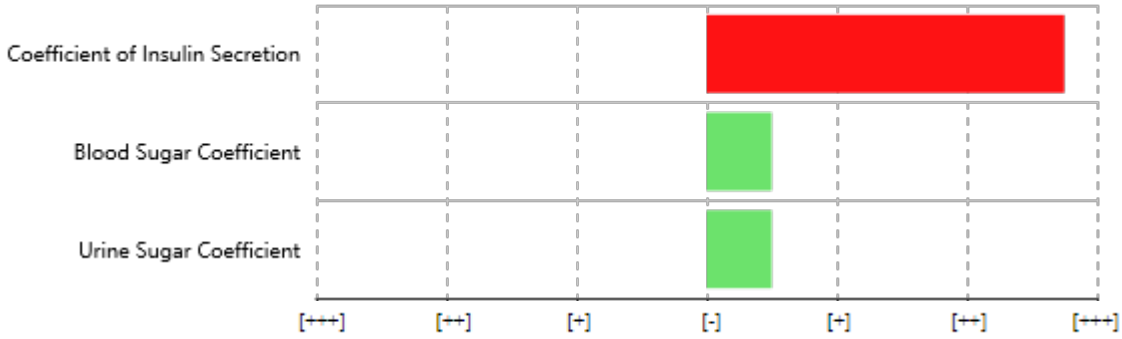
(Blood Sugar) Analysis Report Card

Name: Leif Rehnvall | Sex: Male | Age: 82

Figure: 168cm, 54kg | Testing Time: 2026-08-02 13:24



Actual Testing Results

Testing Item	Normal Range	Actual Measurement Value	Testing Result
Coefficient of Insulin Secretion	2.967 - 3.528	3,544	
Blood Sugar Coefficient	2.163 - 7.321	3,757	
Urine Sugar Coefficient	2.204 - 2.819	2,695	

Testing Value Description:

1. Coefficient of Insulin Secretion: Health Scope: 2.967~3.528

1. >3.528, increase.
It is easy to convert calories into fat to be stored in the body, thereby obesity appearing.

2. <2.967, reduction.
Seen in metabolic disorders caused by inadequate insulin secretion, including sugar, protein, fat, water, electrolytes, etc. Acid-base balance disorders often appear in seriously inadequate insulin secretion, and it has no symptom in clinic early. In the period of symptom, it has the symptoms of polyphagia, polyuria, polydipsia, good hunger, weight loss or obesity, fatigue, weakness, etc. Chronic patients are often accompanied with cardiovascular and cerebrovascular, kidney, eye and nerve diseases. Severe cases or patients in stress can generate the ketoacidosis, hyperosmolar coma, lactic acidosis to threaten life, and are often complicated with purulent infection, urinary tract infection, tuberculosis, etc.

2. Blood Sugar Coefficient: BG Health Scope: 2.163~7.321

1. >7.321, blood sugar increase.
(1)Physiological increase is seen in 1 to 2 hours after meals and after the injection of glucose or adrenaline preparation during emotional stress.
(2)Insulin inadequateness: seen in type 1 or 2 diabetes.
(3)Secretion increase of hormone elevating blood sugar. Seen in anterior pituitary and adrenal cortex hyperactivity.
(4)Central disease.
(5)Adrenal cortex hyperactivity.
(6)Hyperthyroidism.

(7)Vomiting, diarrhea, fever, Yin and Yang deficiency diabetes, etc. are mostly the symptoms of mild elevation of blood sugar.

2. <2.163, blood sugar reduction.
(1)Physiological: sports and hunger.
(2)Excessive insulin secretion: seen in functional insulin excess disorder and excess injected insulin or oral hypoglycemic drug.
(3)Thyroxine inadequateness: hypothyroidism.
(4)Source reduction of blood sugar: long-term malnutrition and acute liver injury.
(5)Excessive loss of blood sugar, genetic enzyme deficiency, glycogen synthase deficiency, kidney-yang deficiency type diabetes, etc.

3. Urine Sugar Coefficient: GLL Health Scope: 2.204~2.819

1. >2.819, positive.
(1)Physiological glucosuria: consuming large quantity of carbohydrate food once, late pregnancy of women and lactation.
(2)Renal glucosuria: renal glucose threshold is lower than that of a health person, or the function of renal tubular reabsorption of glucose is reduced.
(3)Pathological glucosuria: diabetes and hyperthyroidism.
(4)Lung-heat and consumption of fluid type diabetes.
(5)Stomach heat and flaming type diabetes.
(6)Kidney yin deficiency type diabetes and so on.

2. <2.204, negative.
Body health, mild polydipsia, polyphagia and polyuria, the body weight loss symptoms and sub-health state.

Parameter Description
Coefficient of Insulin Secretion: Insulin is a kind of protein hormone. Pancreatic β-cells are secreted into insulin in the body. Beside the duodenum of the body, there is a long-shaped organ called as pancreas. Many cell masses are scattered in the pancreas, and the cell mass is called as pancreatic islet. There are about 100 to 200 million pancreatic islets in the pancreas. Islet cells are divided into the following categories in accordance with their functions for secreting hormones: (1) B-cell (β cells), accounting for about 60% to 80% of islet cells, and secreting insulin which can lower blood sugar. (2) A cell (α cells), accounting for about 24% to 40% of islet cells, and secreting glucagon which has the contrary role of insulin and can increase blood sugar. (3) D cell, accounting for about 6% to 15% of the total number of islet cells, and secreting growth hormone-inhibiting hormone. Due to viral infection, autoimmune, genetic and other disease factors, the pathophysiology of diabetes patients is mainly caused by relative or absolute lack of insulin activity and relative or absolute excess glucagon activity, namely B and A cell bilateral hormone dysfunction. Insulin-dependent diabetes in which insulin-secreting cells are in severe damage or complete absence, such as lower endogenous insulin secretion, needs exogenous insulin therapy. In non-insulin-dependent diabetes, insulin secretion disorder is lighter, the concentration of basal insulin is normal or is elevated, insulin secretion is generally lower than that of persons of the corresponding weight after glucose stimulation, namely the relative lack of insulin. The insulin secretion function has an important reference value in diabetes diagnosis, classification, treatment, prognosis and predication for high-risk groups whether they will have diabetes in future. Both clinicians and researchers attach importance to its assessment. The level of insulin secretion is impacted by both insulin resistance and β cell function.
Blood Sugar Coefficient: Blood sugar refers to the glucose in blood. Other types of sugar, such as sugar, disaccharide and polysaccharides can be called as glucose after they are converted into glucose to enter into blood. The blood glucose concentration of the healthy human body is also in a stable and balanced state. Once the balance is destroyed, such as abnormally increased glucose, diabetes will appear.

Urine Sugar Coefficient:

Urine sugar refers to the sugar in urine, mainly refering to the glucose in urine. The healthy human body's urine sugar is little, it can not be measured by the general method, so the healthy human body's urine sugar is negative or there is no sugar in urine. In the healthy human body, only when blood sugar is over 160 ~ 180mg/dl, more sugar can be excreted from the urine to form urine sugar. Therefore, the blood sugar level determines the presence or absence of urine sugar.

The test results for reference only and not as a diagnostic conclusion.