

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 -		
l	Name	: Mrs. M LOKESHWARI	Sample ID	: A0287037, A0287038
	Age/Gender	: 70 Years/Female	Reg. No	: 0312406070002
	Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
	Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 07-Jun-2024 07:34 AM
	Primary Sample	: Whole Blood	Received On	: 07-Jun-2024 12:37 PM
	Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP)	Reported On	: 07-Jun-2024 03:20 PM
	Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report
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TEMS PVT. LTD.

GLUCOSE POST PRANDIAL (PP)					
est Name		Results L	Inits	Ref. Range	Method
lucose Fa	sting (F)	115 r	ng/dL	70-100	GOD-POD
nterpretation of	Plasma Glucose based on ADA guidelines	2018			
Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma Glucose(mg	/dL) HbA1c(%)	RBS(mg/dL)	
		4 40 400	5.7-6.4	NA	
Prediabetes	100-125	140-199	0.1 0.1		
Prediabetes Diabetes	100-125 > = 126	> = 200	> = 6.5	>=200(with symptoms)	
Diabetes Reference: Dia		> = 200	> = 6.5	>=200(with symptoms) 70-140	Hexokinase (HK)
Diabetes Reference: Dia I lucose Po	> = 126 betes care 2018:41(suppl.1):S13-S27	> = 200 7 135 r	> = 6.5		Hexokinase (HK)
Diabetes Reference: Dia I lucose Po	> = 126 betes care 2018:41(suppl.1):S13-S27 st Prandial (PP)	> = 200 7 135 r	>= 6.5		Hexokinase (HK)
Diabetes Reference: Dia i lucose Po Interpretation of	> = 126 betes care 2018:41(suppl.1):S13-S27 st Prandial (PP) Plasma Glucose based on ADA guidelines	> = 200 7 135 r	>= 6.5	70-140	Hexokinase (HK)

CLINICAL BIOCHEMISTRY

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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DEDODT

REFORT					
Name	: Mrs. M LOKESHWARI	Sample ID	: A0287035		
Age/Gender	: 70 Years/Female	Reg. No	: 0312406070002		
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172		
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 07-Jun-2024 07:34 AM		
Primary Sample	: Whole Blood	Received On	: 07-Jun-2024 12:37 PM		
Sample Tested In	: Serum	Reported On	: 07-Jun-2024 05:45 PM		
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report		
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CLINICAL BIOCHEMISTRY						
Test Name Results Units Ref. Range Method						
Thyroid Profile-I(TFT)						
T3 (Triiodothyronine)	75.78	ng/dL	40-181	CLIA		
T4 (Thyroxine)	10.5	µg/dL	3.2-12.6	CLIA		
TSH -Thyroid Stimulating Hormone	0.07	µIU/mL	0.35-5.5	CLIA		

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:

Pregnancy & Cord Blood

• 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.

Result rechecked and verified for abnormal cases Laboratory is NABL Accredited

*** End Of Report ***





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