

REPORT

Name	: Mrs. VRINDA	Sample ID	: A0590331, A0590330
Age/Gender	: 59 Years/Female	Reg. No	: 0312407310018
Referred by	: Dr. MEERA RAMAKRISHNAN	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 31-Jul-2024 11:20 AM
Primary Sample	: Whole Blood	Received On	: 31-Jul-2024 12:54 PM
Sample Tested In	: Whole Blood EDTA, Serum	Reported On	: 31-Jul-2024 04:17 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glycated Hemoglobin (HbA1c)	7.4	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5	HPLC
Mean Plasma Glucose	165.68	mg/dL		Calculated

Glycated hemoglobins (GHb), also called glycohemoglobins, are substances formed when glucose binds to hemoglobin, and occur in amounts proportional to the concentration of serum glucose. Since red blood cells survive an average of 120 days, the measurement of GHb provides an index of a person's average blood glucose concentration (glycemia) during the preceding 2-3 months. Normally, only 4% to 6% of hemoglobin is bound to glucose, while elevated glycohemoglobin levels are seen in diabetes and other hyperglycemic states Mean Plasma Glucose(MPG):This Is Mathematical Calculations Where Glycated Hb Can Be Correlated With Daily Mean Plasma Glucose Level

NOTE: The above Given Risk Level Interpretation is not age specific and is an information resource only and is not to be used or relied on for any diagnostic or treatment purposes and should not be used as a substitute for professional diagnosis and treatment. Kindly Correlate clinically.

INTERPRETATION

Method: Analyzer Fully automated HPLC platform.

Average Blood Glucose(eAG) (mg/dL)	Level of Control	Hemoglobin A1c (%)
421	A L E R T	14%
386		13%
350		12%
314		11%
279		10%
243	POOR	9%
208		8%
172		7%
136	GOOD	6%
101	EXCELLENT	5%

HbA1c values of 5.0- 6.5 percent indicate good control or an increased risk for developing diabetes mellitus. HbA1c values greater than 6.5 percent are diagnostic of diabetes mellitus. Diagnosis should be confirmed by repeating the HbA1c test.

NOTE: Hb F higher than 10 percent of total Hb may yield falsely low results. Conditions that shorten red cell survival, such as the presence of unstable hemoglobins like Hb SS, Hb CC, and Hb SC, or other causes of hemolytic anemia may yield falsely low results. Iron deficiency anemia may yield falsely high results.



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

REPORT

Name	: Mrs. VRINDA	Sample ID	: A0590331, A0590330
Age/Gender	: 59 Years/Female	Reg. No	: 0312407310018
Referred by	: Dr. MEERA RAMAKRISHNAN	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 31-Jul-2024 11:20 AM
Primary Sample	: Whole Blood	Received On	: 31-Jul-2024 12:54 PM
Sample Tested In	: Whole Blood EDTA, Serum	Reported On	: 31-Jul-2024 04:17 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Aspartate Aminotransferase (AST/SGOT)	37	U/L	15-37	IFCC UV Assay

Interpretation:

AST is an enzyme found in high levels in the liver, heart, and muscles. It is also found in lesser amounts in other tissues. An enzyme is a protein that causes a specific chemical change in the body.

Injury to the liver results in release of AST into the blood.

This test is mainly done along with other tests (such as ALT, ALP, and bilirubin) to diagnose and monitor liver disease.

An increased AST level is often a sign of liver disease. Liver disease is even more likely when the levels of substances checked by other liver blood tests have also increased.

An increased AST level may be due to any of the following:

- Scarring of the liver (cirrhosis)
- Death of liver tissue
- Heart attack
- Too much iron in the body (hemosiderosis)
- Swollen and inflamed liver (hepatitis)
- Lack of blood flow to the liver (liver ischemia)

AST level may also increase after:

- Burns (deep)
- Heart procedures
- Seizure
- Surgery

Alanine Aminotransferase (ALT/SGPT)	34	U/L	0-55	IFCC with out (P-5-P)
-------------------------------------	----	-----	------	-----------------------

Interpretation :

- Alanine aminotransferase (ALT) is present primarily in liver cells. In viral hepatitis and other forms of liver disease associated with hepatic necrosis, serum ALT is elevated even before the clinical signs and symptoms of the disease appear. Although serum levels of both aspartate aminotransferase (AST) and ALT become elevated whenever disease processes affect liver cell integrity.
- ALT is a more liver-specific enzyme. Serum elevations of ALT are rarely observed in conditions other than parenchymal liver disease. Moreover, the elevation of ALT activity persists longer than does AST activity.
- Elevated alanine aminotransferase (ALT) values are seen in parenchymal liver diseases characterized by a destruction of hepatocytes. Values are typically at least 10 times above the normal range. Levels may reach values as high as 100 times the upper reference limit, although 20- to 50-fold elevations are most frequently encountered. In infectious hepatitis and other inflammatory conditions affecting the liver.

