



दिव्यमान हॉस्पिटल

प्राइवेट लिमिटेड



• ईमेल : dmhgkp@gmail.com • फोन नं० : 0551-2506300 • मो० : 7525969999, 8173006932

PT Name. : MR SUDHIR KUMAR
CHAUDHARY

Age. : 33 YEAR

Gender. : Female

OPD No. : 1025

UHID. : UHID957

Guardian. : SURENDRA
PRASAD

Order Dr. : DR ASHOK KUMAR
PRIVASTAVA

Department. : GENERAL MEDICINE

Qualification. : MBBS MD

Date. : 08-03-2024

Address. : KHALILABAD SANT KABIR
NAGAR

Contact : 9307035514

B.p 140/80mmHg Pulse 78

Spo2

Weight 62 kg

Temp $\text{\textcircled{C}}$

CS & Lungs

day

1/1/5 IMP

ECG - WMC

ECG walk

Hb 14.3 gm.

ECG - WMC

RBS 89.1 mg/l.

Lupus Profile $\text{\textcircled{M}}$

LFT $\text{\textcircled{M}}$

KFT $\text{\textcircled{M}}$

Hb A1c 6.1%

Blood group O+ve

Urea - MAD

Creatinine MAD

ft
& diet / Activity / as adv

(Signature)

8/3/2024

DIUVYAMAN
HOSPITAL



-: अन्य विभाग :-

- प्रसूति एवं स्त्री रोग
- मेडिसिन एवं आई.सी.यू.
- न्यूरोलॉजी
- जनरल व लैप्रोस्कोपिक सर्जरी

- शिशु, बाल रोग एवं एन.आई.सी.यू.
- ऑर्थोपेडिक सर्जरी
- यूरोलॉजी
- न्यूरोसर्जरी

- डायलिसिस
- कार्डियोलॉजी
- नाक, कान, गला रोग
- छाती रोग

- फिजियोथेरेपी एवं रिहैबिलिटेशन
- प्राकृतिक उपचार
- रेडियोलॉजी एवं पैथोलॉजी
- माइयूटर ओ.टी., सी.आर्म

इमरजेंसी 24 घण्टे

पता : मीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, कजांची बरगवा बाईपास रोड, राप्ती नगर फेज-1, गोरखपुर -273003
 रजि. आफिस : 731-एम, शारदा शिवालय, आनन्द बिहार कॉलोनी, राप्ती नगर फेज-1, पोस्ट आफिस-आरोग्य मन्दिर, गोरखपुर-273003

DIVYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mr. SUDHEER KUMAR CHAUDHARY	SAMPLE COLLECTED ON	08-03-2024
AGE / SEX	33 Y / Male	REPORT RELEASED ON	08/03/2024
COLLECTED AT	Inside	REPORTING TIME	11:40:37AM
RECEIPT No.	16,802	PATIENT ID	16832
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, KIDNEY FUNCTION TEST, Lipid Profile, LIVER FUNCTION TEST, Blood Group (ABO), Blood Sugar Fasting, ESR Wintrobe, Glycosylated Haemoglobin, PSA Total, Urine Examination Report,.

Tests	Results	Biological Reference Range	Unit
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CANCER MARKER

PSA Total 0.86 (0.0-4.0)ng/ml ng/ml

EXPECTED VALUES :

99% OF HEALTHY MALES	0.0 - 4.0 ng / ml
80% OF BENIGN PROSTATIC HYPERTROPHY	4.0 - 10.0 ng / ml
81% OF PROSTITIC CARCINOMAS	10 - 20.0 ng / ml
PROSTATIC METASTASIS	Above 20.0 ng / ml

INTERPRETATION:- PSA is reliable tumor marker for already diagnosed prostatic carcinomas . It is uniquely associated only with prostatic tissue and therefore , is specific for it. Baseline levels measured prior to therapeutic intervention , and follows later by serial , periodical measurements will predict the outcome of the therapy . It also helps in early discovery of recurrences , relapses and metastases.

