

LABORATORY TEST REPORT

Name	: Mrs. ARUNA V		
Sample ID	: A0934310		
Age/Gender	: 66 Years/Female	Reg. No	: 0312410050005
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-Oct-2024 09:42 AM
Primary Sample	:	Received On	: 05-Oct-2024 12:51 PM
Sample Tested In	: Urine	Reported On	: 05-Oct-2024 03:48 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



CLINICAL BIOCHEMISTRY

GLUCOSE FASTING

Test Name	Results	Units	Biological Reference Interval
Fasting Urine Glucose <small>(Method: Automated Strip Test)</small>	Negative		Negative



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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-Oct-2024 09:42 AM
Primary Sample	:	Received On	: 05-Oct-2024 12:51 PM
Sample Tested In	: Urine	Reported On	: 07-Oct-2024 11:25 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


MICROBIOLOGY
Culture and Sensitivity, Urine

Organism isolated *Proteus mirabilis*
 Colony Count >10⁵

Antibiogram	
Antibiotics	Interpretation
Amikacin	Sensitive
Amoxyclav	Resistant
Cefixime	Resistant
Ceftazidime	Resistant
Cefuroxime	Resistant
Ciprofloxacin	Sensitive
Gentamicin	Sensitive
Imipenem	Sensitive
Nitrofurantoin	Sensitive
Norfloxacin	Sensitive
Ofloxacin	Sensitive
Trimethoprim-sulfamethoxazole	Resistant
Piperacillin/tazobactam	Sensitive
Meropenem	Sensitive
Levofloxacin	Sensitive
Cefoperazone	Sensitive
Cefepime	Sensitive
Ceftriaxone	Sensitive

Please co-relate clinically.

ABST As per CLSI Guidelines.

Method : Aerobic Culture ABST; Disc Diffusion Method



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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-Oct-2024 09:42 AM
Primary Sample	:	Received On	: 05-Oct-2024 12:51 PM
Sample Tested In	: Urine	Reported On	: 05-Oct-2024 02:28 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


CLINICAL PATHOLOGY

Test Name	Results	Units	Biological Reference Interval
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Complete Urine Analysis (CUE)
Physical Examination

Colour	Pale Yellow	Straw to light amber
Appearance	Clear	Clear

Chemical Examination

Glucose <small>(Method: Strip Reflectance)</small>	Negative	Negative
Protein <small>(Method: Strip Reflectance)</small>	Absent	Negative
Bilirubin (Bile) <small>(Method: Strip Reflectance)</small>	Negative	Negative
Urobilinogen <small>(Method: Ehrlichs reagent)</small>	Negative	Negative
Ketone Bodies <small>(Method: Strip Reflectance)</small>	Negative	Negative
Specific Gravity <small>(Method: Strip Reflectance)</small>	1.030	1.000 - 1.030
Blood <small>(Method: Strip Reflectance)</small>	Negative	Negative
Reaction (pH) <small>(Method: Reagent Strip Reflectance)</small>	5.5	5.0 - 8.5
Nitrites <small>(Method: Strip Reflectance)</small>	Negative	Negative
Leukocyte esterase <small>(Method: Reagent Strip Reflectance)</small>	Negative	Negative

Microscopic Examination (Microscopy)

PUS(WBC) Cells <small>(Method: Microscopy)</small>	02-04	/hpf	00-05
R.B.C. <small>(Method: Microscopic)</small>	Nil	/hpf	Nil
Epithelial Cells <small>(Method: Microscopic)</small>	01-02	/hpf	00-05
Casts <small>(Method: Microscopic)</small>	Absent		Absent
Crystals <small>(Method: Microscopic)</small>	Absent		Absent
Bacteria	Nil		Nil
Budding Yeast Cells <small>(Method: Microscopy)</small>	Nil		Absent

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.



LABORATORY TEST REPORT

Name	: Mrs. ARUNA V		
Sample ID	: A0787486, A0787485		
Age/Gender	: 66 Years/Female	Reg. No	: 0312410050005
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-Oct-2024 09:42 AM
Primary Sample	: Whole Blood	Received On	: 05-Oct-2024 12:51 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP)	Reported On	: 05-Oct-2024 02:02 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



CLINICAL BIOCHEMISTRY

GLUCOSE POST PRANDIAL (PP)

Test Name	Results	Units	Biological Reference Interval
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Glucose Fasting (F) **103** mg/dL 70-100
(Method: Hexokinase)

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma 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) **113** mg/dL 70-140
(Method: Hexokinase (HK))

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma 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.

*** End Of Report ***



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LABORATORY TEST REPORT

Name	: Mrs. ARUNA V		
Sample ID	: A0787483		
Age/Gender	: 66 Years/Female	Reg. No	: 0312410050005
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-Oct-2024 09:42 AM
Primary Sample	: Whole Blood	Received On	: 05-Oct-2024 12:51 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 05-Oct-2024 02:42 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Glycated Hemoglobin (HbA1c) <small>(Method: HPLC)</small>	6.7	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5
Mean Plasma Glucose <small>(Method: Calculated)</small>	145.59	mg/dL	

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		14%
386		13%
350		12%
314		11%
279		10%
243		9%
208		8%
172	POOR	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.

*** End Of Report ***



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Primary Sample	: Whole Blood	Received On	: 05-Oct-2024 12:53 PM
Sample Tested In	: Serum	Reported On	: 05-Oct-2024 02:02 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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Thyroid Profile-I(TFT)

 T3 (Triiodothyronine) <small>(Method: CLIA)</small>	132.65	ng/dL	40-181
 T4 (Thyroxine) <small>(Method: CLIA)</small>	9.0	µg/dL	3.2-12.6
 TSH -Thyroid Stimulating Hormone <small>(Method: CLIA)</small>	2.48	µIU/mL	0.35-5.5

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.

*** End Of Report ***



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