

Sagepath Labs Pvt. Ltd.

Registered Office:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana.

ICMR Reg .No. SAPALAPVLHT (Covid -19)

Ph:- 040-40125441, Email:- info@sagepathlabs.com

PORT Website:- www.sagepathlabs.com

REPORT

Name : Mrs. JAYA SREE M

Age/Gender : 72 Years/Female
Referred by : Dr. VIMAL RAY

Referring Customer: V CARE MEDICAL DIAGNOSTICS

Primary Sample : Whole Blood

Sample Tested In : Whole Blood EDTA

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

Sample ID : 24854664

Reg. No : 0312310170064

SPP Code : SPL-CV-172

Collected On : 17-Oct-2023 07:42 PM

Received On : 17-Oct-2023 11:19 PM

Reported On : 17-Oct-2023 11:30 PM

Report Status : Final Report

CLINICAL BIOCHEMISTRY				
Test Name	Results	Units	Ref. Range	Method
Glycated Hemoglobin (HbA1c)	7.2	%	Non Diabetic: < 5.7 Pre diabetic: 5.7-6.4 Diabetic: >= 6.5	HPLC
Mean Plasma Glucose	159.94	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

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited

Excellence In Health Care











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Age/Gender : 72 Years/Female Referred by : Dr. VIMAL RAY

Referring Customer: V CARE MEDICAL DIAGNOSTICS

: Serum

Primary Sample : Whole Blood

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

Sample ID : 24854661

Reg. No : 0312310170064 SPP Code : SPL-CV-172

Collected On : 17-Oct-2023 07:42 PM

Received On : 17-Oct-2023 11:19 PM

Reported On : 18-Oct-2023 12:13 AM

Report Status : Final Report

CLINICAL BIOCHEMISTRY					
Test Name	Results	Units	Ref. Range	Method	
25 - Hydroxy Vitamin D	24.8	ng/mL	<20.0-Deficiency	CLIA	
			20.0-<30.0-Insufficiency		
			30.0-100.0-Sufficiency		
	>100.0-Potential Intoxication			ion	

Interpretation:

Sample Tested In

- Vitamin D helps your body absorb calcium and maintain strong bones throughout your entire life. Your body produces vitamin D when the sun's UV rays contact your skin. Other good sources of the vitamin include fish, eggs, and fortified dairy products. It's also available as a dietary supplement.
- Vitamin D must go through several processes in your body before your body can use it. The first transformation occurs in the liver. Here, your body converts vitamin D to a chemical known as 25-hydroxyvitamin D, also called calcidiol.
- The 25-hydroxy vitamin D test is the best way to monitor vitamin D levels. The amount of 25-hydroxyvitamin D in your blood is a good indication of how much vitamin D your body has. The test can determine if your vitamin D levels are too high or too low.
- .The test is also known as the 25-OH vitamin D test and the calcidiol 25-hydroxycholecalcifoerol test. It can be an important indicator of osteoporosis (bone weakness) and rickets (bone malformation).

Those who are at high risk of having low levels of vitamin D include:

- people who don't get much exposure to the sun
- · older adults
- people with obesity.
- dietary deficiency

Increased Levels:

• Vitamin D Intoxication

Method: CLIA

Result rechecked and verified for abnormal cases

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Test Name	Results	Units	Ref. Range	Method	
Thyroid Profile-I(TFT)					
T3 (Triiodothyronine)	123.63	ng/dL	40-181	CLIA	
T4 (Thyroxine)	8.0	μg/dL	3.2-12.6	CLIA	
TSH -Thyroid Stimulating Hormone	4.75	μIU/mL	0.35-5.5	CLIA	

Pregnancy & Cord Blood

T3 (Triiodothyronine):	T4 (Th	yroxine) T:	SH (Thyroid St	imulating Hormone)
First Trimester : 81-190	ng/dL 15 to 4	0 weeks:9.1-14.0 μg/dL Fi	irst Trimester	: 0.24-2.99 µIU/mL
Second&Third Trimester :100-260	O ng/dL	Se	econd Trimester	": 0.46-2.95 μIU/mL
		TI	hird Trimester	: 0.43-2.78 µIU/mL
Cord Blood: 30-70 ng/dL	Cord B	llood: 7.4-13.0 μg/dL	ord 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.

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*** End Of Report ***







