S04 - SDA HOME VISIT
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|---|---|---|---|---|---|
| Name | : Mr. RACHIT GUPTA | | | Collected | : 13/1/2020 9:03:00AM |
| Lab No. | : 150667093 | Age: 35 Years | Gender: Male | Received | : 13/1/2020 9:19:57AM |
| | | | | Reported | : 14/1/2020 12:06:15PM |
| A/c Status | : P | Ref By : SELF | | Report Status | : Final |

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---|---|---|
| **HOMA IR; Insulin Resistance Index @** (Hexokinase, CMIA) | | | |
| Glucose Plasma, Fasting | 95.00 | mg/dL | 70.00 - 100.00 |
| Insulin, Serum , Fasting | 16.50 | uU/mL | 2.00 - 25.00 |
| Beta Cell Function (%B) | 143.90 | % | |
| Insulin Sensitivity (%S) | 46.80 | % | |
| HOMA IR Index | 2.14 | | <2.50 |

**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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| Test Name | Results | Units | Bio. Ref. Interval |
|---|---|---|---|
| **HEMOGLOBIN HPLC/ELECTROPHORESIS @** (HPLC) | | | |
| Hb F | <1.00 | % | <1.50 |
| Peak 2 | 4.40 | % | <9.60 |
| Hb Adult | 85.80 | % | 83.24 - 90.79 |
| Hb A2 | 2.50 | % | 1.50 - 3.50 |
| Others (Non Specific) | 7.00 | % | <10.00 |
| Hemoglobin | 15.20 | g/dL | 13.00 - 17.00 |
| RBC Count | 5.48 | mill/mm3 | 4.50 - 5.50 |
| Packed Cell Volume (PCV) | 47.10 | % | 40.00 - 50.00 |
| MCV | 85.90 | fL | 80.00 - 100.00 |
| MCH | 27.70 | pg | 27.00 - 32.00 |
| RDW | 13.00 | % | 11.50 - 14.50 |

Suggestive Interpretation
Normal Hb chromatographic pattern

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(#) Sample drawn from outside source.

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|---|---|---|---|

**HIV 1 & 2 ANTIBODIES SCREENING TEST, SERUM @**

| Final Result : Negative |
|---|

**HIV 1 / 2 & P 24 COMBO TEST**
(CMIA)

| | |
|---|---|
| Index Value | 0.08 |
| Result | Non Reactive |

**Interpretation**

| RESULT IN INDEX | REMARKS |
|---|---|
| < 1.00 | Non Reactive |
| >= 1.00 | Provisionally Reactive |

**Comments**

Negative result implies that antibodies to HIV 1 / 2 have not been detected in the sample.This means the patient has either not been exposed to HIV 1 / 2 infection or the sample has been tested during the "window phase" i.e. before the development of detectable levelsof antibodies. Hence a Negative result does not exclude the possibility of exposure or infection with HIV 1 / 2.

**Recommendations**

1. Results to be clinically correlated.
2. Rarely false negativity/positivity may occur.
3. Post test counseling available between 9.00 am to 5:00 pm at LPL laboratories.

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| Test Name | Results | Units | Bio. Ref. Interval |
|---|---|---|---|
| **CARDIO C-REACTIVE PROTEIN (hsCRP), SERUM @** (Immunoturbidimetry) | **4.60** | mg/L | <1.00 |

**Interpretation**

| CARDIO CRP IN mg/L | CARDIOVASCULAR RISK |
|---|---|
| <1 | Low |
| 1-3 | Average |
| 3-10 | High |
| >10 | Persistent elevation may represent Non cardiovascular inflammation |

**Note:** To assess vascular risk, it is recommended to test hsCRP levels 2 or more weeks apart and calculate the average

**Comments**

High sensitivity C Reactive Protein (hsCRP) significantly improves cardiovascular risk assessment as it is a strongest predictor of future coronary events. It reveals the risk of future Myocardial infarction and Stroke among healthy men and women, independent of traditional risk factors. It identifies patients at risk of first Myocardial infarction even with low to moderate lipid levels. The risk of recurrent cardiovascular events also correlates well with hsCRP levels. It is a powerful independent risk determinant in the prediction of incident Diabetes.

