

Client
Gurugram
 Pathkind Diagnostics Pvt. Ltd.
 Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Processed By
Pathkind Diagnostics Pvt. Ltd.
 Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Name :	Mr. PL06	Billing Date :	07/07/2023 12:30:19
Age :	35 Yrs	Sample Collected on :	10/07/2023 10:01:31
Sex :	Male	Sample Received on :	10/07/2023 11:02:13
P. ID No. :	P1000100012901	Report Released on :	20/07/2023 20:16:11
Accession No :	10002304957	Barcode No. :	10002304957-04, 10002304957-05, 10002304957-06,
Referring Doctor :	Self	Ref no. :	10002304957-02
Referred By :			

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
Diabekind			
Fasting Plasma Glucose <i>Sample: Fluoride Plasma - F</i> <i>Method: Hexokinase</i>	96	74 - 99	mg/dL
Glucose Post-Prandial <i>Sample: Fluoride Plasma - PP</i> <i>Method: Hexokinase</i>	135	Normal : 70-140 Impaired Glucose Tolerance : 141-199 Diabetes : >200	mg/dL
HbA1C (Glycosylated Hemoglobin)			
HbA1c <i>Sample: Whole Blood EDTA</i> <i>Method: High Performance Liquid Chromatography (HPLC)</i>	4.9	Non Diabetic : < 5.7 % Prediabetic Range : 5.7 - 6.4 % Diabetic Range : >= 6.5 % Goal of Therapy : <7.0 % Action suggested : >8.0 %	%
Mean Plasma Glucose <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i>	93.9	<116.0	mg/dL
Lipid Screen <i>Method: Sample: Serum</i>			
Total Cholesterol <i>Sample: Serum</i> <i>Method: Spectrophotometry-Esterase/CO/Peroxidase</i>	218 H	Desirable Level : < 200 Borderline : 200 - 239 High Risk : >= 240	mg/dL
Triglycerides <i>Sample: Serum</i> <i>Method: Spectrophotometry-Enzymatic</i>	135	Desirable : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : >= 500	mg/dL
LDL Cholesterol (Calculated) <i>Sample: Serum</i> <i>Method: Calculated</i>	45	Optimal : <100 Near Optimal : 100 - 129 Borderline High : 130 - 160 High : 161 - 189 Very High : >=190	mg/dL
HDL Cholesterol <i>Sample: Serum</i> <i>Method: Spectrophotometry-Esterase/CO/Peroxidase</i>	65 H	Low : < 40 Optimal : 40 - 60	mg/dL

10002304957 Mr. PL06



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VLDL Cholesterol <i>Sample: Serum Method: Calculated</i>	27.0	High : > 60 Desirable 10 - 35	mg/dL
Total Cholesterol / HDL Ratio <i>Sample: Serum Method: Calculated</i>	3.35	Low Risk : 3.3 - 4.4 Average Risk : 4.5 - 7.0 Moderate Risk : 7.1 - 11.0 High Risk : > 11.0	
LDL / HDL Ratio <i>Sample: Serum Method: Calculated</i>	0.7	0.5 - 3.0 Low Risk : 0.5 - 3.0 Moderate Risk : 3.1 - 6.0 High Risk : > 6.0	

Glucose Post-Prandial
COMMENTS / INTERPRETATION:

Any of the following results, confirmed on a subsequent day, can be considered diagnostic for diabetes:

-Fasting plasma or serum glucose > or =126 mg/dL after an 8-hour fast

-2-Hour plasma or serum glucose > or =200 mg/ dL during a 75-gram oral glucose tolerance test (OGTT)

-Random glucose >200 mg/dL, plus typical symptoms

Patients with "impaired" glucose regulation are those whose fasting serum or plasma glucose fall between 101 and 126 mg/dL, or whose 2-hour value on oral glucose tolerance test fall between 140 and 199 mg/dL. These patients have a markedly increased risk of developing type 2 diabetes and should be counseled for lifestyle changes and followed up with more testing.

HbA1C (Glycosylated Hemoglobin)
Clinical Significance :

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Hemoglobin A1c (HbA1c) level reflects the mean glucose concentration over the previous period (approximately 8-12 weeks) and provides a much better indication of long-term glycemic control than blood and urinary glucose determinations. American Diabetes Association (ADA) include the use of HbA1c to diagnose diabetes, using a cutpoint of 6.5%. The ADA recommends measurement of HbA1c 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to assess whether a patient's metabolic control has remained continuously within the target range. Falsely low HbA1c results may be seen in conditions that shorten erythrocyte life span. and may not reflect glycemic control in these cases accurately.

Lipid Screen
Proposed LDL-C goals in very high risk and extreme risk group patients by the Lipid Association of India.

