

STEMS PVT. LTD.

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 Sample ID	: Mr. VINAY : A0787556		
Age/Gender	: 47 Years/Male	Reg. No	: 0312410080036
Referred by	: Dr. SAIDAIAH	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Oct-2024 12:03 PM
Primary Sample	: Whole Blood	Received On	: 08-Oct-2024 03:34 PM
Sample Tested In	: Plasma-NaF(R)	Reported On	: 08-Oct-2024 04:47 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CUNICAL DIOCUEMICTOV

CLINICAL BIOCHEMISTRY							
	GLUCOSE RANDOM (RBS)						
Test Name		Results	Units	Biological Reference Interval		e Interval	
Glucose Ra	andom (RBS)	81	mg/dL	7	0-140		
Interpretation	of Plasma Glucose based on ADA gu	uidelines 2018				_	
	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			>=200(with symptoms)		

Reference: Diabetes care 2018:41(suppl.1):S13-S27

• The random blood glucose if it is above 200 mg/dL and the patient has increased thirst, polyuria, and polyphagia, suggests diabetes mellitus.

• As a rule, two-hour glucose samples will reach the fasting level or it will be in the normal range.

*** End Of Report ***











DOSE INFOSYSTEMS PVT. LTD.

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LABORATORY TEST REPORT

Name Sample ID	: Mr. VINAY : A0787553, A0787551		
Age/Gender	: 47 Years/Male	Reg. No	: 0312410080036
Referred by	: Dr. SAIDAIAH	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Oct-2024 12:03 PM
Primary Sample	: Whole Blood	Received On	: 08-Oct-2024 03:34 PM
Sample Tested In	: Whole Blood EDTA, Serum	Reported On	: 08-Oct-2024 05:14 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY				
Test Name	Results	Units	Biological Reference Interval	
Glycated Hemoglobin (HbA1c)	5.6	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5	
Mean Plasma Glucose (Netmod: Calculated)	114.02	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

Average Blood Glucose(eAG) (mg/dL)	Level of Control	Hemoglobin A1c (%)	HbA1c values of 5.0- 6.5 percent indicate good control or an increase risk for developing diabetes mellitus. HbA1c values greater than 6 percent are diagnostic of diabetes mellitus. Diagnosis should to confirmed by repeating the HbA1c test.
421		14%	commed by repeating the HDATC test.
386	_ A _	13%	
350	L	12%	
314	E E	11%	
279	R	10%	
243		9%	
208		8%	
172	POOR	7%	
136	GOOD	6%	
101	EXCELLENT	5%	







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est Name		Results	Units	Biological Reference Interval
ric Acid	<u>7.7</u>	mg/dL	3.5-7.2	
etation:				
high content of purines include liver, ancho	vies, mackerel, dried beans and r does not remove enough if it, y ion and monitoring of inflamma s of renal failure/disease (high nucleic acid turnover)	peas, and beer. Most uric a you can get sick. A high le tory arthritis pain, particul	acid dissolves in blood ar evel of uric acid in the blo larly in big toe (gout)	dy and are also found in some foods and drinks. Foods with d travels to the kidneys. From there, it passes out in urine. d is called hyperuricemia. This test checks to see how much
		Exce	lience	In Health Care







Page 3 of 4 DR.VAISHNAVI MD BIOCHEMISTRY



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CLINICAL BIOCHEMISTRY				
Test Name	Results	Units	Biological Reference Interval	
Thyroid Profile-I(TFT)				
	87.83	ng/dL	70-204	
	5.9	µg/dL	3.2-12.6	
TSH -Thyroid Stimulating Hormone	<u>37.30</u>	µIU/mL	0.35-5.5	

Pregnancy & Cord Blood

TDOSE INFOSYSTEMS PVT. LTD.

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 ***







