REPORT

SAMEER LADKAT
46 Varsha Lane 2
Koregaon Park
Pune
Tel No: 919372383838
PID: 122420

Age:49.10 Years Sex:MALE

Reference:Dr.--

SID: 120143808

Collection Date:
01-12-2020 08:40 AM
Registration Date:
01-12-2020 11:42 am
Report Date:
01-12-2020 02:38 PM

Test Description	Observed Value	Biological Reference Interval
Lipid Profile Mini :		
Cholesterol (Total), serum by Enzymatic method	**190**	Desirable : < 200 mg/dL Borderline high : 200 - 239 mg/dL High : >/= 240 mg/dL
Triglycerides, serum by Enzymatic method	**84**	Normal : < 150 mg/dL Borderline high : 150-199 mg/dL High : 200-499 mg/dL Very high : >/= 500 mg/dL
HDL Cholesterol, serum by Enzymatic method	**56**	Men : > 40 mg/dL Women : > 50 mg/dL
VLDL Cholestrol, serum by calculation	**17**	< 30 mg/dL
LDL Cholesterol, serum by calculation	**117**	Optimal : <100 mg/dL Near optimal/above optimal : 100-129 mg/dL Borderline high : 130-159 mg/dL High : 160-189 mg/dL Very high : >/= 190 mg/dL
Cholesterol(Total)/HDL Cholesterol Ratio	**3.39**	Males : Acceptable ratio </= 5.00 Females : Acceptable ratio </= 4.50
LDL Cholesterol/HDL Cholesterol Ratio	**2.09**	Males : Acceptable ratio </= 3.60 Females : Acceptable ratio </= 3.20

Reference : ATP III, NCEP Guidelines and National Lipid Association (NLA) 2014 Recommendations

As per most international and national guidelines including Lipid Association of India 2016 :

1. Lipoprotein and lipid levels should be considered in conjunction with other atherosclerotic cardiovascular disease (ASCVD) risk determinants to assess treatment goals and strategies.
2. Non-fasting lipid levels can be used in screening and in general risk estimation.

MC-3143

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Test Description	Observed Value	Biological Reference Interval
TEST NAME		
Glycated Hemoglobin (HbA1C), by HPLC	**6.30**	4.0 to 5.6 %

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)

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Test Description	Observed Value	Biological Reference Interval
Plasma Glucose :		
Plasma glucose, random by Hexokinase method	**151**	< 200 mg/dL American Diabetes Association Guidelines 2020
Hormones		
Free T3, serum by CMIA	**1.81**	1.71 to 3.71 pg/mL
Free T4, serum by CMIA	**0.62**	0.71 to 1.85 ng/dL
TSH(Ultrasensitive), serum by CMIA	**25.68**	0.40 - 4.00 µIU/mL

On follow up; ? On therapy

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

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Test Description	Observed value	Biological Reference Interval
HOMA Index Insulin Resistance Test		
Plasma glucose, random by Hexokinase method	**151**	< 200 mg/dL American Diabetes Association Guidelines 2020
Insulin Random, serum by CMIA	**24.50**	Fasting : 2.6 to 25 µU/mL Peak upto 150 µU/mL
HOMA IR Index	**9.13**	> 2.5 indicates insulin resistance

Interpretation

1. As, the direct measurement of the insulin effect on the blood sugar concentration is not possible other indices are used for determining an insulin resistance.
2. One of the most common indices is the HOMA index (Homeostasis Model Assessment), which is calculated according to the following formula:
   HOMA index = fasting insulin (µU/ml) X fasting blood sugar (mg/dl) /405
3. Indications :
   * Adiposis (BMI > 28 kg/m²)
   * Suspected insulin resistance (metabolic syndrome, diabetes mellitus type 2)
   * Suspected polycystic ovary syndrome
   * Cycle disturbances (e. g. amenorrhea)
   * Infertility
4. Reference ranges :
   > 2.0 indication for insulin resistance
   > 2.5 insulin resistance probable
   > 5.0 average value in patients with diabetes mellitus type 2

Reference : https://www.bioscientia.de/en/files/2011/10/Marker

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Test Description	Observed Value	Biological Reference Interval
CRP(hs) - C- Reactive Protein high sensitivity	**0.10**	See clinical information below . Method : Nephelometry / Immunoturbidimetry

Clinical Information :

1. C-reactive protein (CRP) is a biomarker of inflammation. Plasma CRP concentrations increase rapidly and dramatically (100-fold or more) in response to tissue injury or inflammation.

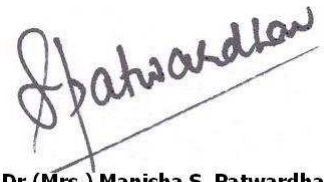
2. High-sensitivity CRP (hs-CRP) is more precise than standard CRP when measuring baseline (i.e. normal) concentrations and enables a measure of chronic inflammation. It is recommended for cardiovascular risk assessment. Atherosclerosis is an inflammatory disease and hs-CRP has been endorsed by multiple guidelines as a biomarker of atherosclerotic cardiovascular disease risk.

Low cardiovascular risk : < 2.0 mg/L
High cardiovascular risk : >/= 2.0 mg/L
Acute inflammation : > 10.0 mg/L

3. A single test for high-sensitivity CRP (hs-CRP) may not reflect an individual patient's basal hs-CRP level. Repeat measurement may be required to firmly establish an individual's basal hs-CRP concentration. The lowest of the measurements should be used as the predictive value.

Reference : Mayo Medical Laboratories

End of Report



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