

LABORATORY TEST REPORT

Name	: Mrs. MADHU SREE		
Sample ID	: A1841461, A1841455, A1841506,		
Age/Gender	: 31 Years/Female	Reg. No	: 0312502240003
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 24-Feb-2025 08:43 AM
Primary Sample	: Whole Blood	Received On	: 24-Feb-2025 12:53 PM
Sample Tested In	: Serum, Plasma-NaF(F), Plasma-N	Reported On	: 24-Feb-2025 04:14 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


CLINICAL BIOCHEMISTRY
GLUCOSE TOLERANCE TEST (GTT): 3 SAMPLES

Test Name	Results	Units	Biological Reference Interval
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TSH -Thyroid Stimulating Hormone (Method: CLIA)	2.64	μIU/mL	0.35-5.5
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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.

Glucose Fasting(GTT) (Method: Hexokinase (HK))	90	mg/dL	Refer Interpretation
Glucose 1st hour sample (Method: Hexokinase (HK))	152	mg/dL	Reference Interpretation
Glucose 2nd hour sample (Method: Hexokinase (HK))	120	mg/dL	Refer Interpretation

GTT Reference range (75 g Glucose Load)

Pregnancy	Non Pregnant and Males
Fasting: < 92 mg/dL	Fasting: 60-100 mg/dL
1st hour sample : < 180 mg/dL	1st hour sample : < 200 mg/dL
2nd hour sample: < 153 mg/dL	2nd hour sample: < 140 mg/dL

Interpretation of Plasma Glucose based on ADA guidelines 2018

*** End Of Report ***


 DR. LAVANYA LAGISETTY
 MD BIOCHEMISTRY