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)

LABORATORY TEST REPORT

Name	: Mrs. AKSHATA		
Sample ID	: A0787510		
Age/Gender	: 33 Years/Female	Reg. No	: 0312410080029
Referred by	: Dr. G.BALA RAJU. M.D.(GENERAL MEDICINE))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Oct-2024 10:03 AM
Primary Sample	:	Received On	: 08-Oct-2024 03:23 PM
Sample Tested In	: Urine	Reported On	: 08-Oct-2024 04:50 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Fasting Urine Glucose *(Method: Automated Strip Test)*	(+)		Negative
Microalbumin-Random Urine *(Method: Immunoturbidimetry)*	7.26	mg/L	Upto 30.0

Interpretation:

- This test looks for a protein called albumin in a urine sample.
- People with diabetes have an increased risk of kidney damage. The "filters" in the kidneys, called nephrons, slowly thicken and become scarred over time. The nephrons begin to leak protein into the urine. This kidney damage can also happen years before any diabetes symptoms begin. In the early stages of kidney problems, blood tests that measure kidney function are usually normal.
- If you have diabetes, you should have this test each year. The test checks for signs of early kidney problems.
- If this test shows that you are starting to have a kidney problem, you can get treatment before the problem gets worse. People with severe kidney damage may need dialysis. They may eventually need a new kidney (kidney transplant).

DR.VAISHNAVI
MD BIOCHEMISTRY

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Excellence In Health Care

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

LABORATORY TEST REPORT

Name	: Mrs. AKSHATA		
Sample ID	: A0787548, A0787550		
Age/Gender	: 33 Years/Female	Reg. No	: 0312410080029
Referred by	: Dr. G.BALA RAJU. M.D.(GENERAL MEDICINE))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Oct-2024 10:03 AM
Primary Sample	: Whole Blood	Received On	: 08-Oct-2024 03:34 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP)	Reported On	: 08-Oct-2024 04:47 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
Glucose Fasting (F) *(Method: Hexokinase)*	**131**	mg/dL	70-100

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) *(Method: Hexokinase (HK))*	**156**	mg/dL	70-140

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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ICMR Reg .No. SAPALAPVLHT (Covid -19)

LABORATORY TEST REPORT

Name	: Mrs. AKSHATA		
Sample ID	: A0787547		
Age/Gender	: 33 Years/Female	Reg. No	: 0312410080029
Referred by	: Dr. G.BALA RAJU. M.D.(GENERAL MEDICINE))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Oct-2024 10:03 AM
Primary Sample	: Whole Blood	Received On	: 08-Oct-2024 12:27 PM
Sample Tested In	: Serum	Reported On	: 08-Oct-2024 02:07 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Lipid Profile			
Cholesterol Total *(Method: CHOD-POD)*	**215**	mg/dL	< 200
Triglycerides-TGL *(Method: GPO-POD)*	146	mg/dL	< 150
Cholesterol-HDL *(Method: Direct)*	47	mg/dL	40-60
Cholesterol-LDL *(Method: Calculated)*	**138.8**	mg/dL	< 100
Cholesterol- VLDL *(Method: Calculated)*	29.2	mg/dL	7-35
Non HDL Cholesterol *(Method: Calculated)*	**168**	mg/dL	< 130
Cholesterol Total /HDL Ratio *(Method: Calculated)*	**4.57**	%	0-4.0
HDL / LDL Ratio	0.34		
LDL/HDL Ratio *(Method: Calculated)*	2.95	%	0-3.5

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

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