

**Name** : DUMMY  
**Lab No.** : Z11361403  
**Ref By** : DR. DUMMY DUMMY  
**Collected** : 14/01/2025 10:31:00AM  
**A/c Status** : P  
**Collected at** : PRODUCTION TEST COLLECTION CENTRE  
 SECTOR - 18, BLOCK-E ROHINI  
 DELHI 110085

**Age** : 25 Years  
**Gender** : Male  
**Reported** : 14/1/2025 12:28:41PM  
**Report Status** : Interim  
**Processed at** : LPL-MEERUT LAB  
 1st Floor, Hall No. 101, 1st Floor of Shree  
 Ram Commercial Complex,  
 Shraddhapuri, Phase 2, NH-58, Meerut,  
 UP - 250001



## Test Report

Test Name	Results	Units	Bio. Ref. Interval
<b>HYPERTENSION HEALTH SCREEN</b>			

### LIPID PROFILE

Cholesterol Total (CHO-POD)	200	mg/dL	<200.00
Triglycerides (GPO-POD)	89	mg/dL	<150.00
HDL Cholesterol (Enz Immunoinhibition)	44	mg/dL	>40.00
LDL Cholesterol, Direct (Enz Selective protection)	77	mg/dL	<100.00
VLDL Cholesterol (Calculated)	18	mg/dL	<30.00
Non-HDL Cholesterol (Calculated)	<b>156</b>	mg/dL	<130.00

### Evaluation of Diabetes status

Sugar choice	SUGAR PP		
Glucose, PP	200.00	mg/dL	70.00 - 140.00
HbA1c	5.0	%	4.00 - 5.60
Estimated average glucose (eAG)	97	mg/dL	

### Kidney Function Test

Urea (Urease UV)	<b>44.00</b>	mg/dL	14.9 - 38.5
Urea Nitrogen Blood (Calculated)	<b>20.55</b>	mg/dL	6.00 - 20.00
Creatinine (Modified Jaffe)	1.00	mg/dL	0.67 - 1.17
GFR Estimated (CKD EPI Equation 2021)	107	mL/min/1.73m2	>59
GFR Category (KDIGO Guideline 2012)	G1		
Sodium (Indirect ISE)	140.00	mEq/L	136.00 - 146.00
Potassium (Indirect ISE)	5.00	mEq/L	3.50 - 5.10



<b>Name</b>	: DUMMY	<b>Age</b>	: 25 Years
<b>Lab No.</b>	: Z11361403	<b>Gender</b>	: Male
<b>Ref By</b>	: DR. DUMMY DUMMY	<b>Reported</b>	: 14/1/2025 12:28:41PM
<b>Collected</b>	: 14/01/2025 10:31:00AM	<b>Report Status</b>	: Interim
<b>A/c Status</b>	: P	<b>Processed at</b>	: LPL-MEERUT LAB
<b>Collected at</b>	: PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085		: 1st Floor, Hall No. 101, 1st Floor of Shree Ram Commercial Complex, Shraddhapuri, Phase 2, NH-58, Meerut, UP - 250001



### Test Report

Test Name	Results	Units	Bio. Ref. Interval
Chloride (Indirect ISE)	100.00	mEq/L	101.00 - 109.00



**Name** : DUMMY  
**Lab No.** : Z11361403  
**Ref By** : DR. DUMMY DUMMY  
**Collected** : 14/01/2025 10:31:00AM  
**A/c Status** : P  
**Collected at** : PRODUCTION TEST COLLECTION CENTRE  
 SECTOR - 18, BLOCK-E ROHINI  
 DELHI 110085

**Age** : 25 Years  
**Gender** : Male  
**Reported** : 14/1/2025 12:28:43PM  
**Report Status** : Interim  
**Processed at** : LPL-MEERUT LAB  
 1st Floor, Hall No. 101, 1st Floor of Shree  
 Ram Commercial Complex, Shraddhapuri,  
 Phase 2, NH-58, Meerut, UP - 250001



### Test Report

Test Name	Results	Units	Bio. Ref. Interval
<b>MICROALBUMIN/ALBUMIN, 1ST MORNING/ RANDOM URINE</b>			
Albumin, Urine (Immunoturbidimetry)	5.00	mg/L	<30
Creatinine (Compensated Jaffe's Reaction, IDMS traceable)	24.00	mg/dL	24.00 - 392.00
ACR (Calculated)	<30.00	mg/g creatinine	<30.00
ACR Category	A1 (Normal to mildly increas		

### 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. : Z11361403  
 Ref By : DR. DUMMY DUMMY  
 Collected : 14/01/2025 10:31:00AM  
 A/c Status : P  
 Collected at : PRODUCTION TEST COLLECTION CENTRE

Age : 25 Years  
 Gender : Male  
 Reported : 14/01/2025 12:28:45PM  
 Report Status : Interim  
 Processed at : LPL-MEERUT LAB  
 1st Floor, Hall No. 101, 1st Floor of Shree  
 Ram Commercial Complex, Shraddhapuri,  
 Phase 2, NH-58, Meerut, UP - 250001



## Test Report

### Test Name

### Results

#### CKD RISK MAP

(KDIGO, 2012)

ACR Category

A1

GFR Category


G1

CKD Classification

A1G1

Risk of Progression

As per your CKD risk classification, there is minimal risk of CKD progression and heart disease.

Prognosis of CKD by GFR and Albuminuria Categories: KDIGO 2012				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
GFR categories (ml/min/ 1.73 m <sup>2</sup> ) Description and range	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

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



Name : DUMMY  
Lab No. : Z11361403  
Ref By : DR. DUMMY DUMMY  
Collected : 14/01/2025 10:31:00AM  
A/c Status : P  
Collected at : PRODUCTION TEST COLLECTION CENTRE

Age : 25 Years  
Gender : Male  
Reported : 14/01/2025 12:28:45PM  
Report Status : Interim  
Processed at : LPL-MEERUT LAB  
1st Floor, Hall No. 101, 1st Floor of Shree  
Ram Commercial Complex, Shraddhapuri,  
Phase 2, NH-58, Meerut, UP - 250001



## 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

Dr Ankit Jain  
MD, Pathology  
Chief of Laboratory  
Dr Lal PathLabs Ltd

Dr Abhinav Sharma  
MBBS,MD Pathology  
Consultant Pathologist  
Dr Lal PathLabs Ltd

Dr.Sandeep Yadav  
MBBS,MD (Biochemistry)  
Consultant Biochemist  
Dr Lal PathLabs Ltd

Result/s to follow:

LIPID PROFILE, MICROALBUMIN/ALBUMIN, 1ST MORNING/ RANDOM URINE, CKD RISK MAP



Name : DUMMY  
Lab No. : Z11361403  
Ref By : DR. DUMMY DUMMY  
Collected : 14/01/2025 10:31:00AM  
A/c Status : P  
Collected at : PRODUCTION TEST COLLECTION CENTRE

Age : 25 Years  
Gender : Male  
Reported : 14/01/2025 12:28:45PM  
Report Status : Interim  
Processed at : LPL-MEERUT LAB  
1st Floor, Hall No. 101, 1st Floor of Shree  
Ram Commercial Complex, Shraddhapuri,  
Phase 2, NH-58, Meerut, UP - 250001



## Test Report

### Test Name

### Results

#### 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](mailto:lalpathlabs@lalpathlabs.com)