Very High Risk group(VHRG)	Extreme Risk group	
	Category A	Category B
LDL-C goal of <50 mg/dl	LDL-C goal of <50 mg/dl (recommended) LDL-C goal of ≤30 mg/dl (optional)	LDL-C goal of ≤30 mg/dl
High-risk conditions Any one of following:	CAD with ≥1 of following:	CAD with ≥1 of following:
1. ASCVD (CAD/PAD/TIA or stroke) 2. Homozygous familial hypercholesterolemia 3. Diabetes with ≥2 major ASCVD risk factors*/target organ damage	1. Diabetes without target organ damage/≤1 major 2. ASCVD risk factors 3. Familial hypercholesterolemia 4. ≥3 major ASCVD risk factors 5. CKD stage 3B and 4 6. ≥2 major ASCVD risk factors with ≥1 moderate 7. non-conventional risk factor# 8. Lp(a) ≥50 mg/dl 9. Coronary calcium score ≥300 HU 10. Extreme of a single risk factor 11. PAD	1. Diabetes + polyvascular disease/≥2 2. major ASCVD risk factors*/target organ 3. damage 4. Recurrent ACS (within 12 months) 5. despite on LDL-C goal 6. Homozygous familial 7. Hypercholesterolemia



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	12. H/o TIA or stroke 13. Non-stenotic carotid plaque		

 The LDL-C goal of ≤ 30 mg/dl must be pursued after detailed risk-benefit discussion between physician and patient.

Clinical judgment to be used in decision making if the patient has disease/risk factors not covered in the table, eg. peripheral arterial disease or cerebrovascular disease.

 *Major ASCVD risk factors: 1. Age- male ≥ 45 years, female ≥ 55 years, 2. Family h/o premature CAD- male < 55 years, female < 65 years, 3. Smoking/tobacco use, 4. Systemic hypertension, 5. Low HDL (males < 40 mg/dl and females < 50 mg/dl).

 #Moderate non-conventional risk factors: 1. Coronary calcium score 100-299 HU, 2. Increased carotid intima-media thickness, 3. Lp(a) ≥ 20 -49 mg/dl, 4. Impaired fasting glucose, 5. Increased waist circumference, 6. Apolipoprotein B ≥ 110 mg/dl, 7. hsCRP ≥ 2 mg/L.

Blood Urea Nitrogen (BUN)

22.00 H

8.87 - 20.50

mg/dL

Sample: Serum

Method: Spectrophotometry-Urease / GLDH

Creatinine

1.30

0.70 - 1.30

mg/dL

Sample: Serum

Method: Spectrophotometry Alkaline Picrate

Microalbuminuria, Spot Urine

Method: Method : Immunoturbidometry

Urine Microalbumin

18.60

0.00 - 20.00

mg/L

Sample: Urine

Method: Immunoturbidometry

Urine Creatinine

259.0

39.0 - 259.0

mg/dL

Method: Spectrophotometry-Alkaline Picrate

Albumin Creatinine Ratio, Spot Urine

7.2

 Normal < 30
Microalbuminuria 30 - 300
Macroalbuminuria > 300

mg/g Creatinine

Sample: Urine

Method: Calculated



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CLINICAL PATHOLOGY

Urine Routine & Microscopic Examination

Method: Reflectance Photometry

Physical Examination

Colour

Sample: Urine

Method: Physical Examination

Pale Yellow

Pale Yellow

Appearance

Sample: Urine

Method: Physical Examination

Clear

Clear

Specific Gravity

Sample: Urine

Method: pKa change of pretreated polyelectrolytes

1.010

1.003 - 1.035

pH

Sample: Urine

Method: Double indicator principle

6.0

4.7 - 7.5

Chemical Examination

Glucose

Sample: Urine

Method: Glucose oxidase/peroxidase

Not Detected

Not Detected

Protein

Sample: Urine

Method: Protein-error-of-indicators principle

Not Detected

Not Detected

Ketones

Sample: Urine

Method: Sodium nitroprusside reaction

Not Detected

Not Detected

Blood

Sample: Urine

Method: Peroxidase

Not Detected

Not Detected

Bilirubin

Sample: Urine

Method: Diazo reaction

Not Detected

Not Detected



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Urobilinogen <i>Sample: Urine</i> <i>Method: Ehrlich's reaction</i>	Normal	Normal	
Nitrite <i>Sample: Urine</i> <i>Method: Nitrite Test</i>	Not Detected	Not Detected	
Microscopic Examination <i>Method: Microscopy</i>			
Pus Cells <i>Sample: Urine</i>	0 - 5	0 - 5	/hpf
RBC <i>Sample: Urine</i>	Not Detected	Not Detected	/hpf
Epithelial Cells <i>Sample: Urine</i>	2 - 3	0 - 5	/hpf
Casts <i>Sample: Urine</i>	Not Detected	Not Detected	/hpf
Crystals <i>Sample: Urine</i>	Not Detected	Not Detected	/hpf
Bacteria <i>Sample: Urine</i>	Not Detected	Not Detected	/hpf
Remarks <i>Sample: Urine</i>			

Remarks : Microscopic Examination is performed on urine sediment
Urine Routine & Microscopic Examination

Clinical Significance :

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Urine routine examination and microscopy comprises of a set of screening tests that can detect some common diseases like urinary tract infections, kidney disorders, liver problems, diabetes or other metabolic conditions. Physical characteristics (colour and appearance), chemical composition (glucose, protein, ketone, blood, bilirubin and urobilinogen) and microscopic content (pus cells, epithelial cells, RBCs, casts and crystals) are analyzed and reported.

** End of Report **



Dr. Aarti Khanna Nagpal

DNB (Pathology)
Senior Consultant

