

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	: Mrs. SRUTHI		
Sample ID	: A1840645		
Age/Gender	: 35 Years/Female	Reg. No	: 0312502080010
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Feb-2025 11:40 AM
Primary Sample	: Whole Blood	Received On	: 08-Feb-2025 12:51 PM
Sample Tested In	: Plasma-NaF(F)	Reported On	: 08-Feb-2025 02:19 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY							
GLUCOSE FASTING							
Test Name	Test Name Results Units Biological Reference Interval						
Glucose Fa (Method: Hexokinase)	<u>101</u>	mg/d	L	70-100			
Interpretation of I	lasma Glucose based on ADA guidelines 2	018					
Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma Glucose(n	ng/dL)	HbA1c(%)	RBS(mg/dL)		
Prediabetes	100-125	140-199		5.7-6.4	NA]	
Diabetes	> = 126	> = 200		> = 6.5	>=200(with symptoms)		
		·			-16		

Reference: Diabetes care 2018:41(suppl.1):S13-S27

*** End Of Report ***

Excellence In Health Care





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REPORT LABORATORY TEST

Name	: Mrs. SRUTHI		
Sample ID	: A1840644, A1840643		
Age/Gender	: 35 Years/Female	Reg. No	: 0312502080010
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Feb-2025 11:40 AM
Primary Sample	: Whole Blood	Received On	: 08-Feb-2025 12:56 PM
Sample Tested In	: Whole Blood EDTA, Serum	Reported On	: 08-Feb-2025 03:42 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)	5.9	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5		
Mean Plasma Glucose	122.63	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

Average Blood Glucose(eAG) (mg/dL)	Level of Control	Hemoglobin A1c (%)	risk for developing diabetes mellitus. HbA1c values greater than percent are diagnostic of diabetes mellitus. Diagnosis should
421		14%	commed by repeating the HDATC test.
386	🖌 A 🚬	13%	
350	L	12%	
314	E	11%	
279	R	10%	
243		9%	
208		8%	
172	POOR	7%	
136	GOOD	6%	
101	EXCELLENT	5%	





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TDOSE INFOSYSTEMS PVT. LTD.

DR. LAVANYA LAGISETTY MD BIOCHEMISTRY



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Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY						
Test Name	Results	Units	Biological Reference Interval			
Iron Profile-I						
Iron(Fe) (Method: Ferrozine)	<u>32</u>	µg/dL	50-170			
Total Iron Binding Capacity (TIBC) (Method: Ferrozine)	<u>469</u>	µg/dL	250-450			
	327.97	mg/dL	250-380			
Iron Saturation((% Transferrin Saturation) (Method: Calculated)	<u>6.82</u>	%	15-50			
Unsaturated Iron Binding Capacity (UIBC) (Method: Colorimetric)	<u>437</u>	ug/dL	110-370			

Interpretation:

- Serum transferrin (and TIBC) high, serum iron low, saturation low. Usual causes of depleted iron stores include blood loss, inadequate dietary iron. RBCs in moderately severe iron
 deficiency are hypochromic and microcytic. Stainable marrow iron is absent.
- deficiency are hypochromic and microcytic. Stainable marrow iron is absent. Serum ferritin decrease is the earliest indicator of iron deficiency if inflammation is absent.
 Anemia of chronic disease: Serum transferrin (and TIBC) low to normal, serum iron low, saturation low or normal. Transferrin decreases with many inflammatory diseases. With chronic disease there is a block in movement to and utilization of iron by marrow. This leads to low serum iron and decreased erythropoiesis. Examples include acute and chronic infections, malignancy and renal failure.
- Sideroblastic Anemia: Serum transferrin (and TIBC) normal to low, serum iron normal to high, saturation high.
- Hemolytic Anemia: Serum transferrin (and TIBC) normal to low, serum iron high, saturation high.
- Hemochromatosis: Serum transferrin (and TIBC) slightly low, serum iron high, saturation very high.
- Protein depletion: Serum transferrin (and TIBC) may be low, serum iron normal or low (if patient also is iron deficient). This may occur as a result of malnutrition, liver disease, renal disease.
- Liver disease: Serum transferrin variable; with acute viral hepatitis, high along with serum iron and ferritin. With chronic liver disease (eg, cirrhosis), transferrin may be low. Patients who have cirrhosis and portacaval shunting have saturated TIBC/transferrin as well as high ferritin.





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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Feb-2025 11:40 AM
Primary Sample	: Whole Blood	Received On	: 08-Feb-2025 12:56 PM
Sample Tested In	: Serum	Reported On	: 08-Feb-2025 02:31 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)	113.8	ng/dL	70-204	
T4 (Thyroxine) (Method: CL(A)	8.2	µg/dL	3.2-12.6	
TSH -Thyroid Stimulating Hormone	3.18	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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R. LAVANYA LAGISETTY MD BIOCHEMISTRY