

REPORT

Name	: Mrs. HEMA	Sample ID	: 24854637, 24854638
Age/Gender	: 50 Years/Female	Reg. No	: 0312310200017
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-ST5-554
Referring Customer	: V CARE MEDICAL DIAGNOSTICS -TS	Collected On	: 20-Oct-2023 12: 43 PM
Primary Sample	: Whole Blood	Received On	: 20-Oct-2023 03: 37 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 20-Oct-2023 04: 10 PM
Client Address	: Kimtee Colony ,Gokul Nagar,Tarnaka.	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

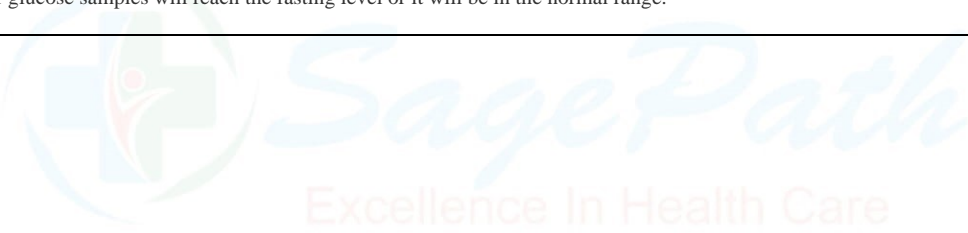
Test Name	Results	Units	Ref. Range	Method
Glucose Random (RBS)	84	mg/dL	70-140	Hexokinase (HK)

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	Fasting Plasma Glucose(mg/dL)	2hrs Plasma 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

- The random blood glucose if it is above 200 mg/dL and the patient has increased thirst, polyuria, and polyphagia, suggests diabetes mellitus.
- As a rule, two-hour glucose samples will reach the fasting level or it will be in the normal range.



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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
FSH (Follicle Stimulating Hormone)	106.72	mIU/mL	Refer Table	CLIA

Interpretation:

Age	Reference Range: Male (mIU/mL)	Reference Range: Female(mIU/mL)
Pre Puberty Child		
2-11 Months	0.19-11.3	0.10-11.3
1-10 Years	0.3-4.6	0.68-6.7
Puberty Tanner Stage		
1-2	0.30-4.6	0.68-6.7
3.-4	1.24-15.4	1.0-7.4
5	1.53-6.8	1.0-9.2
Adult	1.42-18.4	
Follicular Phase	----	2.5-10.2
Midcycle Peak	----	3.4-33.4
Luteal Phase	----	1.5-9.1
Postmenopausal	----	23.0-116.3
Pregnant	----	< 0.3

The follicle stimulating hormone (FSH) blood test measures the level of FSH in blood. FSH is a hormone released by the pituitary gland, located on the underside of the brain.

Low FSH levels in women may be present due to:

- Being very underweight or having had recent rapid weight loss
- Not producing eggs (not ovulating)
- Parts of the brain (the pituitary gland or hypothalamus) not producing normal amounts of some or all of its hormones
- Pregnancy

High FSH levels in men may mean the testicles are not functioning correctly due to:

- Advancing age (male menopause)
- Damage to testicles caused by alcohol abuse, chemotherapy, or radiation
- Certain tumors in the pituitary gland

*** End Of Report ***

Laboratory is NABL Accredited



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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Thyroid Profile-I(TFT)				
T3 (Triiodothyronine)	120.36	ng/dL	70-204	CLIA
T4 (Thyroxine)	6.3	µg/dL	3.2-12.6	CLIA
TSH -Thyroid Stimulating Hormone	5.79	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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