

**LABORATORY TEST REPORT**

Name	: Mr. PRABHAKAR		
Sample ID	: A1841577, A1841606		
Age/Gender	: 50 Years/Male	Reg. No	: 0312503020008
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 02-Mar-2025 08:16 AM
Primary Sample	: Whole Blood	Received On	: 02-Mar-2025 02:11 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP)	Reported On	: 02-Mar-2025 03:24 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


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

Test Name	Results	Units	Biological Reference Interval
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Glucose Fasting (F) 96 mg/dL 70-100

(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) 98 mg/dL 70-140

(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. LAVANYA LAGISETTY  
MD BIOCHEMISTRY

**LABORATORY TEST REPORT**

Name	: Mr. PRABHAKAR		
Sample ID	: A1841593		
Age/Gender	: 50 Years/Male	Reg. No	: 0312503020008
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 02-Mar-2025 08:16 AM
Primary Sample	: Whole Blood	Received On	: 02-Mar-2025 02:22 PM
Sample Tested In	: Serum	Reported On	: 02-Mar-2025 03:43 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Biological Reference Interval
<b>Liver Function Test (LFT)</b>			
 <b>Bilirubin(Total)</b> (Method: Diazo)	<b>1.7</b>	mg/dL	0.1-1.2
 <b>Bilirubin (Direct)</b> (Method: Diazo)	<b>0.4</b>	mg/dL	0.0 - 0.3
 <b>Bilirubin (Indirect)</b> (Method: Calculated)	<b>1.3</b>	mg/dL	0.2-1.0
 <b>Aspartate Aminotransferase (AST/SGOT)</b> (Method: IFCC UV Assay)	<b>43</b>	U/L	15-37
 <b>Alanine Aminotransferase (ALT/SGPT)</b> (Method: IFCC with out (P-S-P))	<b>53</b>	U/L	0-55
 <b>Alkaline Phosphatase(ALP)</b> (Method: Kinetic PNPP-AMP)	<b>81</b>	U/L	30-120
 <b>Gamma Glutamyl Transpeptidase (GGTP)</b> (Method: IFCC)	<b>18</b>	U/L	15-85
 <b>Protein - Total</b> (Method: Biuret)	<b>7.2</b>	g/dL	6.4-8.2
 <b>Albumin</b> (Method: Bromocresol Green (BCG) )	<b>4.1</b>	g/dL	3.4-5.0
 <b>Globulin</b> (Method: Calculated)	<b>3.1</b>	g/dL	2.0-4.2
 <b>A:G Ratio</b> (Method: Calculated)	<b>1.32</b>	Ratio	0.8-2.0
 <b>SGOT/SGPT Ratio</b> (Method: Calculated )	<b>0.81</b>	Ratio	<1.0

**Alanine Aminotransferase(ALT)** is an enzyme found in liver and kidneys cells. ALT helps create energy for liver cells. Damaged liver cells release ALT into the bloodstream, which can elevate ALT levels in the blood.

**Aspartate Aminotransferase (AST)** is an enzyme in the liver and muscles that helps metabolizes amino acids. Similarly to ALT, elevated AST levels may be a sign of liver damage or liver disease.

**Alkaline phosphate (ALP)** is an enzyme present in the blood. ALP contributes to numerous vital bodily functions, such as supplying nutrients to the liver, promoting bone growth, and metabolizing fat in the intestines.

**Gamma-glutamyl Transpeptidase (GGTP)** is an enzyme that occurs primarily in the liver, but it is also present in the kidneys, pancreas, gallbladder, and spleen. Higher than normal concentrations of GGTP in the blood may indicate alcohol-related liver damage. Elevated GGTP levels can also increase the risk of developing certain types of cancer.

**Bilirubin** is a waste product that forms when the liver breaks down red blood cells. Bilirubin exits the body as bile in stool. High levels of bilirubin can cause jaundice - a condition in which the skin and whites of the eyes turn yellow- and may indicate liver damage.

**Albumin** is a protein that the liver produces. The liver releases albumin into the bloodstream, where it helps fight infections and transport vitamins, hormones, and enzymes throughout the body. Liver damage can cause abnormally low albumin levels.

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



  
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