

**LABORATORY TEST REPORT**

Name	: Mrs. ROSELIN	Reg. No	: 0312501210021
Sample ID	: A1309431, A1309432	SPP Code	: SPL-CV-172
Age/Gender	: 75 Years/Female	Collected On	: 21-Jan-2025 09:14 AM
Referred by	: Dr. SELF	Received On	: 21-Jan-2025 01:35 PM
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Reported On	: 21-Jan-2025 02:56 PM
Primary Sample	: Whole Blood	Report Status	: Final Report
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP)		
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka		


**CLINICAL BIOCHEMISTRY**
**GLUCOSE POST PRANDIAL (PP)**

Test Name	Results	Units	Biological Reference Interval
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Glucose Fasting (F)	<b>131</b>	mg/dL	70-100
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(Method: Hexokinase)

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)	<b>150</b>	mg/dL	70-140
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(Method: Hexokinase (HK))

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 \*\*\*



  
**DR. VAISHNAVI**  
**MD BIOCHEMISTRY**

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**LABORATORY TEST REPORT**

Name	: Mrs. ROSELIN		
Sample ID	: A1309429		
Age/Gender	: 75 Years/Female	Reg. No	: 0312501210021
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 21-Jan-2025 09: 14 AM
Primary Sample	: Whole Blood	Received On	: 21-Jan-2025 01: 41 PM
Sample Tested In	: Serum	Reported On	: 21-Jan-2025 03: 23 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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**Thyroid Profile-I(TFT)**

 <b>T3 (Triiodothyronine)</b> <small>(Method: CLIA)</small>	113.42	ng/dL	40-181
 <b>T4 (Thyroxine)</b> <small>(Method: CLIA)</small>	10.9	µg/dL	3.2-12.6
 <b>TSH -Thyroid Stimulating Hormone</b> <small>(Method: CLIA)</small>	3.56	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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