

L10 - LPL - AURANGABAD
 227, SAMARTH NAGAR, GANESH MANDIR
 ROAD

Name	: Ms. ADITI DUSANE	Collected	: 5/2/2022 10:18:00AM
Lab No.	: 299635619	Received	: 5/2/2022 10:38:14AM
Age:	20 Years	Reported	: 6/2/2022 4:01:16PM
Gender:	Female	Report Status	: Final
A/c Status	: P	Ref By	: Dr. DUSANE

Test Name	Results	Units	Bio. Ref. Interval
DIABETES MONITORING PANEL			
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC)			
HbA1c	5.6	%	4.00 - 5.60
Estimated average glucose (eAG)	114	mg/dL	

Interpretation

HbA1c result is suggestive of non diabetic adults (>=18 years)/ well controlled Diabetes in a known Diabetic

Note: 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.

FACTORS THAT INTERFERE WITH HbA1C MEASUREMENT	FACTORS THAT AFFECT INTERPRETATION OF HbA1C RESULTS
Hemoglobin variants, elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements	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 deficiency anemia is associated with higher HbA1c



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Test Name	Results	Units	Bio. Ref. Interval
INSULIN, FASTING, SERUM** (CLIA)	26.73	µIU/mL	1.9 - 23

Note

1. A single random blood sample for insulin may provide insufficient information due to wide variation in the time responses of insulin levels and blood glucose.
2. Stimulation of insulin secretion may be caused by many factors like hyperglycemia, glucagon, amino acids, growth hormone and catecholamines.
3. Interference in insulin assay is seen due to insulin antibodies which develop in patients treated with bovine or porcine insulin.

Clinical Utility

- Evaluation of fasting hypoglycemia
- Evaluation of Polycystic Ovary syndrome
- Classification of Diabetes mellitus
- Predict Diabetes mellitus
- Assessment of Beta cell activity
- Select optimal therapy for Diabetes
- Investigation of insulin resistance
- Predict the development of Coronary Artery Disease

Increased levels - Insulinoma, Some Type II diabetic patients, Infantile hypoglycemia, Hyperinsulinism, Obesity, Cushing's syndrome, Oral contraceptives, Acromegaly, Hyperthyroidism

Decreased levels - Untreated Type I Diabetes mellitus

TESTOSTERONE, TOTAL, SERUM** (CLIA)	61.30	ng/dL	12.09 - 59.46
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Note

- All applications that require measurement of very low level of testosterone (eg hypogonadal men, children, virilization or intersex disorders in women etc) recommended test is Testosterone total, Ultrasensitive
- LC-MS/MS is the gold standard for steroid hormone assays due to increased sensitivity & specificity as compared to immunoassays

Interpretation



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Test Name	Results	Units	Bio. Ref. Interval
REFERENCE GROUP	REFERENCE RANGE IN ng/dL		
Premenopause	12.09-59.46		
Postmenopause	<48.93		

Clinical Use

- Management of hirsutism & virilization in females

Increased levels

- Congenital Adrenal Hyperplasia
- Polycystic ovarian disease
- Ovarian tumors



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Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT;CBC (Electrical Impedence,Manual)			
Hemoglobin	12.50	g/dL	12.00 - 15.00
Packed Cell Volume (PCV)	38.40	%	36.00 - 46.00
RBC Count	5.06	mill/mm3	3.80 - 4.80
MCV	76.00	fL	83.00 - 101.00
MCH	24.60	pg	27.00 - 32.00
MCHC	32.40	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	14.00	%	11.60 - 14.00
Total Leukocyte Count (TLC)	8.20	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	55.00	%	40.00 - 80.00
Lymphocytes	39.00	%	20.00 - 40.00
Monocytes	4.00	%	2.00 - 10.00
Eosinophils	2.00	%	1.00 - 6.00
Absolute Leucocyte Count			
Neutrophils	4.51	thou/mm3	2.00 - 7.00
Lymphocytes	3.20	thou/mm3	1.00 - 3.00
Monocytes	0.33	thou/mm3	0.20 - 1.00
Eosinophils	0.16	thou/mm3	0.02 - 0.50
Platelet Count	367.0	thou/mm3	150.00 - 410.00
Mean Platelet Volume	6.7	fL	6.5 - 12.0

Note

- As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood



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2. Test conducted on EDTA whole blood



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Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, FASTING (F) AND POST MEAL, PLASMA (GOD-POD)			
Glucose Fasting	97.40	mg/dL	70.00 - 100.00
Glucose (PP)	115.00	mg/dL	70.00 - 140.00

Note

1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions
2. Very low glucose levels cause severe CNS dysfunction
3. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical

Interpretation

Status	Fasting plasma glucose in mg/dL	PP plasma glucose in mg/dL
Normal	70-100	70-140
Impaired fasting glucose	101-125	70-140
Impaired glucose tolerance	70-100	141-199
Pre-Diabetes	101-125	141-199
Diabetes mellitus	>126	>200



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Test Name	Results	Units	Bio. Ref. Interval
LIPID SCREEN, SERUM (Spectrophotometry)			
Cholesterol, Total	162.00	mg/dL	<200.00
Triglycerides	203.40	mg/dL	<150.00
HDL Cholesterol	45.50	mg/dL	>50.00
LDL Cholesterol, Calculated	75.82	mg/dL	<100.00
VLDL Cholesterol, Calculated	40.68	mg/dL	<30.00
Non-HDL Cholesterol	117	mg/dL	<130

Interpretation

REMARKS	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

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. NLA-2014 recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
3. 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



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|--|---------|-------|--------------------|
| 4. NLA-2014 identifies Non HDL Cholesterol(an indicator of all atherogeniclipoproteins such as LDL , VLDL, IDL, Lpa, Chylomicron remnants)along with LDL-cholesterol as co- primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL &Non HDL. | | | |
| 5. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved | | | |
| 6. Additional testing for Apolipoprotein B, hsCRP,Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement | | | |

Treatment Goals as per Lipid Association of India 2016

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)
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 conducted under NABL scope MC-2645,LPL-MUMBAI REFERENCE LAB at MUMBAI

IMPORTANT INSTRUCTIONS

- Test results released pertain to the specimen submitted.
- All test results are dependent on the quality of the sample received by the Laboratory.
- Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.
- Sample repeats are accepted on request of Referring Physician within 7 days post reporting.
- Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.
- Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.
- Test results may show interlaboratory variations.
- The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).
- Test results are not valid for medico legal purposes.
- Contact customer care Tel No. +91-11-39885050 for all queries related to test results.
- (#) Sample drawn from outside source.

