SagePath®
Excellence In Health Care

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 | : Mr. SATHYA NARAYANA | | |
| Sample ID | : A1309627 | | |
| Age/Gender | : 68 Years/Male | Reg. No | : 0312501310007 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 31-Jan-2025 08:38 AM |
| Primary Sample | : Whole Blood | Received On | : 31-Jan-2025 12:54 PM |
| Sample Tested In | : Plasma-NaF(F) | Reported On | : 31-Jan-2025 02:13 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

## CLINICAL BIOCHEMISTRY

### GLUCOSE FASTING

| Test Name | Results | Units | Biological Reference Interval |
|---|---|---|---|
| Glucose Fasting (F) *(Method: Hexokinase)* | **134** | mg/dL | 70-100 |

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

*** End Of Report ***

MC 3633

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MD BIOCHEMISTRY

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## LABORATORY TEST REPORT

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|---|---|---|---|
| Name | : Mr. SATHYA NARAYANA | | |
| Sample ID | : A1309723 | | |
| Age/Gender | : 68 Years/Male | Reg. No | : 0312501310007 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 31-Jan-2025 08:38 AM |
| Primary Sample | : Whole Blood | Received On | : 31-Jan-2025 12:54 PM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 31-Jan-2025 02:09 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

## CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Biological Reference Interval |
|---|---|---|---|
| Glycated Hemoglobin (HbA1c) *(Method: HPLC)* | **7.3** | % | Non Diabetic:< 5.7<br>Pre diabetic: 5.7-6.4<br>Diabetic:>= 6.5 |
| Mean Plasma Glucose *(Method: Calculated)* | 162.81 | 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 | ALERT | 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. SATHYA NARAYANA | | |
| Sample ID | : A1309628 | | |
| Age/Gender | : 68 Years/Male | Reg. No | : 0312501310007 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 31-Jan-2025 08:38 AM |
| Primary Sample | : Whole Blood | Received On | : 31-Jan-2025 12:54 PM |
| Sample Tested In | : Serum | Reported On | : 31-Jan-2025 03:49 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

## CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Biological Reference Interval |
|---|---|---|---|
| **Thyroid Profile-I(TFT)** | | | |
| T3 (Triiodothyronine) *(Method: CLIA)* | 112.8 | ng/dL | 40-181 |
| T4 (Thyroxine) *(Method: CLIA)* | 9.1 | µg/dL | 3.2-12.6 |
| TSH -Thyroid Stimulating Hormone *(Method: CLIA)* | 0.82 | 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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