Name	: **Mr. DUMMY**		
Lab No.	: **Z285N1**	**Age**	: **25 Years**
Ref By	: **SELF**	**Gender**	: **Male**
Collected	: **22/8/2023 11:12:00AM**	**Reported**	: **19/9/2023 2:58:52PM**
A/c Status	: **P**	**Report Status**	: **Interim**
Collected at	: **LPL-ROHINI (NATIONAL REFERENCE LAB) National Reference laboratory, Block E, Sector 18, ROHINI DELHI 110085**	**Processed at**	: **LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085**

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
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 (>=18 years)/ well controlled Diabetes in a known Diabetic

Interpretation

Parameter	Normoglycemia	Prediabetes	Diabetes
Glucose, Fasting (mg/dL	70 - 100	100 - 125	≥ 126
Glucose, PP (mg/dL)	70 - 140	140 - 199	≥ 200
HbA1c (%)	< 5.7	5.7 - 6.4	≥ 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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Test Report

Test Name	Results	Units	Bio. Ref. Interval
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

1. 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.
2. 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
3. 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
4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
8. 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

Test Name	Results	Units	Bio. Ref. Interval

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
CREATININE, SERUM (Compensated Jaffe's reaction, IDMS traceable)			
Creatinine	1.20	mg/dL	0.70 - 1.30
GFR Estimated	86	mL/min/1.73m2	>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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