



Sagepath Labs Pvt. Ltd.

Lab Address:- # Plot No. 564, 1st floor, Buddhanagar, Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg. No. SAPALAPVLHT (Covid -19)

REPORT

Name: Mrs. P KAMALAMMASample ID: A0012899, A0012902Age/Gender: 84 Years/FemaleReg. No: 0312401180003Referred by: Dr. BIPIN K SETHISPP Code: SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 18-Jan-2024 08:16 AM Primary Sample : Whole Blood Received On : 18-Jan-2024 12:40 PM

Sample Tested In : Plasma-NaF(F), Plasma-NaF(PP) Reported On : 18-Jan-2024 02:20 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

Glucose Fasting (F) 95 mg/dL 70-100 GOD-POD

Interpretation of Plasma Glucose based on ADA guidelines 2018

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

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

Glucose Post Prandial (PP) 240 mg/dL 70-140 Hexokinase (HK)

Interpretation of Plasma Glucose based on ADA guidelines 2018

IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	3	2hrsPlasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	>= 126	>= 200		>=200(with symptoms)

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

- Postprandial glucose level is a screening test for Diabetes Mellitus
- $\bullet~$ 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 MD BIOCHEMISTRY



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REPORT

Name : Mrs. P KAMALAMMA Sample ID : A0012897

Age/Gender : 84 Years/Female Reg. No : 0312401180003

Referred by : Dr. BIPIN K SETHI SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 18-Jan-2024 08:16 AM Primary Sample : Whole Blood Received On : 18-Jan-2024 12:40 PM

Sample Tested In : Serum Reported On : 18-Jan-2024 01:25 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)	141.56	ng/dL	40-181	CLIA	
T4 (Thyroxine)	9.0	μg/dL	3.2-12.6	CLIA	
TSH -Thyroid Stimulating Hormone	3.12	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.

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*** End Of Report ***







