopurinol or cancer therapies like 6-mercaptopurine, etc).*

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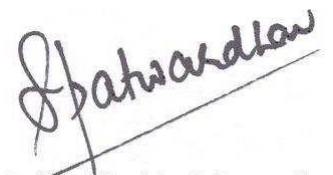
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Test Description Clinical Chemistry :

Observed Value

Biological Reference Interval

End of Report



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Page 3 of 3

"Laboratory is accredited as per ISO 15189:2012, Certificate Number MC-3143. Scope available on request / @ www.agdiagnostics.org

Carrying forward
Dr. Ajit Golwilkar's
legacy of Over
Four Decades

DIAGNOSTICS
BE SURE
BE WELL
ए.जी. डायग्नॉस्टिक्स प्रा. लि. A.G Diagnostics Pvt. Ltd.

Dr. Awanti Golwilkar
MD (Pathology)

Dr. Vinanti Golwilkar
MD (Pathology)