



**Name:** MR SUJIT JAIN **Age/Gender:** 45 Year(s) 0 Month(s) 0 Day(s)/Male  
**Referred By:** **Client Name:**  
**Collection Date:** 01-01-0001 00:00:00 **Report Release Date:** 18-07-2021 22:56:36

**HOMA-IR (Using C-Peptide)**

| Sr.No | Investigation                                    | Observed Value | Reference Range  | Unit  |
|-------|--|----------------|--|-------|
| 1     | Glucose (Fasting)<br>Serum, Method: Hexokinase   | 76.9           | Normal : >70 - 100<br>Pre - Diabetes: 101 - 126<br>Diabetes: > 126 | mg/dL |
| 2     | C- Peptide Fasting<br>Serum, Method: CLIA        | 2.01           | 0.8 - 4.2  | ng/mL |
| 3     | HOMA IR (C-Peptide)<br>Serum, Method: Calculated | 0.38           | > 1.8 cut off indicates insulin resistance                         |       |

**Interpretation**

Insulin resistance (IR) and the metabolic abnormalities related to IR have been associated with metabolic syndrome (MS), type 2 diabetes mellitus (T2DM) and cardiovascular disease (CVD) in adults and in the elderly. Metabolic syndrome is now increasingly being recognized in children and adolescents. IR is typically defined as decreased sensitivity or responsiveness to the metabolic actions of insulin, such as insulin-mediated glucose disposal and inhibition of hepatic glucose production. There are various tools used for quantifying insulin sensitivity and resistance directly (hyperinsulinemic euglycemic glucose clamping and insulin suppression tests) and indirectly [frequently sampled intravenous glucose tolerance test, oral glucose tolerance test, meal tolerance test, and homeostasis model of assessment-IR (HOMA)]. The utility of HOMA-IR in assessment of IR has been validated in children and adolescents. HOMA-IR value of 1.8 is taken as an indicator of insulin resistance in adolescents & adults which provides maximum sensitivity & specificity in diagnosing metabolic syndrome in both genders. Insulin glucose HOMA model cannot be used in those taking exogenous insulin. Under such circumstances, the C-peptide HOMA model which uses C-peptide to reflect endogenous insulin secretions could be used.



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Sample Recd. Time: 17-07-2021 15:39  
Report Time: 18-07-2021 22:56  
Patient Name: MR SUJIT JAIN  
Patient ID: 2902917

*Dina*  
Authorized Signatory  
Dr. Dina Abhani  
DCP, DNB (Pathology)

*Varsha*  
Authorized Signatory  
Dr. Varsha Deshpande  
DCP, DNB (Pathology)



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HOMA-IR (Using Insulin)

| Sr.No | Investigation  | Observed Value | Reference Range  | Unit  |
|-------|--|----------------|--|-------|
| 1     | Glucose (Fasting)<br>Serum/Fluoride Plasma, Method: Hexokinase   | 76.9           | Normal : >70 - 100<br>Pre - Diabetes: 101 - 126<br>Diabetes: > 126 | mg/dL |
| 2     | Insulin Fasting<br>Serum/Fluoride Plasma, Method: CLIA           | 5.74           | 0.2-25.0   | mIU/L |
| 3     | Insulin Sensitivity<br>Serum/Fluoride Plasma, Method: Calculated | 139.5          |  | %     |
| 4     | Beta cell Function<br>Serum/Fluoride Plasma, Method: Calculated  | 107.4          |  | %     |
| 5     | HOMA Index<br>Serum/Fluoride Plasma, Method: Calculated          | 1.09           | > 2.5 cut off indicates insulin resistance                         |       |

Interpretation

Insulin resistance (IR) and the metabolic abnormalities related to IR have been associated with metabolic syndrome (MS), type 2 diabetes mellitus (T2DM) and cardiovascular disease (CVD) in adults and in the elderly. Metabolic syndrome is now increasingly being recognized in children and adolescents. IR is typically defined as decreased sensitivity or responsiveness to the metabolic actions of insulin, such as insulin-mediated glucose disposal and inhibition of hepatic glucose production. There are various tools used for quantifying insulin sensitivity and resistance directly (hyperinsulinemic euglycemic glucose clamping and insulin suppression tests) and indirectly [frequently sampled intravenous glucose tolerance test, oral glucose tolerance test, meal tolerance test, and homeostasis model of assessment-IR (HOMA)]. The utility of HOMA-IR in assessment of IR has been validated in children and adolescents. A HOMA-IR value of 2.5 is taken as an indicator of IR in adults, but the corresponding value in children and adolescents has not been established.

Test Interpretation: HOMA2-IR value of 2.5 is taken as an indicator of insulin resistance in adolescents & adults which provides maximum sensitivity & specificity in diagnosing metabolic syndrome in both genders & as per ATP III(Adult Treatment Panel) & IDF(International Diabetes Federation) criteria.

Insulin glucose HOMA model cannot be used in those taking exogenous insulin. Under such circumstances, the C peptide HOMA model which uses C peptide to reflect endogenous insulin secretions could be used. Also the HOMA-IR calculator accepts values in the following approved ranges only (plasma insulin <57.6 uU/ml & blood sugar fasting < 450 mg/dl). HOMA-IR calculation not possible if values are outside these ranges, clinical correlation suggested.



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**HOMA-IR (Using C-Peptide)**

| Sr.No | Investigation                            | Observed Value | Reference Range | Unit  |
|-------|--|----------------|-----------------|-------|
| 1     | C-Peptide Fasting<br>Serum, Method: CLIA | 2.01           | 0.8 - 4.2       | ng/mL |

**Interpretation**

C-peptide is a substance, a short chain of amino acids, that is released into the blood as a byproduct during formation of insulin by the pancreas. Since C-peptide is produced at the same rate as insulin, it is useful marker of endogenous insulin production. It is also used in conjunction with insulin and glucose levels to help diagnose the cause of documented hypoglycemia and to monitor insulin dosage.



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HOMA-IR (Using Insulin)

| Sr.No | Investigation                          | Observed Value | Reference Range | Unit  |
|-------|--|----------------|-----------------|-------|
| 1     | Insulin Fasting<br>Serum, Method: CLIA | 5.74           | 0.2-25.0        | mIU/L |

Interpretation

Insulin is a hormone that is produced and stored in the beta cells of the pancreas. Elevated insulin levels are seen with Acromegaly, Cushing syndrome, Use of drugs such as corticosteroids, levodopa, oral contraceptives, Fructose or galactose intolerance, Insulinomas, Obesity, Insulin resistance seen in type 2 diabetes and metabolic syndrome. Decreased insulin levels are seen with type 1 Diabetes, Hypopituitarism, Pancreatic diseases such as chronic pancreatitis (including cystic fibrosis) and pancreatic cancer.



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| 1     | Glucose (Fasting)<br>Fluoride Plasma, Method: Hexokinase | 76.9           | Normal : >70 - 100<br>Pre - Diabetes: 101 - 126<br>Diabetes: > 126 | mg/dL |

**Interpretation**

Glucose is the primary energy source for the body's cells and the only energy source for the brain and nervous system. High levels of glucose most frequently indicate diabetes, but many other diseases and conditions can also cause elevated blood glucose. Hypoglycemia is characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death).



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**End Of Report**



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