

**LABORATORY TEST REPORT**

Name	: Mr. MADHUSUDAN SANGEM		
Sample ID	: A1307999, A1308000, A1307998		
Age/Gender	: 71 Years/Male	Reg. No	: 0312412100004
Referred by	: Dr. G.BALA RAJU. M.D.(GENERAL MEDICINE))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Dec-2024 08:26 AM
Primary Sample	: Whole Blood	Received On	: 10-Dec-2024 12:37 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP),	Reported On	: 10-Dec-2024 02:27 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) 97 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) 105 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.



*Dr. Vaishnavi*  
**DR. VAISHNAVI**  
**MD BIOCHEMISTRY**

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**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Biological Reference Interval
TSH -Thyroid Stimulating Hormone <small>(Method: CLIA)</small>	<b>0.10</b>	μIU/mL	0.35-5.5

**Pregnancy & Cord Blood**

TSH (Thyroid Stimulating Hormone (μIU/mL))	
First Trimester	: 0.24-2.99
Second Trimester	: 0.46-2.95
Third Trimester	: 0.43-2.78
Cord Blood	: 2.3-13.2

- TSH is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production.
- 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
- TRH stimulation differentiates secondary and tertiary hypothyroidism by observing the change in patient TSH levels. Typically, the TSH response to TRH stimulation is absent in cases of secondary hypothyroidism, and normal to exaggerated in tertiary hypothyroidism
- Historically, TRH stimulation has been used to confirm primary hyperthyroidism, indicated by elevated T3 and T4 levels and low or undetectable TSH levels. TSH assays with increased sensitivity and specificity provide a primary diagnostic tool to differentiate hyperthyroid from euthyroid patients.

\*\*\* End Of Report \*\*\*



*Dr. Vaishnavi*  
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