

REPORT

| | | | |
|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Mrs. G PADMA | Sample ID | : 24753732 |
| Age/Gender | : 55 Years/Female | Reg. No | : 0312311190004 |
| Referred by | : Dr. DURGA PRASAD T | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 19-Nov-2023 08:38 AM |
| Primary Sample | : Whole Blood | Received On | : 19-Nov-2023 11:29 AM |
| Sample Tested In | : Plasma-NaF(F) | Reported On | : 19-Nov-2023 12:08 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

CLINICAL BIOCHEMISTRY

GLUCOSE FASTING

| Test Name | Results | Units | Ref. Range | Method |
|-----------|---------|-------|------------|--------|
|-----------|---------|-------|------------|--------|

| | | | | |
|----------------------------|----|-------|--------|---------|
| Glucose Fasting (F) | 76 | 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

*** End Of Report ***

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Excellence In Health Care



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

REPORT

| | | | |
|--------------------|---------------------------------------|---------------|------------------------|
| Name | : Mrs. G PADMA | Sample ID | : 24753731 |
| Age/Gender | : 55 Years/Female | Reg. No | : 0312311190004 |
| Referred by | : Dr. DURGA PRASAD T | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 19-Nov-2023 08:38 AM |
| Primary Sample | : Whole Blood | Received On | : 19-Nov-2023 11:29 AM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 19-Nov-2023 12:18 PM |
| Client Address | : Kimtee colony ,Gokul Nagar ,Tarnaka | Report Status | : Final Report |

CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|------------------------------------|---------|-------|--|------------|
| Glycated Hemoglobin (HbA1c) | 5.4 | % | Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5 | HPLC |
| Mean Plasma Glucose | 108.28 | 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

*** End Of Report ***

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REPORT

| | | | |
|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Mrs. G PADMA | Sample ID | : 24753721 |
| Age/Gender | : 55 Years/Female | Reg. No | : 0312311190004 |
| Referred by | : Dr. DURGA PRASAD T | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 19-Nov-2023 08:38 AM |
| Primary Sample | : Whole Blood | Received On | : 19-Nov-2023 11:29 AM |
| Sample Tested In | : Serum | Reported On | : 19-Nov-2023 01:24 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|---|---------|--------|------------|--------|
| TSH -Thyroid Stimulating Hormone | 1.97 | µIU/mL | 0.35-5.5 | CLIA |

Pregnancy & Cord Blood

| TSH (Thyroid Stimulating Hormone (µIU/mL)) | |
|--|-------------|
| First Trimester | : 0.24-2.99 |
| Second Trimester | : 0.46-2.95 |
| Third Trimester | : 0.43-2.78 |
| Cord Blood | : 2.3-13.2 |

- TSH is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production.
- 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
- TRH stimulation differentiates secondary and tertiary hypothyroidism by observing the change in patient TSH levels. Typically, the TSH response to TRH stimulation is absent in cases of secondary hypothyroidism, and normal to exaggerated in tertiary hypothyroidism
- Historically, TRH stimulation has been used to confirm primary hyperthyroidism, indicated by elevated T3 and T4 levels and low or undetectable TSH levels. TSH assays with increased sensitivity and specificity provide a primary diagnostic tool to differentiate hyperthyroid from euthyroid patients.

Correlate Clinically.

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*** End Of Report ***



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