

**LABORATORY TEST REPORT**

Name	: Mr. MADHUSUDAN REDDY		
Sample ID	: A1308758, A1308760		
Age/Gender	: 30 Years/Male	Reg. No	: 0312412270043
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 27-Dec-2024 08:02 PM
Primary Sample	: Whole Blood	Received On	: 27-Dec-2024 10:56 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 27-Dec-2024 11:35 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 Random (RBS) 95 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

- 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.

TSH -Thyroid Stimulating Hormone 2.53 µIU/mL 0.35-5.5  
 (Method: CLIA)

**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  
 MD BIOCHEMISTRY

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 27-Dec-2024 08:02 PM
Primary Sample	: Whole Blood	Received On	: 27-Dec-2024 10:55 PM
Sample Tested In	: Serum	Reported On	: 28-Dec-2024 12:10 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



**IMMUNOLOGY & SEROLOGY**

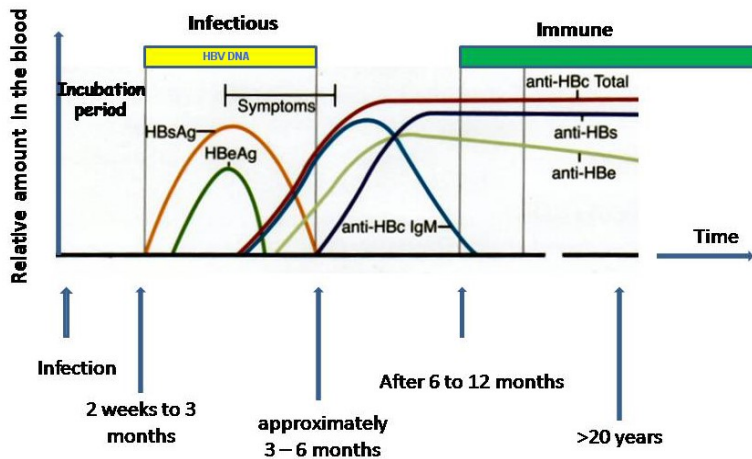
Test Name	Results	Units	Biological Reference Interval
Hepatitis B Surface Antigen (HBsAg) (Method: ELISA)	0.33	S/Co	<1.00 :Negative >1.00 :Positive

**Interpretation:**

- Negative result implies that antibodies to HBsAg have not been detected in the sample. This means the patient has either not been exposed to HBsAg infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HBsAg.
- Positive result implies that antibodies to HBsAg have been detected in the sample.

Hepatitis B Virus ( HBV ) is a member of the Hepadna virus family causing infections of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2% normal adolescents and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than six months indicates development of carrier state or Chronic liver disease.

**HBV antigens and antibodies in the blood**



**Note:**

1. All Reactive results are tested additionally by Specific antibody Neutralization assay . For further confirmation Molecular assays are recommended For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers for Acute or Chronic infection

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



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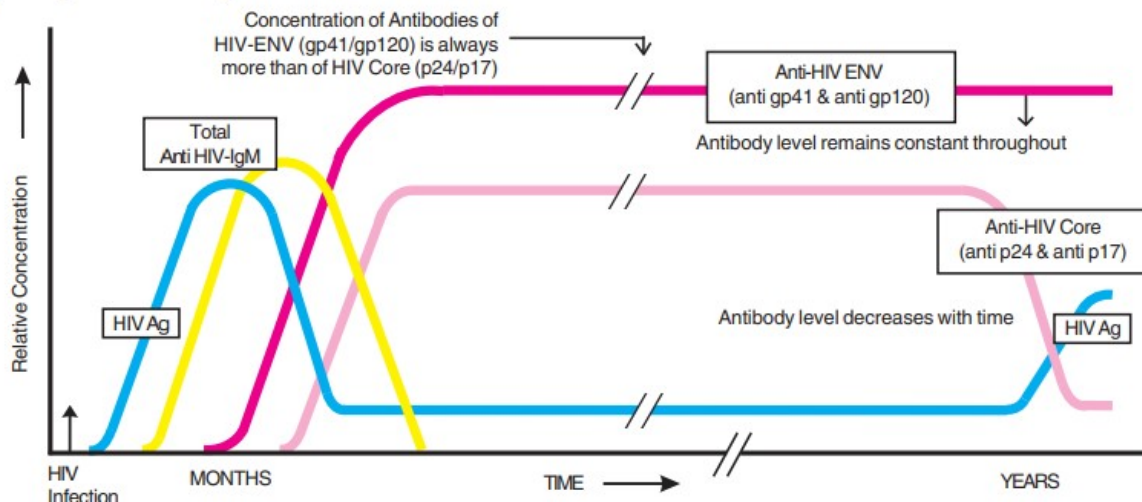


**IMMUNOLOGY & SEROLOGY**

Test Name	Results	Units	Biological Reference Interval
HIV (1& 2) Antibody (Method: ELISA)	0.24	S/Co	< 1.00 : Negative > 1.00 : Positive

**Interpretation**

- Non Reactive result implies that antibodies to HIV 1 / 2 have not been detected in the sample. This means the patient has either not been exposed to HIV 1 / 2 infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non Reactive result does not exclude the possibility of exposure or infection with HIV 1 / 2.
- Pre and Post test counseling to be done by the concerned referring doctor. The sensitivity and specificity of this test has been determined by National HIV Reference Centers of Govt. of India and WHO collaborating Centers, using various other test panels. "
- Reactive samples by ELISA Method are confirmed by 2 other supplemental tests for confirm of HIV infection as per NACO guidelines.
- All patients' reports indeterminate should be repeated with a second sample taken 14-28 days. In case the serological results continue to be indeterminate the sample should be subject to western blot for confirmation.



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



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**DR. RUTURAJ MANIKLAL KOLHAPURE**  
MD, MICROBIOLOGIST