Name	: **DUMMY**		**Age**	: **25 Years**	
Lab No.	: **Z1135N002**		**Gender**	: **Male**	
Ref By	: **DR. DUMMY DUMMY**		**Reported**	: **25/2/2025 3:40:14PM**	
Collected	: **25/2/2025 2:43:00AM**		**Report Status**	: **Interim**	
A/c Status	: **P**				
Collected at	: **PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085**		**Processed at**	: **LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085**	

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
KIDNEY HEALTH SCREEN			
KIDNEY PANEL; KFT,SERUM			
Creatinine (Modified Jaffe,Kinetic)		mg/dL	0.70 - 1.30
GFR Estimated (CKD EPI Equation 2021)		mL/min/1.73m2	>59
GFR Category (KDIGO Guideline 2012)			
Urea (Urease UV)		mg/dL	13.00 - 43.00
Urea Nitrogen Blood (Calculated)		mg/dL	6.00 - 20.00
BUN/Creatinine Ratio (Calculated)			
Uric Acid (Uricase)		mg/dL	3.50 - 7.20
Total Protein (Biuret)		g/dL	5.70 - 8.20
Albumin (BCG)		g/dL	3.20 - 4.80
Globulin(Calculated)		gm/dL	2.0 - 3.5
A : G Ratio (Calculated)			0.90 - 2.00
Calcium, Total (Arsenazo III)		mg/dL	8.70 - 10.40
Phosphorus (Molybdate UV)		mg/dL	2.40 - 5.10
Sodium (Indirect ISE)		mEq/L	136.00 - 145.00
Potassium (Indirect ISE)		mEq/L	3.50 - 5.10
Chloride (Indirect ISE)		mEq/L	98.00 - 107.00

Note

1. Estimated GFR (eGFR) calculated using the 2021 CKD-EPI creatinine equation and GFR Category reported as per KDIGO guideline 2012.
2. eGFR category G1 or G2 does not fulfil the criteria for CKD, in the absence of evidence of kidney damage

Name	: **DUMMY**				
Lab No.	: **Z1135N002**		**Age**	: **25 Years**	
Ref By	: **DR. DUMMY DUMMY**		**Gender**	: **Male**	
Collected	: **25/2/2025 2:43:00AM**		**Reported**	: **25/2/2025 3:40:14PM**	
A/c Status	: **P**		**Report Status**	: **Interim**	
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Test Report

Test Name	Results	Units	Bio. Ref. Interval

3. The BUN-to-creatinine ratio is used to differentiate prerenal and postrenal azotemia from renal azotemia. Because of considerable variability, it should be used only as a rough guide. Normally, the BUN/creatinine ratio is about 10:1

Name	:	**DUMMY**			
Lab No.	:	**Z1135N002**	**Age**	:	**25 Years**
Ref By	:	**DR. DUMMY DUMMY**	**Gender**	:	**Male**
Collected	:	**25/2/2025 2:43:00AM**	**Reported**	:	**25/2/2025 3:40:18PM**
A/c Status	:	**P**	**Report Status**	:	**Interim**
Collected at	:	**PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085**	**Processed at**	:	**LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085**

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
MICROALBUMIN/ALBUMIN, 1ST MORNING/ RANDOM URINE			
Albumin, Urine (Immunotubidimetry)		mg/L	<30
Creatinine, Urine (Modified Jaffe, IDMS traceable)		mg/dL	24.00 - 392.00
Albumin: Creatinine Ratio (ACR) (Calculated)		mg/g creatinine	<30.00
ACR Category			

Note

1. Due to high biological variability and non-renal influences, ACR>30 mg/g creatinine in a random urine sample should be confirmed with a subsequent early morning urine sample or 24 hours urine sample.
2. The diagnosis of albuminuria requires the demonstration of increased albumin loss (either increased albumin creatinine ratio or albumin loss in 24 hrs urine sample) in at least two out of three urine specimens collected in the absence of infection or acute metabolic crisis.
3. The term Microalbuminuria is misleading as it implies a small version of albumin molecule rather than an excretion rate of albumin greater than normal but less than that detected by routine method. It is recommended to use term Albuminuria or Albumin Creatinine ratio (ACR) instead of Microalbuminuria.

Non-Renal causes of increased ACR

Menstrual contamination, Uncontrolled Hypertension, Urinary Tract Infection, Heart failure, Strenuous exercise and other transitory illnesses.

