

LABORATORY TEST REPORT

Name	: Mr. P VENKATESHWAR RAO		
Sample ID	: A0934638, A0451495, A0934636		
Age/Gender	: 69 Years/Male	Reg. No	: 0312409260006
Referred by	: Dr. P V RAO	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Sep-2024 08:46 AM
Primary Sample	: Whole Blood	Received On	: 26-Sep-2024 12:46 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP),	Reported On	: 26-Sep-2024 02:45 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
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Glucose Fasting (F) **131** mg/dL 70-100
 (Method: Hexokinase)

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) **275** mg/dL 70-140
 (Method: 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.

Sodium **131** mmol/L 135-150
 (Method: ISE Direct)

Interpretation:

This test measures the level of sodium in blood. Sodium is an electrolyte present in all body fluids and is vital to normal body function. It works to regulate the amount of water in the body, and to control blood pressure by keeping the right amount of water available (in some people, too much sodium from salt in the diet can contribute to high blood pressure). Your body tries to keep your blood sodium within a very small concentration range; it does so by:

- producing hormones that can increase (such as natriuretic peptides) or decrease (such as aldosterone) sodium losses in urine
- producing a hormone that prevents water losses (antidiuretic hormone [ADH], sometimes called vasopressin)
- controlling thirst (even a 1 per cent increase in blood sodium will make you thirsty and cause you to drink water, returning your sodium level towards normal.)

Abnormal blood sodium is usually due to some problem with one of these systems. When the level of sodium in the blood changes, the water content in your body changes. These changes can be associated with dehydration (too little fluid) or oedema (too much fluid, often resulting in swelling in the legs).

*** End Of Report ***



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DR. VAISHNAVI
MD BIOCHEMISTRY