

REPORT

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|--------------------|---------------------------------------|---------------|------------------------------|
| Name | : Mr. SANTHOSH | Sample ID | : A0287274, A0287275, A02872 |
| Age/Gender | : 41 Years/Male | Reg. No | : 0312406110005 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 11-Jun-2024 10:35 AM |
| Primary Sample | : Whole Blood | Received On | : 11-Jun-2024 01:00 PM |
| Sample Tested In | : Plasma-NaF(F), Plasma-NaF(PP), | Reported On | : 11-Jun-2024 03:37 PM |
| Client Address | : Kimtee colony ,Gokul Nagar, Tarnaka | Report Status | : Final Report |

CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|----------------------------|------------|-------|------------|---------|
| Glucose Fasting (F) | 118 | mg/dL | 70-100 | GOD-POD |

Interpretation of Plasma Glucose based on ADA guidelines 2018

| Diagnosis | Fasting Plasma Glucose(mg/dL) | 2hrs Plasma 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) | 161 | mg/dL | 70-140 | Hexokinase (HK) |
|-----------------------------------|------------|-------|--------|-----------------|

Interpretation of Plasma Glucose based on ADA guidelines 2018

| Diagnosis | Fasting Plasma Glucose(mg/dL) | 2hrs Plasma 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.



Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

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CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|-----------|---------|-------|------------|---------|
| Uric Acid | 5.2 | mg/dL | 3.5-7.2 | Uricase |

Interpretation:

- Uric acid is a chemical created when the body breaks down substances called purines. Purines are normally produced in the body and are also found in some foods and drinks. Foods with high content of purines include liver, anchovies, mackerel, dried beans and peas, and beer. Most uric acid dissolves in blood and travels to the kidneys. From there, it passes out in urine. If your body produces too much uric acid or does not remove enough of it, you can get sick. A high level of uric acid in the blood is called hyperuricemia. This test checks to see how much uric acid you have in your blood. Investigation and monitoring of inflammatory arthritis pain, particularly in big toe (gout)
- Useful in the investigation of kidney stones
- Aid in diagnosis, treatment, and monitoring of renal failure/disease
- Monitor patients receiving cytotoxic drugs (high nucleic acid turnover)
- Monitor diseases with nucleic acid metabolism and turnover (eg, leukemia, lymphoma, polycythemia)



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|--------------------------|-----|-------|-------|----------|
| Cholesterol Total | 192 | 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.



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Correlate Clinically.

Result rechecked and verified for abnormal cases
Laboratory is NABL Accredited