

**REPORT**

Name	: Mrs. RASHIDA	Sample ID	: A0934297, A0934298
Age/Gender	: 48 Years/Female	Reg. No	: 0312409140002
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 14-Sep-2024 08:48 AM
Primary Sample	: Whole Blood	Received On	: 14-Sep-2024 02:20 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP)	Reported On	: 14-Sep-2024 05:40 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

**GLUCOSE POST PRANDIAL (PP)**

Test Name	Results	Units	Ref. Range	Method
-----------	---------	-------	------------	--------

<b>Glucose Fasting (F)</b>	<b>113</b>	<b>mg/dL</b>	<b>70-100</b>	<b>Hexokinase</b>
----------------------------	------------	--------------	---------------	-------------------

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

<b>Glucose Post Prandial (PP)</b>	<b>146</b>	<b>mg/dL</b>	<b>70-140</b>	<b>Hexokinase (HK)</b>
-----------------------------------	------------	--------------	---------------	------------------------

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.

Result rechecked and verified for abnormal cases

\*\*\* End Of Report \*\*\*

Laboratory is NABL Accredited



*Dr. Vaishnavi*  
**DR.VAISHNAVI  
MD BIOCHEMISTRY**

**REPORT**

Name	: Mrs. RASHIDA	Sample ID	: A0934296
Age/Gender	: 48 Years/Female	Reg. No	: 0312409140002
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 14-Sep-2024 08:48 AM
Primary Sample	: Whole Blood	Received On	: 14-Sep-2024 02:20 PM
Sample Tested In	: Serum	Reported On	: 14-Sep-2024 05:40 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Lipid Profile</b>				
Cholesterol Total	147.8	mg/dL	< 200	CHOD-POD
Triglycerides-TGL	106.3	mg/dL	< 150	GPO-POD
Cholesterol-HDL	42	mg/dL	40-60	Direct
Cholesterol-LDL	84.54	mg/dL	< 100	Calculated
Cholesterol- VLDL	21.26	mg/dL	7-35	Calculated
Non HDL Cholesterol	105.8	mg/dL	< 130	Calculated
Cholesterol Total /HDL Ratio	3.52	%	0-4.0	Calculated
HDL / LDL Ratio	0.50			
LDL/HDL Ratio	2.01	%	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

\*\*\* End Of Report \*\*\*

Laboratory is NABL Accredited



*Dr. Vaishnavi*  
DR. VAISHNAVI  
MD BIOCHEMISTRY

**REPORT**

Name	: Mrs. RASHIDA	Sample ID	: A0934296
Age/Gender	: 48 Years/Female	Reg. No	: 0312409140002
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 14-Sep-2024 08:48 AM
Primary Sample	: Whole Blood	Received On	: 14-Sep-2024 02:20 PM
Sample Tested In	: Serum	Reported On	: 14-Sep-2024 05:40 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Thyroid Profile-I(TFT)</b>				
<b>T3 (Triiodothyronine)</b>	114.36	ng/dL	70-204	CLIA
<b>T4 (Thyroxine)</b>	9.5	µg/dL	3.2-12.6	CLIA
<b>TSH -Thyroid Stimulating Hormone</b>	4.28	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.

Correlate Clinically.

Laboratory is NABL Accredited

\*\*\* End Of Report \*\*\*



*Dr. Vaishnavi*  
**DR. VAISHNAVI**  
**MD BIOCHEMISTRY**