| | | |
|---|---|---|
| **HEPATITIS B SURFACE ANTIGEN;HBsAg, SERUM @** (CMIA) | Non Reactive | Non Reactive |

***Specific Antibody Neutralization Assay is performed on all Reactive results**.

**Interpretation**

| RESULT | REMARKS |
|---|---|
| Reactive | Indicates presence of Hepatitis B Surface Antigen. |
| Non-Reactive | Indicates absence of Hepatitis B Surface Antigen. |

**Note**

1. This is a screening test and the result should be interpreted in conjunction with clinical findings and

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| Test Name | Results | Units | Bio. Ref. Interval |
|---|---|---|---|

other diagnostic tests.

2. This assay is used for qualitative detection of Hepatitis B Surface Antigen (HBsAg) in serum samples and cannot differentiate between the stages of Hepatitis B viral infection. Detection of HBsAg may be observed in Hepatitis B viral infection for transient period of time after HBV vaccination.
3. Sensitivity and Specificity of the HBsAg test by CMIA technique is 100.0% and >99.5% respectively which is technically superior to other methodologies like ICT (Rapid cards), ELISA etc.
4. False positive results may be observed during pregnancy, presence of heterophilic antibodies in serum & patients receiving mouse monoclonal antibodies for diagnosis or therapy.
5. False negative reaction may be due to processing of sample collected early in the course of disease or presence of mutant forms of HBsAg.
6. For monitoring HBsAg levels, Quantitative HBsAg assay is recommended.
7. Test conducted on serum.

**Comment**

Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infections of the liver with variable clinical features. Hepatitis B is transmitted by blood and body fluids, sexually and from mother to fetus. In most cases HBV hepatitis is self limiting, but 1-2% adolescents and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates.

HBsAg is the first serological marker after infection with HBV appearing 1-10 weeks after exposure and 2-8 weeks before the onset of clinical symptoms. HBsAg persists during the acute phase and disappears 12-20 weeks after onset of symptoms late in the convalescence period. Persistence of HBsAg for more than six months indicates development of carrier state or Chronic liver disease.

**Uses**

- Routine screening of blood and blood products to prevent transmission of Hepatitis B virus (HBV) to recipients
- To diagnose suspected HBV infection and monitor the status of infected individuals
- For Prenatal Screening of pregnant women

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| Test Name | Results | Units | Bio. Ref. Interval |
|---|---|---|---|
| **HEPATITIS C ANTIBODY (Anti-HCV), SERUM @** (CMIA) | 0.06 | Index | <1.00 |

**Interpretation**

| RESULT (INDEX) | REMARKS |
|---|---|
| <1.00 | Non Reactive / Not Detected |
| >=1.00 | Reactive/Asymptomatic/ Infective state/ Carrier state |

**Note**

1. False positive results are seen in Autoimmune diseases, Rheumatoid factor, Hypergammaglobulinemia, Paraproteinemia, passive antibody transfer, Anti- idiotypes & Anti superoxide dismutase
2. Supplemental testing is necessary in Reactive results with index value between 1.0 - 5.0 to identify and exclude biological false positive results
3. All reactive results should be verified by HCV RNA PCR to differentiate between past and present infection (as per CDC recommendation)
4. False negative results are seen in early Acute infection, Immunosuppression & Immuno-incompetence

**Comments**

Hepatitis C (HCV) is an RNA virus of Flavivirus group transmitted via blood transfusions, transplantation, injection drug users, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant.10% of new cases show sexual transmission. As compared to HAV & HBV, chronic infection with HCV occurs in 85% of infected individuals. In high risk populations, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25%.

**Uses**

- Indicator of past or present infection, but does not differentiate between Acute / Chronic / Resolved infection
- Routine screening of low and high prevalence populations including blood donors

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----------End of report ----------

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