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

REPORT

Name	: Mrs. VRINDA	Sample ID	: A0590330
Age/Gender	: 59 Years/Female	Reg. No	: 0312407310018
Referred by	: Dr. MEERA RAMAKRISHNAN	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 31-Jul-2024 11:20 AM
Primary Sample	: Whole Blood	Received On	: 31-Jul-2024 12:54 PM
Sample Tested In	: Serum	Reported On	: 31-Jul-2024 04:17 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	239	mg/dL	< 200	CHOD-POD
Triglycerides-TGL	183	mg/dL	< 150	GPO-POD
Cholesterol-HDL	42	mg/dL	40-60	Direct
Cholesterol-LDL	160.4	mg/dL	< 100	Calculated
Cholesterol- VLDL	36.6	mg/dL	7-35	Calculated
Non HDL Cholesterol	197	mg/dL	< 130	Calculated
Cholesterol Total /HDL Ratio	5.69	%	0-4.0	Calculated
HDL / LDL Ratio	0.26			
LDL/HDL Ratio	3.82	%	0-3.5	Calculated

The National Cholesterol Education program's third Adult Treatment Panel (ATPIII) has issued its recommendations on evaluating and treating lipid disorders 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

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

REPORT

Name	: Mrs. VRINDA	Sample ID	: A0590330
Age/Gender	: 59 Years/Female	Reg. No	: 0312407310018
Referred by	: Dr. MEERA RAMAKRISHNAN	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 31-Jul-2024 11:20 AM
Primary Sample	: Whole Blood	Received On	: 31-Jul-2024 12:54 PM
Sample Tested In	: Serum	Reported On	: 31-Jul-2024 04:17 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Kidney Profile-KFT				
Creatinine -Serum	0.63	mg/dL	0.60-1.10	Jaffes Kinetic
Urea-Serum	22.2	mg/dL	12.8-42.8	Calculated
Blood Urea Nitrogen (BUN)	10.39	mg/dL	7.0-18.0	Calculated
BUN / Creatinine Ratio	16.49		6 - 22	
Uric Acid	2.68	mg/dL	2.6-6.0	Uricase
Sodium	140	mmol/L	135-150	ISE Direct
Potassium	3.7	mmol/L	3.5-5.0	ISE Direct
Chloride	104	mmol/L	94-110	ISE Direct

Interpretation:

- The kidneys, located in the retroperitoneal space in the abdomen, are vital for patient health. They process several hundred liters of fluid a day and remove around two liters of waste products from the bloodstream. The volume of fluid that passes through the kidneys each minute is closely linked to cardiac output. The kidneys maintain the body's balance of water and concentration of minerals such as sodium, potassium, and phosphorus in blood and remove waste by-products from the blood after digestion, muscle activity and exposure to chemicals or medications. They also produce renin which helps regulate blood pressure, produce erythropoietin which stimulates red blood cell production, and produce an active form of vitamin D, needed for bone health.

*** End Of Report ***

Laboratory is NABL Accredited



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

REPORT

Name	: Mrs. VRINDA	Sample ID	: A0590330
Age/Gender	: 59 Years/Female	Reg. No	: 0312407310018
Referred by	: Dr. MEERA RAMAKRISHNAN	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 31-Jul-2024 11:20 AM
Primary Sample	: Whole Blood	Received On	: 31-Jul-2024 12:54 PM
Sample Tested In	: Serum	Reported On	: 31-Jul-2024 03:13 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Thyroid Profile-I(TFT)				
T3 (Triiodothyronine)	85.39	ng/dL	40-181	CLIA
T4 (Thyroxine)	13.1	µg/dL	3.2-12.6	CLIA
TSH -Thyroid Stimulating Hormone	2.80	µIU/mL	0.35-5.5	CLIA

Pregnancy & Cord Blood

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:

- 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.



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

REPORT

Name	: Mrs. VRINDA	Sample ID	: A0590337
Age/Gender	: 59 Years/Female	Reg. No	: 0312407310018
Referred by	: Dr. MEERA RAMAKRISHNAN	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 31-Jul-2024 11:20 AM
Primary Sample	:	Received On	: 31-Jul-2024 12:54 PM
Sample Tested In	: Urine	Reported On	: 31-Jul-2024 01:17 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL PATHOLOGY

Test Name	Results	Units	Ref. Range	Method
Complete Urine Analysis (CUE)				
Physical Examination				
Colour	Pale Yellow		Straw to light amber	
Appearance	HAZY		Clear	
Chemical Examination				
Glucose	(++)		Negative	Strip Reflectance
Protein	(+)		Negative	Strip Reflectance
Bilirubin (Bile)	Negative		Negative	Strip Reflectance
Urobilinogen	Negative		Negative	Ehrlichs reagent
Ketone Bodies	Negative		Negative	Strip Reflectance
Specific Gravity	1.025		1.000 - 1.030	Strip Reflectance
Blood	Negative		Negative	Strip Reflectance
Reaction (pH)	6.0		5.0 - 8.5	Reagent Strip Reflectance
Nitrites	Negative		Negative	Strip Reflectance
Leukocyte esterase	Negative		Negative	Reagent Strip Reflectance
Microscopic Examination (Microscopy)				
PUS(WBC) Cells	03-04	/hpf	00-05	Microscopy
R.B.C.	Nil	/hpf	Nil	Microscopic
Epithelial Cells	02-03	/hpf	00-05	Microscopic
Casts	Absent		Absent	Microscopic
Crystals	Absent		Absent	Microscopic
Bacteria	Nil		Nil	
Budding Yeast Cells	Nil		Absent	Microscopy

Comments :Urine analysis is one of the most useful laboratory tests as it identifies a wide range of medical conditions including renal damage, urinary tract infections,diabetes, hypertension and drug toxicity.

Correlate Clinically.

Result rechecked and verified for abnormal cases
Laboratory is NABL Accredited

*** End Of Report ***



Swannabala - M
DR.SWARNA BALA
MD PATHOLOGY