Name	:	**DUMMY**			
Lab No.	:	**Z1135N002**	**Age**	:	**25 Years**
Ref By	:	**DR. DUMMY DUMMY**	**Gender**	:	**Male**
Collected	:	**25/2/2025 2:43:00AM**	**Reported**	:	**25/2/2025 3:40:21PM**
A/c Status	:	**P**	**Report Status**	:	**Interim**
Collected at	:	**PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085**	**Processed at**	:	**LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085**

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Test Report

Test Name	Results
CKD RISK MAP (KDIGO, 2012)	
ACR Category	
GFR Category	
CKD Classification	
Risk of Progression	

Prognosis of CKD by GFR and Albuminuria Categories: KDIGO 2012

GFR categories (ml/min/ 1.73 m²) Description and range				Persistent albuminuria categories Description and range		
				A1	A2	A3
				Normal to mildly increased	Moderately increased	Severely increased
				<30 mg/g <3 mg/mmol	30-300 mg/g 3-30 mg/mmol	>300 mg/g >30 mg/mmol
	G1	Normal or high	≥90			
	G2	Mildly decreased	60-89			
	G3a	Mildly to moderately decreased	45-59			
	G3b	Moderately to severely decreased	30-44			
	G4	Severely decreased	15-29			
	G5	Kidney failure	<15			

Note

1. Neither the category of GFR nor the category of ACR alone can fully capture prognosis of CKD
2. Persistent and increased albuminuria has been shown to be an independent risk factor for CKD progression

Name	:	**DUMMY**			
Lab No.	:	**Z1135N002**	**Age**	:	**25 Years**
Ref By	:	**DR. DUMMY DUMMY**	**Gender**	:	**Male**
Collected	:	**25/2/2025 2:43:00AM**	**Reported**	:	**25/2/2025 3:40:21PM**
A/c Status	:	**P**	**Report Status**	:	**Interim**
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Test Report

Test Name **Results**

3. In the absence of evidence of kidney damage, neither GFR category G1 nor G2 fulfill the criteria for CKD

Comment

KDIGO guideline, 2012 recommends Chronic Kidney disease (CKD) should be classified based on cause, GFR category and albuminuria (ACR) category. GFR & ACR category combined together reflect risk of progression and helps clinician to identify individuals who are progressing at more rapid rate than anticipated. It can be a guide to clinician to review current management, examine for reversible cause of progression and to determine frequency & duration of follow up. Individuals who are ‘‘rapid progressors’’ should be targeted to slow their progression and associated adverse outcomes.

Progression of CKD is defined as either a progressive decrease in eGFR or a progressive increase in albuminuria. A progressive decline in kidney function is influenced by baseline GFR category and ACR category. It is important to note that small fluctuations in eGFR are common and are not necessarily indicative of progression. A decline in eGFR is defined as a drop in GFR category accompanied by a 25% or greater drop in eGFR from baseline. The accuracy to assess progression is increased with increasing number of serum creatinine measurements and duration of follow-up

Name	: **DUMMY**		**Age**	: **25 Years**	
Lab No.	: **Z1135N002**		**Gender**	: **Male**	
Ref By	: **DR. DUMMY DUMMY**		**Reported**	: **25/2/2025 3:40:24PM**	
Collected	: **25/2/2025 2:43:00AM**		**Report Status**	: **Interim**	
A/c Status	: **P**		**Processed at**	: **LPL-NATIONAL REFERENCE LAB**	
Collected at	: **PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085**			**National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085**	

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC,NGSP Certified)			
HbA1c		%	4.00 - 5.60
Estimated average glucose (eAG)		mg/dL	

Interpretation as per American Diabetes Association (ADA) Guidelines

Reference Group	Non diabetic adults >=18 years	At risk (Prediabetes)	Diagnosing Diabetes	Therapeutic goals for glycemic control
HbA1c in %	4.0-5.6	5.7-6.4	>= 6.5	<7.0

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

Name	: **DUMMY**		
Lab No.	: **Z1135N002**	**Age**	: **25 Years**
Ref By	: **DR. DUMMY DUMMY**	**Gender**	: **Male**
Collected	: **25/2/2025 2:43:00AM**	**Reported**	: **25/2/2025 3:40:42PM**
A/c Status	: **P**	**Report Status**	: **Interim**
Collected at	: **PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085**	**Processed at**	: **LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085**

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT; CBC			
Hemoglobin (Photometry)		g/dL	13.00 - 17.00
Packed Cell Volume (PCV) (Calculated)		%	40.00 - 50.00
RBC Count (Electrical impedence)		mill/mm3	4.50 - 5.50
MCV (Electrical impedence)		fL	83.00 - 101.00
Mentzer Index (Calculated)			
MCH (Calculated)		pg	27.00 - 32.00
MCHC (Calculated)		g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW) (Electrical Impedence)		%	11.60 - 14.00
Total Leukocyte Count (TLC) (Electrical Impedence)		thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils (VCS Technology)		%	40.00 - 80.00
Lymphocytes (VCS Technology)		%	20.00 - 40.00
Monocytes (VCS Technology)		%	2.00 - 10.00
Eosinophils (VCS Technology)		%	1.00 - 6.00
Basophils (VCS Technology)		%	<2.00
Metamyelocytes (VCS Technology)		%	
Myelocytes (VCS Technology)		%	
Promyelocytes (VCS Technology)		%	
Blasts (VCS Technology)		%	
Absolute Leucocyte Count			

