Apollo Medical Centre

(Promoters : Kurnool Hospital Enterprises Ltd.)

43-67/A,N.R. Peta, Kurnool - 518 004, Phone : (08518) 225888, 225889

Name	: SUJATHA	Bill Date :	13-Jan-2026 7:04 am
Age	: 48 Years	Sample No :	3,3A
Gender	: Female	Smpl.Time :	13-Jan-2026 07:10 AM
Bill No	: CR2169	Report Date :	13-Jan-2026 11:37 am
Ref.Dr.	: SELF	CR2169	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
HBA1C , GLYCATED HEMOGLOBIN	8.4 %	%	-	Turbilatex

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable
glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control.

Reference:	
Non Diabetic Level	< 5.7 %
Pre diabetic range	5.7 % to 6.4 %
Diabetic Range	> 6.5 %
Diabetic Level	
Excellent control	6 %- 7 %
Fair to good control	7 % -8 %
Poor control	8 % -10 %
Unsatisfactory control	> 10 %

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE FASTING & PP				
GLUCOSE, FASTING , NaF Plasma	**222**	mg/dl	70 - 100	GOD - POD
URINE SUGAR	NOT GIVEN		-	
			-	
GLUCOSE, POST PRANDIAL (PP), 2 HOURS NAF PLASMA	**255**	mg/dl	70 - 140	GOD - POD
URINE SUGAR	+ + (TWO PLUS)		-	

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach

Comment:

As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes

*** END OF REPORT ***

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Checked By : SAI

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KINDLY CORRELATE RESULTS WITH CLINICAL FINDINGS & DISCUSS IF NECESSARY.

Dr.SREELATHA. D
M.B.B.S, M.D
Consultant Biochemist

APOLLO MEDICAL CENTRE KURNOOL

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DEPARTMENT OF BIOCHEMISTRY.

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE (TOTAL T3, TOTAL T4, TSH), SERUM				
			-	
TRI-IODOTHYRONINE (T3, TOTAL)	1.82	ng/mL	0.75 - 2.1	CLIA
THYROXINE (T4, TOTAL)	11.7	ug/dL	5.0 - 13.0	CLIA
THYROID STIMULATING HORMONE (TSH)	**6.63**	uIU/mL	0.3 - 4.5	CLIA

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Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Associ
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive ho fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodie

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Treatment.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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