

## 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)

	REPOR	тт	
	REFUR		
Name	: Mrs. M LOKESHWARI	Sample ID	: A0013396, A0013397
Age/Gender	: 69 Years/Female	Reg. No	: 0312402110004
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-Feb-2024 08:56 AM
Primary Sample	: Whole Blood	Received On	: 11-Feb-2024 03:17 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP)	Reported On	: 11-Feb-2024 05:17 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

STEMS PVT. LTD.

## **CLINICAL BIOCHEMISTRY GLUCOSE POST PRANDIAL (PP)** Results Test Name Units Ref. Range Method

Interpretation of P	lasma 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: Diat	petes care 2018:41(suppl.1	:S13-S27		л <u> </u>	
Blucose Post P	randial (PP)	155 mg/c	IL 70-	140	Hexokinase (HK)
Interpretation of F	Plasma Glucose based on ADA	guidelines 2018			10

	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		>=200(with symptoms)

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

- Postprandial glucose level is a screening test for Diabetes Mellitus
- 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



BIOCHEMISTRY



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REPORT					
Name	: Mrs. M LOKESHWARI	Sample ID	: A0013395		
Age/Gender	: 69 Years/Female	Reg. No	: 0312402110004		
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172		
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-Feb-2024 08:56 AM		
Primary Sample	: Whole Blood	Received On	: 11-Feb-2024 03:17 PM		
Sample Tested In	: Serum	Reported On	: 11-Feb-2024 04:26 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
 7.34
 µIU/mL
 0.35-5.5
 CLIA

 Pregnancy & Cord Blood

 First Trimester
 : 0.24-2.99

		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.

Result rechecked and verified for abnormal cases Laboratory is NABL Accredited

\*\*\* End Of Report \*\*\*



