

PATIENT NAME : ISHAMMA

REF. DOCTOR : SELF

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|---------|------------------------------------|--------------------------------|
| ISHAMMA | ACCESSION NO : 4182YK007596 | AGE/SEX : 79 Years Female |
| | PATIENT ID : ISHAF2009474182 | DRAWN : 19/11/2025 12:17:22 |
| | CLIENT PATIENT ID: | RECEIVED : 19/11/2025 12:19:36 |
| | ABHA NO : | REPORTED : 19/11/2025 14:23:31 |

| Test Report Status | Final | Results | Biological Reference Interval | Units |
|--------------------|-------|---------|-------------------------------|-------|
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HAEMATOLOGY

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

| | | |
|--------------------------------|-------------------|--|
| HBA1C | 6.8 High | Non-diabetic Adult < 5.7 % Pre-diabetes 5.7 - 6.4 Diabetes diagnosis: > or = 6.5 Therapeutic goals: < 7.0 Action suggested : > 8.0 (ADA Guideline 2021) |
| METHOD : HPLC | | |
| ESTIMATED AVERAGE GLUCOSE(EAG) | 148.5 High | < 116.0 mg/dL |

Interpretation(s)

GLYCOSYLATED HEMOGLOBIN(HBA1C),EDTA WHOLE BLOOD-Used For:

- Evaluating the long-term control of blood glucose concentrations in diabetic patients.
- Diagnosing diabetes.
- Identifying patients at increased risk for diabetes (prediabetes).

The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patient's metabolic control has remained continuously within the target range.

- eAG (Estimated average glucose) converts percentage HbA1c to mg/dl, to compare blood glucose levels.
- eAG gives an evaluation of blood glucose levels for the last couple of months.
- eAG is calculated as $eAG (mg/dl) = 28.7 * HbA1c - 46.7$

HbA1c Estimation can get affected due to :


- Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss, hemolytic anemia) will falsely lower HbA1c test results. Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
- Vitamin C & E are reported to falsely lower test results. (possibly by inhibiting glycation of hemoglobin.)
- Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia, uremia, hyperbilirubinemia, chronic alcoholism, chronic ingestion of salicylates & opiates addition are reported to interfere with some assay methods, falsely increasing results.
- Interference of hemoglobinopathies in HbA1c estimation is seen in

- Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
- Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
- HbF > 25% on alternate platform (Boronate affinity chromatography) is recommended for testing of HbA1c. Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy

HbA1c as per ADA Guideline
 NORMAL RANGE: < 5.7%
 PRE-DIABETIC RANGE: 5.7-6.4%
 DIABETIC RANGE: = 6.5%

****End Of Report******Please visit www.agilusdiagnostics.com for related Test Information for this accession**

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ULR No.666000016173025-4182