RECOMMENDED TESTING INTERVALS:-

First Datermination	:	Preoperatively (Baseline)
Second determination	:	2-4 Days postoperatively
Third determination	:	Before discharge from hospital

FOLLOW - UP DATERMINATION :-

F Levels are high / show rising trend	:	Monthly
F Levels are normal	:	Every 3 monthly initially , later annually.

* In general tumor marker levels are directly related to the tumor mass and the stage of the cancer . However , if is the rate of change in the tumor marker level , which is more important , rather than its absolute value . A 50% change may be considered clinically significant.

* It must empha sized that PSA may be also elevated in benign prostatic hypertrophy and inflammatory condition of sure surroundings genitor-urinary tract . Therefore , this parameter should never be used as a screening test for diagnosing prostatic carcinomas , but only as aid in follow up studies.



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For Home Collection Dial : 9076655547

पता : श्री बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खर्नाची बरगदवा बाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932
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Tests	Results	Biological Reference Range	Unit
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HAEMATOLOGY

COMPLETE BLOOD COUNT

Haemoglobin	14.3	(Men : 13.5-18.0 G%) (Women : 11.5-16.4 G%)	G%
Total Leukocyte Count (TLC)	8400	(4000-11000 /cumm)	/cumm
Differential Leukocyte Count (DLC)			
Polymorph	74	(40-80)%	%
Lymphocyte	22	(20-40)%	%
Eosinophil	04	(01-6)%	%
Monocyte	00	Low (02-08)%	%
Basophil	00	(<1%)	%
R. B. C.	4.93	(4.2 - 5.5) million/cmm	million/ /Litre
P. C. V. (hemotocrite)	40.1	(36-50) Litre/Litre	fl
M. C. V.	81.2	Low (82-98) fl	fl
M. C. H.	28.9	(27Pg - 32Pg)	Pg
M. C. H. C.	33.6	(21g/dl - 36g/dl)	g/dl
Platelete Count	1.60	(1.5-4.0 lacs/cumm)	/cumm
ESR Wintrobe			
Observed	20	20mm fall at the end of first hr.	mm

*esr Is A Non Specific Phenomenon, Clinically Useful In Disorders Associated With An Increased Production Of Acute Phase Proteins.

*elevated In Acute And Chronic Infections And Malignancies.

*extremely High ESR Values Are Seen In Multiple Myeloma, Leukemia, Lymphoma, Breast And Lung Carcinomas, Rheumatoid Arthritis, SLE, Pulmonary Infarction.



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Tests	Results	Biological Reference Range	Unit
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BIOCHEMISTRY

Blood Sugar Fasting	89.1	(70 - 110)mg/dl	
Reference Value :			
Fasting (Diabetes 110.0 Mg% Or More) (Impaired Glucose Tolerance 110-126 Mg%)			
After 2hrs. Of 75 Gm Glucose (oral) (70-140 Mg%) (Impaired Glucose Tolerance 140-200 Mg%)			
Random/casual (diabetics 200 Mg% Or More, With Presenting Symptoms.)			
Lipid Profile.			
Total Cholestrol	181.2	125-200mg/dl Normal Value	mg/dL
H D L Cholestrol	45.2	(30-70 mg%)	mg%
Triglyceride	139.1	(60-165mg/dL)	mg/dL
V L D L	27.82	(5-40mg%)	mg%
L D L Cholestrol	108.18		mg/dl
		50 Optimal	
		50-100 Near/Above Optimal	
TC/HDL	4.1	(3.0-5.0)	
LDL/HDL	2.0	(1.5-3.5)	

Comment/Interpretation

Lipid Profile Is A Panel Of Blood Tests That Serves As An Initial Board Medical Screening Tool For Abnormalities In Lipids, The Result Of This Tests Can Identify Certain Genetic Diseases And Can Determine Approximate Risks Of Cardiovascular Diseases, Certain Forms Of Pancreatitis And Other Diseases.

