

REPORT

Name	: Mrs. RACHEL	Sample ID	: 24863632, 24863631
Age/Gender	: 77 Years/Female	Reg. No	: 0312309200037
Referred by	: Dr. K NARAYANAN	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Sep-2023 09:42 AM
Primary Sample	: Whole Blood	Received On	: 20-Sep-2023 01:25 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP)	Reported On	: 20-Sep-2023 02:11 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

GLUCOSE POST PRANDIAL (PP)

Test Name	Results	Units	Ref. Range	Method
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Glucose Fasting (F) 100 mg/dL 70-100 GOD-POD

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	> = 126	> = 200	> = 6.5	>=200(with symptoms)

Reference: Diabetes care 2018:41(suppl.1):S13-S27

Glucose Post Prandial (PP) 204 mg/dL 70-140 Hexokinase (HK)

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	> = 126	> = 200	> = 6.5	>=200(with symptoms)

Reference: Diabetes care 2018:41(suppl.1):S13-S27

- Postprandial glucose level is a screening test for Diabetes Mellitus
- If glucose level is >140 mg/dL and <200 mg/dL, then GTT (glucose tolerance test) is advised.
- If level after 2 hours = >200 mg/dL diabetes mellitus is confirmed.
- Advise HbA1c for further evaluation.

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

REPORT

Name	: Mrs. RACHEL	Sample ID	: 24863608, 24863629
Age/Gender	: 77 Years/Female	Reg. No	: 0312309200037
Referred by	: Dr. K NARAYANAN	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Sep-2023 09:42 AM
Primary Sample	: Whole Blood	Received On	: 20-Sep-2023 01:25 PM
Sample Tested In	: Whole Blood EDTA, Serum	Reported On	: 20-Sep-2023 05:11 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glycated Hemoglobin (HbA1c)	7.6	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5	HPLC
Mean Plasma Glucose	171.42	mg/dL		Calculated

Interpretation:

- Glycated hemoglobins (GHb), also called glycohemoglobins, are substances formed when glucose binds to hemoglobin, and occur in amounts proportional to the concentration of serum glucose. Since red blood cells survive an average of 120 days, the measurement of GHb provides an index of a person's average blood glucose concentration (glycemia) during the preceding 2-3 months. Normally, only 4% to 6% of hemoglobin is bound to glucose, while elevated glycohemoglobin levels are seen in diabetes and other hyperglycemic states
- Mean Plasma Glucose(MPG):This Is Mathematical Calculations Where Glycated Hb Can Be Correlated With Daily Mean Plasma Glucose Level

Triiodothyronine - Free (FT3)	4.18	pg/mL	2.3-4.2	CLIA
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Interpretation:

- The test measures the amount of free triiodothyronine, or FT3, in your blood. Free triiodothyronine (FT3) can assist in determining whether the thyroid is performing properly, and is used mainly to help diagnose hyperthyroidism, since T3 can become abnormal earlier than T4 and return to normal later than T4. This test may also be used for monitoring of patients on T3 therapy.

Thyroxine Free (FT4)	1.67	ng/dL	0.89-1.76	CLIA
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Interpretation:

- This test measures the amount of free thyroxine, or FT4, in your blood. Thyroid stimulating hormone is the preferred initial test in the assessment of thyroid function. Free thyroxine (FT4) measured in response to an abnormal TSH test result.High free thyroxine results may indicate an overactive thyroid gland (hyperthyroidism). Low free thyroxine results may indicate an underactive thyroid gland (hypothyroidism).

Result rechecked and verified for abnormal cases

*** End Of Report ***

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REPORT

Name	: Mrs. RACHEL	Sample ID	: 24863629
Age/Gender	: 77 Years/Female	Reg. No	: 0312309200037
Referred by	: Dr. K NARAYANAN	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Sep-2023 09:42 AM
Primary Sample	: Whole Blood	Received On	: 20-Sep-2023 01:25 PM
Sample Tested In	: Serum	Reported On	: 20-Sep-2023 02:11 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Thyroid Profile-I(TFT)				
T3 (Triiodothyronine)	178.88	ng/dL	40-181	CLIA
T4 (Thyroxine)	15.6	µg/dL	3.2-12.6	CLIA
TSH -Thyroid Stimulating Hormone	0.02	µIU/mL	0.35-5.5	CLIA

Pregnancy & Cord Blood

T3 (Triiodothyronine):	T4 (Thyroxine)	TSH (Thyroid Stimulating Hormone)
First Trimester : 81-190 ng/dL	15 to 40 weeks:9.1-14.0 µg/dL	First Trimester : 0.24-2.99 µIU/mL
Second&Third Trimester :100-260 ng/dL		Second Trimester: 0.46-2.95 µIU/mL
		Third Trimester : 0.43-2.78 µIU/mL
Cord Blood: 30-70 ng/dL	Cord Blood: 7.4-13.0 µg/dL	Cord Blood: : 2.3-13.2 µIU/mL

Interpretation:

- Thyroid gland is a butterfly-shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should.
- Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine (T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism.
- Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism.
- TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4.
- The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

Correlate Clinically.

Result rechecked and verified for abnormal cases

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