

**LABORATORY TEST REPORT**

Name	: Mrs. JAYASREE		
Sample ID	: B2623233		
Age/Gender	: 54 Years/Female	Reg. No	: 0312505050012
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-May-2025 08:13 AM
Primary Sample	: Whole Blood	Received On	: 05-May-2025 12:56 PM
Sample Tested In	: Plasma-NaF(R)	Reported On	: 05-May-2025 02:51 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


**CLINICAL BIOCHEMISTRY**
**GLUCOSE RANDOM (RBS)**

Test Name	Results	Units	Biological Reference Interval
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Glucose Random (RBS) 93 mg/dL 70-140

(Method: Hexokinase (HK))

Interpretation of Plasma Glucose based on ADA guidelines 2024

Diagnosis	Fasting Plasma Glucose(mg/dL)	2hrs Plasma 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.

- The random blood glucose if it is above 200 mg/dL and the patient has increased thirst, polyuria, and polyphagia, suggests diabetes mellitus.
- As a rule, two-hour glucose samples will reach the fasting level or it will be in the normal range.

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

Excellence In Health Care



\*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

DR. LAVANYA LAGISETTY  
MD BIOCHEMISTRY

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-May-2025 08:13 AM
Primary Sample	: Whole Blood	Received On	: 05-May-2025 12:56 PM
Sample Tested In	: Serum	Reported On	: 05-May-2025 02:28 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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**Thyroid Profile-I(TFT)**

 <b>T3 (Triiodothyronine)</b> <small>(Method: CLIA)</small>	115.36	ng/dL	40-181
 <b>T4 (Thyroxine)</b> <small>(Method: CLIA)</small>	9.8	µg/dL	3.2-12.6
 <b>TSH -Thyroid Stimulating Hormone</b> <small>(Method: CLIA)</small>	5.31	µIU/mL	0.35-5.5

**Pregnancy & Cord Blood**

<b>T3 (Triiodothyronine):</b>	<b>T4 (Thyroxine)</b>	<b>TSH (Thyroid Stimulating Hormone)</b>
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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