Apollo Medical Centre

(Promoters : Kurnool Hospital Enterprises Ltd.)

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Name	: **RAMESH**	**Bill Date** :	**03-Jan-2026 7:34 am**
Age	: **58**	**Sample No** :	**7,7A**
Gender	: **Male**	**Smpl.Time** :	**03-Jan-2026 07:40 AM**
Bill No	: **CB26207**	**Report Date** :	**03-Jan-2026 11:20 am**
Ref.Dr.	: **Self**	CB26207 **1444**	

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
HAEMOGLOBIN	13.7	gm/dl	13 - 18	

*** END OF REPORT ***

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Checked By : SAI

CB26207 **1444**

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PATHOLOGIST

APOLLO MEDICAL CENTRE KURNOOL

KINDLY CORRELATE RESULTS WITH CLINICAL FINDINGS & DISCUSS IF NECESSARY.

Page 1 of 3

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
HBA1C , GLYCATED HEMOGLOBIN	5.4 %	%	-	Turbilatex

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control.

Reference:	
Non Diabetic Level	< 5.7 %
Pre diabetic range	5.7 % to 6.4 %
Diabetic Range	> 6.5 %
Diabetic Level	
Excellent control	6 %- 7 %
Fair to good control	7 % -8 %
Poor control	8 % -10 %
Unsatisfactory control	> 10 %

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE FASTING & PP				
GLUCOSE, FASTING , NaF Plasma	100	mg/dl	70 - 100	GOD - POD
URINE SUGAR	NIL		-	
			-	
GLUCOSE, POST PRANDIAL (PP), 2 HOURS NAF PLASMA	107	mg/dl	70 - 140	GOD - POD
URINE SUGAR	NIL		-	

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach

Comment:

As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes

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M.B.B.S, M.D
Consultant Biochemist

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