Name	: **DUMMY**		
Lab No.	: **Z1135N002**	**Age**	: **25 Years**
Ref By	: **DR. DUMMY DUMMY**	**Gender**	: **Male**
Collected	: **25/2/2025 2:43:00AM**	**Reported**	: **25/2/2025 3:40:42PM**
A/c Status	: **P**	**Report Status**	: **Interim**
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Test Report

Test Name	Results	Units	Bio. Ref. Interval
Neutrophils (Calculated)		thou/mm3	2.00 - 7.00
Lymphocytes (Calculated)		thou/mm3	1.00 - 3.00
Monocytes (Calculated)		thou/mm3	0.20 - 1.00
Eosinophils (Calculated)		thou/mm3	0.02 - 0.50
Basophils (Calculated)		thou/mm3	0.02 - 0.10
Others (Calculated)			
Platelet Count (Electrical impedence)		thou/mm3	150.00 - 410.00
Mean Platelet Volume (Electrical impedence)		fL	6.5 - 12.0

Name	: **DUMMY**		
Lab No.	: **Z1135N002**	**Age**	: **25 Years**
Ref By	: **DR. DUMMY DUMMY**	**Gender**	: **Male**
Collected	: **25/2/2025 2:43:00AM**	**Reported**	: **25/2/2025 3:40:46PM**
A/c Status	: **P**	**Report Status**	: **Interim**
Collected at	: **PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085**	**Processed at**	: **LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085**

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
URINE EXAMINATION, ROUTINE; URINE, R/E			
Gross Examination			
Colour (Visual Examination)			Pale yellow
Specific Gravity (Pre-treated polymeric Ion Exchange resin)			1.001 - 1.030
pH (Double Indicator)			5.0 - 8.0
Proteins (Tetra Bromophenol)			Negative
Glucose (Glucose oxidase peroxidase chromogen reaction)			Negative
Ketones (Sodium Nitroprusside)			Negative
Bilirubin (Diazonium salt)			Negative
Urobilinogen (Diazonium salt)			Normal
Blood (Tetramethyl benzidine)			Negative
Leucocyte Esterase (Carboxylic acid ester diazonium salt)			Negative
Nitrite (Sulfananic acid Tetrahydro benzol)			Negative
Microscopy			
R.B.C. (Light microscopy)			0-2 RBC/hpf
Pus Cells (Light microscopy)			0-5 WBC / hpf
Epithelial Cells (Light microscopy)			0-5 Epi cells/hpf
Casts (Light microscopy)			None seen/Lpf
Crystals (Light microscopy)			None seen
Others (Light microscopy)			None seen

Name	: DUMMY		
Lab No.	: Z1135N002	**Age**	: 25 Years
Ref By	: DR. DUMMY DUMMY	**Gender**	: Male
Collected	: 25/2/2025 2:43:00AM	**Reported**	: 25/2/2025 3:40:46PM
A/c Status	: P	**Report Status**	: Interim
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Test Report

Test Name	Results	Units	Bio. Ref. Interval

Dr Ajay Gupta
MD, Pathology
Technical Director - Hematology & Immunology
NRL - Dr Lal PathLabs Ltd

Dr.Anirudh Bharat Kumar Gupta
MD, Microbiology
Senior Consultant Microbiologist
NRL - Dr Lal PathLabs Ltd

Dr Anjalika Goyal
MD,Biochemistry
Consultant Biochemist
NRL - Dr Lal PathLabs Ltd

Dr Himangshu Mazumdar
MD, Biochemistry
Sr. Consultant Biochemist
NRL - Dr Lal PathLabs Ltd

Dr Nimmi Kansal
MD, Biochemistry
Technical Director - Clinical Chemistry & Biochemical Genetics
NRL - Dr Lal PathLabs Ltd

Dr Sarita Kumari Lal
MD, Pathology
Consultant Pathologist
Dr Lal PathLabs Ltd

Dr Shalabh Malik
MD, Microbiology
Technical Director - Microbiology, Infectious Disease Molecular & Serology, Clinical Pathology
NRL - Dr Lal PathLabs Ltd

Dr.Richa Sirohi
MD, Biochemistry
Sr. Consultant Biochemist
NRL - Dr Lal PathLabs Ltd

Dr Sunanda
MD, Pathology
Sr. Consultant Pathologist - Hematology & Immunology
NRL - Dr Lal PathLabs Ltd

Result/s to follow:
KIDNEY PANEL; KFT,SERUM, MICROALBUMIN/ALBUMIN, 1ST MORNING/ RANDOM URINE, CKD RISK MAP, HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD, COMPLETE BLOOD COUNT; CBC, URINE EXAMINATION, ROUTINE; URINE, R/E

Name	: DUMMY		
Lab No.	: Z1135N002	**Age**	: 25 Years
Ref By	: DR. DUMMY DUMMY	**Gender**	: Male
Collected	: 25/2/2025 2:43:00AM	**Reported**	: 25/2/2025 3:40:46PM
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Test Report

Test Name	Results	Units	Bio. Ref. Interval

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 .•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.•This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor.•The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

Tel: +91-11-49885050,Fax: - +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com

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