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. M CH P DHANALAKSHMI	Sample ID	: A0093910, A0093911, A00939
Age/Gender	: 63 Years/Female	Reg. No	: 0312403130002
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Mar-2024 08:18 AM
Primary Sample	: Whole Blood	Received On	: 13-Mar-2024 12:44 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP),	Reported On	: 13-Mar-2024 02:03 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glucose Fasting (F)	**109**	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

Glucose Post Prandial (PP)	**293**	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.

MC 3633

DR.VAISHNAVI
MD BIOCHEMISTRY

REPORT

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Urea-Serum	17.7	mg/dL	17.1-49.2	Glutamate dehydrogenase+Calculation

Interpretation:

- Catabolism of proteins and amino acids results in the formation of urea, which is predominantly cleared from the body by the kidneys.
- Increased urea with normal creatinine concentrations indicates a pre-renal increase in urea which may be due to a high protein diet, increased protein catabolism, reabsorption of blood proteins after GI haemorrhage, glucocorticoid treatment, dehydration or decreased perfusion of the kidneys.
- An increase in both urea and creatinine concentrations may indicate an obstructive post-renal condition such as malignancy, nephrolithiasis or prostatism.
- A low urea and increased creatinine may indicate acute tubular necrosis, low protein intake, starvation or severe liver disease.

Creatinine -Serum	0.98	mg/dL	0.60-1.20	Sarcosine oxidase

Interpretation:

- This test is done to see how well your kidneys are working.Creatinine is a chemical waste product of creatine. Creatine is a chemical made by the body and is used to supply energy mainly to muscles.
- **A higher than normal level may be due to:**
- Renal diseases and insufficiency with decreased glomerular filtration, urinary tract obstruction, reduced renal blood flow including congestive heart failure, shock, and dehydration; rhabdomyolysis can cause elevated serum creatinine.
- **A lower than normal level may be due to:**
- Small stature, debilitation, decreased muscle mass; some complex cases of severe hepatic disease can cause low serum creatinine levels. In advanced liver disease, low creatinine may result from decreased hepatic production of creatinine and inadequate dietary protein as well as reduced musle mass.

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited

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REPORT

Name	: Mrs. M CH P DHANALAKSHMI	Sample ID	: A0093909
Age/Gender	: 63 Years/Female	Reg. No	: 0312403130002
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Mar-2024 08:18 AM
Primary Sample	: Whole Blood	Received On	: 13-Mar-2024 12:44 PM
Sample Tested In	: Serum	Reported On	: 13-Mar-2024 02:03 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Lipid Profile				
Cholesterol Total	**202**	mg/dL	< 200	CHOD-POD
Triglycerides-TGL	**233**	mg/dL	< 150	GPO-POD
Cholesterol-HDL	45	mg/dL	40-60	Direct
Cholesterol-LDL	**110.4**	mg/dL	< 100	Calculated
Cholesterol- VLDL	**46.6**	mg/dL	7-35	Calculated
Non HDL Cholesterol	**157**	mg/dL	< 130	Calculated
Cholesterol Total /HDL Ratio	**4.49**	%	0-4.0	Calculated
HDL / LDL Ratio	0.41			
LDL/HDL Ratio	2.45	%	0-3.5	Calculated

The National Cholesterol Education program's third Adult Treatment Panel (ATPIII) has issued its recommendations on evaluating and treating lipid discorders for primary and secondary.

NCEP Recommendations	Cholesterol Total in (mg/dL)	Triglycerides in (mg/dL)	HDL Cholesterol (mg/dL)	LDL Cholesterol in (mg/dL)	Non HDL Cholesterol in (mg/dL)
Optimal	Adult: < 200 Children: < 170	< 150	40-59	Adult:<100 Children: <110	<130
Above Optimal	-----	-----		100-129	130 - 159
Borderline High	Adult: 200-239 Children:171-199	150-199		Adult: 130-159 Children: 111-129	160 - 189
High	Adult:>or=240 Children:>or=200	200-499	**≥ 60**	Adult:160-189 Children:>or=130	190 - 219
Very High	-----	>or=500		Adult: >or=190 -------	>=220

Note: LDL cholesterol cannot be calculated if triglyceride is >400 mg/dL (**Friedewald's formula**). Calculated values not provided for LDL and VLDL

Correlate Clinically.

Result rechecked and verified for abnormal cases
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