

**Name** : Mr. DUMMY  
**Lab No.** : Z285N1  
**Ref By** : SELF  
**Collected** : 22/8/2023 11:12:00AM  
**A/c Status** : P  
**Collected at** : LPL-ROHINI (NATIONAL REFERENCE LAB)  
National Reference laboratory, Block E, Sector  
18, ROHINI  
DELHI 110085

**Age** : 25 Years  
**Gender** : Male  
**Reported** : 19/9/2023 2:58:52PM  
**Report Status** : Interim  
**Processed at** : LPL-NATIONAL REFERENCE LAB  
National Reference laboratory, Block E,  
Sector 18, Rohini, New Delhi -110085



### Test Report

Test Name	Results	Units	Bio. Ref. Interval
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#### DIABETES PANEL 1

#### DIABETES SCREEN

Glucose Fasting (Hexokinase)	80.00	mg/dL	70 - 100
Glucose (PP) (Hexokinase)	100.00	mg/dL	70 - 140
HbA1c (HPLC, NGSP Certified)	5.0	%	4.00 - 5.60
Estimated average glucose (eAG) (eAG), Calculated	97	mg/dL	

#### Interpretation

HbA1c result is suggestive of non diabetic adults ( $\geq 18$  years)/ well controlled Diabetes in a known Diabetic

#### Interpretation

Parameter	Normoglycemia	Prediabetes	Diabetes
Glucose, Fasting (mg/dL)	70 - 100	100 - 125	$\geq 126$
Glucose, PP (mg/dL)	70 - 140	140 - 199	$\geq 200$
HbA1c (%)	$< 5.7$	5.7 - 6.4	$\geq 6.5\%$

#### Note

1. The diagnosis of Diabetes requires a fasting plasma glucose of  $>$  or  $= 126$  mg/dL or a random / 2 hr post glucose value of  $>$  or  $= 200$  mg/dL or HbA1c of  $>$  or  $= 6.5\%$
2. In the absence of unequivocal hyperglycemia, diagnosis requires two abnormal test results from the same sample or in two separate test samples.
3. Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.
4. Test conducted on Plasma & Whole blood

Factors that Interfere with HbA1c Measurement	Factors that affect interpretation of HbA1c Results
Hemoglobin variants, elevated fetal hemoglobin (HbF) & chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy	Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g., recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used. Iron



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of HbA1c measurements.	deficiency anemia is associated with higher HbA1c.		

#### LIPID SCREEN, SERUM

Cholesterol, Total (CHO-POD)	200.00	mg/dL	<200.00
Triglycerides (GPO-POD)	150.00	mg/dL	<150.00
HDL Cholesterol (Enz Immunoinhibition)	<5.00	mg/dL	>40.00
LDL Cholesterol, Calculated (Calculated)	166.00	mg/dL	<100.00
VLDL Cholesterol, Calculated (Calculated)	30.00	mg/dL	<30.00
Non-HDL Cholesterol (Calculated)	196	mg/dL	<130

#### Note

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL.
- Lipid Association of India (LAI) recommends screening of all adults above the age of 20 years for Atherosclerotic Cardiovascular Disease (ASCVD) risk factors especially lipid profile. This should be done earlier if there is family history of premature heart disease, dyslipidemia, obesity or other risk factors.
- Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia.
- Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a).
- LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target.
- Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved.
- Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement.



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### Test Report

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#### Treatment Goals as per Lipid Association of India 2020

RISK CATEGORY	TREATMENT GOAL		CONSIDER THERAPY	
	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)
Extreme Risk Group Category A	<50 (Optional goal ≤30)	<80 (Optional goal ≤60)	≥50	≥80
Extreme Risk Group Category A	≤30	≤60	>30	>60
Very High	<50	<80	≥50	≥80
High	<70	<100	≥70	≥100
Moderate	<100	<130	≥100	≥130
Low	<100	<130	≥130*	≥160*

\*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months



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### Test Report

Test Name	Results	Units	Bio. Ref. Interval
<b>CREATININE, SERUM</b> (Compensated Jaffe's reaction, IDMS traceable)			
Creatinine	1.20	mg/dL	0.70 - 1.30
GFR Estimated	86	mL/min/1.73m <sup>2</sup>	>59
GFR Category	G2		

**Advise:** CKD Risk Map (Z1014)

#### Note

1. GFR, estimated (eGFR) calculated using the 2021 CKD-EPI creatinine equation and GFR Category reported as per KDIGO guideline 2012.
2. eGFR category G1 or G2 does not fulfil the criteria for CKD, in the absence of evidence of kidney damage

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#### IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted. •All test results are dependent on the quality of the sample received by the Laboratory.  
 •Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. •Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. •Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. •Test results may show interlaboratory variations. •The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). •Test results are not valid for medico legal purposes. •This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner /Doctor. •The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

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