Dr. Gulati Imaging Institute
Diagnosis with Care

J-16, Hauz Khas Enclave, Main Aurobindo Marg, New Delhi - 110016
Phone No. : 011-49515253 - (30 Lines), Email : drgulatiimaging
Website : www.drgulatiimaging.in

Name:	**Mr. RACHIT GUPTA**	Registration No.:	55017
Age/Gender:	36 Y 6 D/Male	Registration Time:	30/Sep/2021 09:47AM
Patient ID:	022109300007	Collection Time:	01/Oct/2021 05:41PM
BacodeNo:	10094194	Reported:	01/Oct/2021 06:25PM
Referred By:	Self		
		Report Status:	Final

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref.Interval	Method
**HOMOCYSTEINE	9.10	umol/L	3.7-13.9	CLIA

Homocysteine is a sulphur containing amino acid. There is an association between elevated levels of circulating homocysteine and various vascular and cardiovascular disorders. Clinically the measurement of homocysteine is considered important to diagnose homocystinuria, to identify individuals with or at

risk of developing cobalamin or folate deficiency & to assess risk factor for Cardiovascular Disease (CVD) for which the recommendations are:

- Specially useful in young CVD patients (< 40 yrs)

- In known cases of CVD, high homocysteine levels should be used as a prognostic marker for CVD events and mortality

- CVD patients with homocysteine levels > 15 umol/L belong to a high risk group

- Increased homocysteine levels with low vitamin concentrations should be handled as a potential vitamin deficiency case

This sample has been outsourced to Noble Diagnostic centre.

GLUCOSE PP, NaF- Plasma	120	mg/dL	70-140	GOD-POD

Interpretation:

ADA (American Diabetes Association) Criteria-2020

Conditions	Fasting Glucose	2 Hrs (75 gm)Glucose	Random Glucose
Normal	<100 mg/dl	<140 mg/dl	<140 mg/dl
Prediabetes-IGT (Impaired Fasting Glucose)	100-125 mg/dl	- - - ------	--------

Reena
Dr. Reena De
M.D. (PATHOLOGY)

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref.Interval	Method
Prediabetes (Impaired Glucose tolerance)	----------	140-199 mg/dl or Hb A1c 5.7-6.4 %	-----------	
Diabetes Mellitus	>126 mg/dl	>200 mg/dl or HbA1c >6.5 %	>200 mg/dl (With symptoms of Hyperglycemia or hyperglycemic Crisis)	

Diabetes is a group of disorders associated with insufficient insulin production and/or a resistance to the effects of insulin. People with untreated diabetes are not able to process and use glucose normally. Those who are not able to produce any or enough insulin (and typically have diabetes autoantibodies) are diagnosed as having type 1 diabetes. Those who are resistant to insulin and may or may not be able to produce sufficient quantities of it may have prediabetes or type 2 diabetes.

Factors associated with type 2 diabetes include:

- Obesity
- Lack of exercise
- Family history of diabetes
- Gestational diabetes or having a baby weighing more than 9 pounds
- *Polycystic ovary syndrome (PCOS)*
- High blood pressure
- High triglyceride, high cholesterol Low *HDL cholesterol*
- Having an A1C equal to or above 5.7% or prediabetes identified by previous testing
- History of cardiovascular disease

Recommended Tests: Glucose Tests(monthly), Insulin, C-Peptide, Urine Microalbumin and Albumin/Creatinine Ratio(annually), HbA1c (3 monthly), , Creatinine Clearance, eGFR, Lipid Profile, , urine Ketones, Fructosamine(3 weekly)

Sample Type: NaF Plasma

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BacodeNo:	10094194	Reported:	02/Oct/2021 11:05AM
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IMMUNOLOGY

Test Name	Result	Unit	Biological Ref.Interval	Method
**FOLATE LEVEL	>20.0	ng/mL	1.5-19.5	CLIA

comment:
Folates are a class of vitamin compounds necessary for nucleic acid and mitochondrial protein synthesist, amino acid metabolism and other cellular processes. The predominant form of circulating folate is 5-methyltetrahydro-folic acid (5-mTHF), which requires the presence of vitamin B12 for conversion to the metabolically active folate, ie. tetrahydrofolate (THF). Deficiency of B12 prevents cells from producing usable THF which, in turn, prevents synthesis of purines or thymine for DNA replication and metabolization of histidine and serine. Thus, primary deficiency of folates or secondary to B12 deficiency, can lead to megaloblastic anaemia, wherein blood cells cannot divide because they are unable to make DNA.

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SAMPLE TYPE: SERUM

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IMMUNOLOGY

Test Name	Result	Unit	Biological Ref.Interval	Method
**HOMA IR (INSULIN RESISTANCE)				
FASTING INSULIN	28.60	uIU/ML	2.0 - 29.1	CLIA
FASTING GLUCOSE	96.00	mg/dl	70 - 110	GOD-POD
BETA CELL FUNCTION (B%)	312.00			CALCULATED
INSULIN SENSITIVITY (S%)	0.14			
HOMA IR INDEX	6.78			

REFERENCE INTERVAL

Category	HOMA Score
Healthy person	< 3.0
Early insulin resistance	3.0-5.0
Significant insulin resistance	>5.0

Note:
1. As insulin secretion is pulsatile, it is recommended to take mean of three samples at
   5 minute intervals to compute HOMA accurately.
2. This assay cannot be used to assess beta cell function in those taking exogenous insulin.
   In such patients HOMA-IR, C-peptide Model is recommended.
3. The HOMA IR calculator version 2.2 accepts values only in following validated ranges,
   Insulin (2.9- 57.6uU/mL) and Glucose (54.1-450.5 mg/dL).

Comment :
Homeostatic model assessment (HOMA) is a method for assessing beta cell function (%B) and
insulin sensitivity (%S) from fasting glucose and insulin concentrations. HOMA can be used to
track changes in insulin sensitivity and beta cell function to examine natural history of diabetes.
Insulin sensitivity is reduced in normal subjects having first degree relative with type 2 diabetes
compared with control subjects. Changes in beta cell sensitivity in subjects on insulin
secretogogues may be useful in determining beta cell function over a period.

Usage:
☐ To assess risk of developing diabetes
☐ To assess response to treatment

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*** End Of Report ***

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