

LABORATORY TEST REPORT

| | | | |
|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Mr. AJAY KUMAR REDDY | | |
| Sample ID | : A1307737 | | |
| Age/Gender | : 56 Years/Male | Reg. No | : 0312412080026 |
| Referred by | : Dr. JOHANN CHRISTOPHER | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 08-Dec-2024 11:43 AM |
| Primary Sample | : | Received On | : 08-Dec-2024 01:49 PM |
| Sample Tested In | : Urine | Reported On | : 08-Dec-2024 04:51 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 |



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MD BIOCHEMISTRY

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| Name | : Mr. AJAY KUMAR REDDY | | |
| Sample ID | : A1307737 | | |
| Age/Gender | : 56 Years/Male | Reg. No | : 0312412080026 |
| Referred by | : Dr. JOHANN CHRISTOPHER | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 08-Dec-2024 11:43 AM |
| Primary Sample | : | Received On | : 08-Dec-2024 01:49 PM |
| Sample Tested In | : Urine | Reported On | : 08-Dec-2024 03:33 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |


CLINICAL PATHOLOGY

| Test Name | Results | Units | Biological Reference Interval |
|-----------|---------|-------|-------------------------------|
|-----------|---------|-------|-------------------------------|

Complete Urine Analysis (CUE)
Physical Examination

| | | |
|------------|-------------|----------------------|
| Colour | Pale Yellow | Straw to light amber |
| Appearance | HAZY | Clear |

Chemical Examination

| | | |
|--|----------|---------------|
| Glucose <small>(Method: Strip Reflectance)</small> | (+) | Negative |
| Protein <small>(Method: Strip Reflectance)</small> | Negative | 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> | 1.025 | 1.000 - 1.030 |
| Blood <small>(Method: Strip Reflectance)</small> | Negative | Negative |
| Reaction (pH) <small>(Method: Reagent Strip Reflectance)</small> | 6.0 | 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> | 03-04 | /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.


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 Swarnabala - M
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LABORATORY TEST REPORT

| | | | |
|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Mr. AJAY KUMAR REDDY | | |
| Sample ID | : A1308082, A1308088, A1308080 | | |
| Age/Gender | : 56 Years/Male | Reg. No | : 0312412080026 |
| Referred by | : Dr. JOHANN CHRISTOPHER | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 08-Dec-2024 11:43 AM |
| Primary Sample | : Whole Blood | Received On | : 08-Dec-2024 01:31 PM |
| Sample Tested In | : Plasma-NaF(F), Plasma-NaF(PP), | Reported On | : 08-Dec-2024 03:31 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |


CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Biological Reference Interval |
|-----------|---------|-------|-------------------------------|
|-----------|---------|-------|-------------------------------|

Glucose Fasting (F) 71 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) 92 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.

 Creatinine 1.02 mg/dL 0.70-1.30
 (Method: Jaffes Kinetic)

Interpretation:

- This test is done to see how well your kidneys are working.Creatinine is a chemical waste product of creatine. Creatine is a chemical made by the body and is used to supply energy mainly to muscles.
- **A higher than normal level may be due to:**
- Renal diseases and insufficiency with decreased glomerular filtration, urinary tract obstruction, reduced renal blood flow including congestive heart failure, shock, and dehydration; rhabdomyolysis can cause elevated serum creatinine.
- **A lower than normal level may be due to:**
- Small stature, debilitation, decreased muscle mass; some complex cases of severe hepatic disease can cause low serum creatinine levels. In advanced liver disease, low creatinine may result from decreased hepatic production of creatinine and inadequate dietary protein as well as reduced muscle mass.

*** End Of Report ***



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LABORATORY TEST REPORT

| | | | |
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| Name | : Mr. AJAY KUMAR REDDY | | |
| Sample ID | : A1308079 | | |
| Age/Gender | : 56 Years/Male | Reg. No | : 0312412080026 |
| Referred by | : Dr. JOHANN CHRISTOPHER | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 08-Dec-2024 11:43 AM |
| Primary Sample | : Whole Blood | Received On | : 08-Dec-2024 01:31 PM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 08-Dec-2024 02:12 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> | 8.5 | % | Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5 |
| Mean Plasma Glucose <small>(Method: Calculated)</small> | 197.25 | 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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LABORATORY TEST REPORT



| | | | |
|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Mr. AJAY KUMAR REDDY | | |
| Sample ID | : A1308080 | | |
| Age/Gender | : 56 Years/Male | Reg. No | : 0312412080026 |
| Referred by | : Dr. JOHANN CHRISTOPHER | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 08-Dec-2024 11:43 AM |
| Primary Sample | : Whole Blood | Received On | : 08-Dec-2024 01:31 PM |
| Sample Tested In | : Serum | Reported On | : 08-Dec-2024 02:58 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |



CLINICAL BIOCHEMISTRY

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|-----------|---------|-------|-------------------------------|
|-----------|---------|-------|-------------------------------|

Thyroid Profile-I(TFT)

| | | | |
|---|--------|--------|----------|
|  T3 (Triiodothyronine) (Method: CLIA) | 104.62 | ng/dL | 40-181 |
|  T4 (Thyroxine) (Method: CLIA) | 7.1 | µg/dL | 3.2-12.6 |
|  TSH -Thyroid Stimulating Hormone (Method: CLIA) | 3.98 | 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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