

REPORT

Name	: Mrs. ARUNA V	Sample ID	: 24854883
Age/Gender	: 64 Years/Female	Reg. No	: 0312401030003
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 03-Jan-2024 09:41 AM
Primary Sample	:	Received On	: 03-Jan-2024 03:30 PM
Sample Tested In	: Urine	Reported On	: 03-Jan-2024 04:37 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Fasting Urine Glucose	Negative		Negative	Automated Strip Test
Microalbumin-Random Urine	29	mg/L	Upto 30.0	Immunoturbidimetry

Interpretation:

- This test looks for a protein called albumin in a urine sample.
- People with diabetes have an increased risk of kidney damage. The "filters" in the kidneys, called nephrons, slowly thicken and become scarred over time. The nephrons begin to leak protein into the urine. This kidney damage can also happen years before any diabetes symptoms begin. In the early stages of kidney problems, blood tests that measure kidney function are usually normal.
- If you have diabetes, you should have this test each year. The test checks for signs of early kidney problems.
- If this test shows that you are starting to have a kidney problem, you can get treatment before the problem gets worse. People with severe kidney damage may need dialysis. They may eventually need a new kidney (kidney transplant).



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MD BIOCHEMISTRY

REPORT

Name	: Mrs. ARUNA V	Sample ID	: A0012590
Age/Gender	: 64 Years/Female	Reg. No	: 0312401030003
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 03-Jan-2024 09: 41 AM
Primary Sample	: Whole Blood	Received On	: 03-Jan-2024 01: 14 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 03-Jan-2024 01: 58 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glycated Hemoglobin (HbA1c)	7.4	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5	HPLC
Mean Plasma Glucose	165.68	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 ***

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REPORT

Name	: Mrs. ARUNA V	Sample ID	: A0012606
Age/Gender	: 64 Years/Female	Reg. No	: 0312401030003
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 03-Jan-2024 09:41 AM
Primary Sample	: Whole Blood	Received On	: 03-Jan-2024 01:14 PM
Sample Tested In	: Serum	Reported On	: 03-Jan-2024 03:03 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	4.60	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.

Thyroxine Free (FT4)	1.02	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).

Correlate Clinically.

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*** End Of Report ***



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