SagePath ®
Excellence In Health Care

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. SANTHOSHI	Sample ID	: A0013423, A0013424, A00134
Age/Gender	: 37 Years/Female	Reg. No	: 0312402170007
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 17-Feb-2024 09:34 AM
Primary Sample	: Whole Blood	Received On	: 17-Feb-2024 12:41 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP),	Reported On	: 17-Feb-2024 04:31 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glucose Fasting (F)	**127**	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

Test Name	Results	Units	Ref. Range	Method
Glucose Post Prandial (PP)	**173**	mg/dL	70-140	Hexokinase (HK)

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

- 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.

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MC 3633

DR.VAISHNAVI
MD BIOCHEMISTRY

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REPORT

Name	: Mrs. SANTHOSHI	Sample ID	: A0013423, A0013424, A00134
Age/Gender	: 37 Years/Female	Reg. No	: 0312402170007
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 17-Feb-2024 09:34 AM
Primary Sample	: Whole Blood	Received On	: 17-Feb-2024 12:41 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP),	Reported On	: 17-Feb-2024 04:31 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Cholesterol Total	171	mg/dL	< 200	CHOD-POD

Interpretations

The National Cholesterol Education Program's third Adult Treatment Panel (ATP III) has issued its recommendations on evaluating and treating lipid disorders for primary and secondary

NCEP Recommendations	Adults:Cholesterol Total (mg/dL)	Children:Cholesterol Total (mg/dL)
Optimal	<200	<170
Borderline High	200-239	171-199
High	>or = 240	>or = 200

The determination of serum Cholesterol is considered to be significant in coronary artery disease. Hyperlipoproteinemias, hypothyroidism, nephrosis, diabetes mellitus and various liver diseases. Hypocholesterolemia (low serum cholesterol) is found in pernicious anemia, hemolytic jaundice, malnutrition, acute infections and hyperthyroidism. Normal cholesterol levels are affected by stress, age, hormonal balance and pregnancy.

Result rechecked and verified for abnormal cases

*** End Of Report ***

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

REPORT

Name	: Mrs. SANTHOSHI	Sample ID	: A0013422
Age/Gender	: 37 Years/Female	Reg. No	: 0312402170007
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 17-Feb-2024 09:34 AM
Primary Sample	: Whole Blood	Received On	: 17-Feb-2024 12:41 PM
Sample Tested In	: Serum	Reported On	: 17-Feb-2024 02:46 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	**12.97**	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.

Result rechecked and verified for abnormal cases
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*** End Of Report ***

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