

LABORATORY TEST REPORT

Name	: Mr. SRINIVASA MURTHY		
Sample ID	: B2675702, B2675704		
Age/Gender	: 75 Years/Male	Reg. No	: 0312504090004
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 09-Apr-2025 08:01 AM
Primary Sample	: Whole Blood	Received On	: 09-Apr-2025 01:13 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP)	Reported On	: 09-Apr-2025 02:34 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) 84 mg/dL 70-100
(Method: Hexokinase)

Interpretation of Plasma Glucose based on ADA guidelines 2024

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 2024 Jan (1:47 (suppl.1):S20- S42.

Glucose Post Prandial (PP) 89 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 2024 Jan (1:47 (suppl.1):S20- S42.

- 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 ***



Handwritten Signature
DR. LAVANYA LAGISETTY
MD BIOCHEMISTRY

LABORATORY TEST REPORT

Name	: Mr. SRINIVASA MURTHY		
Sample ID	: B2675699		
Age/Gender	: 75 Years/Male	Reg. No	: 0312504090004
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 09-Apr-2025 08:01 AM
Primary Sample	: Whole Blood	Received On	: 09-Apr-2025 01:13 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 09-Apr-2025 02:17 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Glycated Hemoglobin (HbA1c) <small>(Method: HPLC)</small>	6.5	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5
Mean Plasma Glucose <small>(Method: Calculated)</small>	139.85	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		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 ***



*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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
LABORATORY TEST REPORT

Name	: Mr. SRINIVASA MURTHY		
Sample ID	: B2675701		
Age/Gender	: 75 Years/Male	Reg. No	: 0312504090004
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 09-Apr-2025 08:01 AM
Primary Sample	: Whole Blood	Received On	: 09-Apr-2025 01:13 PM
Sample Tested In	: Serum	Reported On	: 09-Apr-2025 02:22 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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Lipid Profile

 Cholesterol Total (Method: CHOD-POD)	111.2	mg/dL	< 200
 Triglycerides-TGL (Method: GPO-POD)	135.0	mg/dL	< 150
 Cholesterol-HDL (Method: Direct)	42	mg/dL	40-60
 Cholesterol-LDL (Method: Calculated)	42.2	mg/dL	< 100
 Cholesterol- VLDL (Method: Calculated)	27	mg/dL	7-35
 Non HDL Cholesterol (Method: Calculated)	69.2	mg/dL	< 130
 Cholesterol Total /HDL Ratio (Method: Calculated)	2.65	Ratio	0-4.0
 LDL/HDL Ratio (Method: Calculated)	1	Ratio	0-3.5

The National Cholesterol Education program's third Adult Treatment Panel (ATPIII) has issued its recommendations on evaluating and treating lipid disorders for primary and secondary.

NCEP Recommendations	Cholesterol Total in (mg/dL)	Triglycerides in (mg/dL)	HDL Cholesterol (mg/dL)	LDL Cholesterol in (mg/dL)	Non HDL Cholesterol in (mg/dL)
Optimal	Adult: < 200 Children: < 170	< 150	40-59	Adult:<100 Children: <110	<130
Above Optimal	-----	-----		100-129	130 - 159
Borderline High	Adult: 200-239 Children:171-199	150-199		Adult: 130-159 Children: 111-129	160 - 189
High	Adult:>or=240 Children:>or=200	200-499	≥ 60	Adult:160-189 Children:>or=130	190 - 219
Very High	-----	>or=500		Adult: >or=190 -----	>=220

Note: LDL cholesterol cannot be calculated if triglyceride is >400 mg/dL (Friedewald's formula). Calculated values not provided for LDL and VLDL

*** End Of Report ***



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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
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Kidney Profile-KFT

 Creatinine (Method: Sarcosine Oxidase Method)	1.23	mg/dL	0.70-1.30
 Urea-Serum (Method: Urease-GLDH, UV Method)	37.4	mg/dL	17.1-49.2
 Blood Urea Nitrogen (BUN) (Method: Calculated)	17.5	mg/dL	8.0-23.0
BUN / Creatinine Ratio	14.23	Ratio	6 - 22
 Uric Acid (Method: Uricase)	8.38	mg/dL	3.5-7.2
 Sodium (Method: ISE Direct)	144	mmol/L	135-150
 Potassium (Method: ISE Direct)	4.2	mmol/L	3.5-5.0
 Chloride (Method: ISE Direct)	103	mmol/L	94-110

Interpretation:

- The kidneys, located in the retroperitoneal space in the abdomen, are vital for patient health. They process several hundred liters of fluid a day and remove around two liters of waste products from the bloodstream. The volume of fluid that passes through the kidneys each minute is closely linked to cardiac output. The kidneys maintain the body's balance of water and concentration of minerals such as sodium, potassium, and phosphorus in blood and remove waste by-products from the blood after digestion, muscle activity and exposure to chemicals or medications. They also produce renin which helps regulate blood pressure, produce erythropoietin which stimulates red blood cell production, and produce an active form of vitamin D, needed for bone health.

*** End Of Report ***



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