

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)

	REPUR		
Name	: Mrs. B S LAKSHMI	Sample ID	: A0933962, A0933838
Age/Gender	: 73 Years/Female	Reg. No	: 0312409050016
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-Sep-2024 08:18 AM
Primary Sample	: Whole Blood	Received On	: 05-Sep-2024 12:43 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP)	Reported On	: 05-Sep-2024 01:47 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

OSE INFOSYSTEMS PVT. L

CLINICAL BIOCHEMISTRY						
GLUCOSE POST PRANDIAL (PP)						
Test Name		Results	Units	ſ	Ref. Range	Method
Glucose Fasting (F)		72	mg/dL		70-100	Hexokinase
Interpretation of	Plasma Glucose based on ADA guidelines	2018				
Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma Glucose(mg	g/dL)	HbA1c(%)	RBS(mg/dL)	
Prediabetes	100-125	140-199		5.7-6.4	NA	
Diabetes	> = 126	> = 200		> = 6.5	>=200(with symptoms)	
Reference: Dia	betes care 2018:41(suppl.1):S13-S2	7				
Glucose Post Prandial (PP) 86 mg/dL 70-140 Hexokinase (HK)			Hexokinase (HK)			
Interpretation of	Plasma Glucose based on ADA guidelines	s 2018				
Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma Glucose(mg/c	dL)	HbA1c(%)	RBS(mg/dL)	
Prediabetes	100-125	140-199		5.7-6.4	NA	
Diabetes	> = 126	> = 200		> = 6.5	>=200(with symptoms)	
Excellence in Health Care						
Reference: Diabetes care 2018:41(suppl.1):S13-S27						
•	dial glucose level is a screening test for Di					
 If glucos 	e level is >140 mg/dL and <200 mg/dL, the	n GTT (glucose tolerance test) is	s advised.			

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If glucose level is >140 mg/dL and <200 mg/dL, then G 1 1 (glucose
 If level after 2 hours = >200 mg/dL diabetes mellitus is confirmed.

• Advise HbA1c for further evaluation.

*** End Of Report ***

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VAISHNAVI



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REPORT -

		REPUR	<i< th=""><th></th></i<>	
	Name	: Mrs. B S LAKSHMI	Sample ID	: A0933960
	Age/Gender	: 73 Years/Female	Reg. No	: 0312409050016
	Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
	Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-Sep-2024 08:18 A
	Primary Sample	: Whole Blood	Received On	: 05-Sep-2024 12:43 F
	Sample Tested In	: Serum	Reported On	: 05-Sep-2024 01:47 F
	Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report
1				

CLINICAL BIOCHEMISTRY					
Test Name	Results	Units	Ref. Range	Method	
Thyroid Profile-I(TFT)					
T3 (Triiodothyronine)	114.54	ng/dL	40-181	CLIA	
T4 (Thyroxine)	7.3	µg/dL	3.2-12.6	CLIA	
TSH -Thyroid Stimulating Hormone	4.20	µIU/mL	0.35-5.5	CLIA	

Pregnancy	& Core	d 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.

Correlate Clinically.

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*** End Of Report ***



