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NAME	: Mrs. CHANDA	PATIENT ID	: 1758974
AGE/ GENDER	: 51 YRS/FEMALE	REG. NO./LAB NO.	: 012502170005
COLLECTED BY	:	REGISTRATION DATE	: 17/Feb/2025 08:35 AM
REFERRED BY	:	COLLECTION DATE	: 17/Feb/2025 08:36AM
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CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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ENDOCRINOLOGY INSULIN FASTING (F)

INSULIN FASTING (F) by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	5.66	μIU/ml	2.0 - 25.0
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INTERPRETATION:-

1. Insulin is a hormone produced by the beta cells of the pancreas. It regulates the uptake and utilization of glucose and is also involved in protein synthesis and triglyceride storage.
2. Type 1 diabetes (insulin-dependent diabetes) is caused by insulin deficiency due to destruction of insulin producing pancreatic islets (beta) cells.
3. Type 2 diabetes (noninsulin dependent diabetes) is characterized by resistance to the action of insulin (insulin resistance).
4. The test is useful for management of diabetes mellitus and for diagnoses of insulinomas, when used in conjunction with proinsulin and C-peptide measurements.

NOTE:

1. No standard reference range has yet been established for INSULIN POST-PRANDIAL (PP) in indian population, therefore same could not be provided along with test. However various studies done on several populations mention that the range of INSULIN PP can vary somewhere from 5-79 mIU/L which can be used for clinical purpose.

2. This assay has 100% cross-reactivity with recombinant human insulin (Novolin R and Novolin N). It does not recognize other commonly used analogues of injectable insulin (ie, insulin lispro, insulin aspart, and insulin glargine).

INTERPRETATIVE GUIDE:

1. During prolonged fasting, when the patient's glucose level is reduced to <40 mg/dL, elevated insulin level plus elevated levels of proinsulin and C-peptide suggest insulinoma.
2. Insulin levels generally decline in patients with type 1 diabetes mellitus.
3. In the early stage of type 2 diabetes, insulin levels are either normal or elevated. In the late stage of type 2 diabetes, insulin levels decline.
4. In normal individuals, insulin levels parallel blood glucose levels.
5. Patients on insulin therapy may develop anti-insulin antibodies. These antibodies may interfere in the assay system, causing inaccurate results. In such individuals, measurement of free insulin FINS / Insulin, Free, Serum should be performed.

*** End Of Report ***




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