Note::

1. Measurement In The Same Patient Can Show Physiological & Analytical Variations. Three Serial Samples 1 Week Apart Are Recommended For Total Cholesterol ,triglycerides,hdl& Ldl Cholesterol.
2. Atp Iii Recommends A Complete Lipoprotein Profile As The Initial Test For Evaluating Cholesterol.
3. Friedewald Equation To Calculate Ldl Cholesterol Is Most Accurate When Triglyceride Level Is <400 Mg/dl. Measurement Of Direct Ldl Cholesterol Is Recommended When Triglyceride Level Is >400 Mg/dl.



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Tests	Results	Biological Reference Range	Unit
LIVER FUNCTION TEST			
Bilirubin (Total)	0.8	(0.10 - 1.20)mg/dl	mg/dl
Bilirubin (Direct)	0.3	(0.00-0.40)mg/dl	mg/dl
Bilirubin (in Direct)	0.5	(0.00-0.70) mg/dl	mg/dl
SGOT (AST)	39.6	0-40	IU/L
SGPT (ALT)	41.5	0.0-42.0	IU/L
Serum Alkaline Phosphatase	148.4	80.0-290.0	U/L
Serum Total Protein	6.5	6.0-7.8	gm/dl
Serum Albumin	3.8	3.5-5.0	gm/dl
Serum Globulin	2.7	2.3-3.5	gm/dl
A/G Ratio	1.41	High	

Comments/interpretation:

- liver Function Test Aid In Diagnosis Of Various Prehepatic, Hepatic And Post Hepatic Causes Of Dysfunction Like Hemolytic Anemias, Viral & Alcoholic Hepatitis And Cholestasis Of Obstructive Causes.
- the Tests Encompasses Hepatic Excretory, Synthetic Function And Also Hepatic Parenchymal Cell Damage.
- It Helps In Evaluating Severity, Monitoring Therapy And Assessing Prognosis Of Liver Disease And Dysfunction.

KIDNEY FUNCTION TEST

Blood Urea	37.1	15.0-45.0	mg/dl
Serum Creatinine	0.8	0.7-1.4	mg/dl
Serum Uric Acid	6.7	Male-3.5-7.2 Female-2.5-6.0	mg/dl
Serum Sodium	137.1	136.0-149.0	mmol/L
Serum Potassium	3.8	3.5-5.5	mmol/L
Serum Calcium	8.7	8.0-10.5	mg/dl



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पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, छात्रांची बरगदवा बाईपास रोड, राजी नगर-1, गोरखपुर - 273 003 मो. : 8173006932
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Tests	Results	Biological Reference Range	Unit
Glycosylated Haemoglobin			
HbA1c	6.1	(4.3-6.4)	%

Method: Ion Exchange High Performance Liquid Chromatography By Bio-rad D-10.

Comments/interpretations:

Glycosylated Haemoglobin Is Proportional To Mean Plasma Glucose Level During Previous 6-12 Weeks. For People Without Diabetes, The Normal Range For The Hemoglobin A1c Level Is Between 4% And 5.6%. Hemoglobin A1c Levels Between 5.7% And 6.4% Mean You Have A Higher Chance Of Getting Diabetes. Levels Of 6.5% Or Higher Mean You Have Diabetes. recommended Goal Of Hba1c Is <7%. The Higher The Hemoglobin A1c, The Higher Your Risk Of Having Complications Related To Diabetes. A Combination Of Diet, Exercise, And Medication Can Bring Levels Down. People With Diabetes Should Have An A1c Test Every 3 Months To Make Sure Their Blood Sugar Is In Their Target Range. If Your Diabetes Is Under Good Control, You May Be Able To Wait Longer Between The Blood Tests. But Experts Recommend Checking At Least Two Times A Year. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test.

SEROLOGY

Blood Group (ABO)

A.B.O. "O"
Rh(D) POSITIVE



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Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report

PATIENT NAME Mr. SUDHEER KUMAR CHAUDHARY
 AGE / SEX 33 Y / Male
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Tests	Results	Biological Reference Range	Unit
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CLINICAL PATHOLOGY

Urine Examination Report

Tests	Results	Biological Reference Range	Unit
PHYSICAL			
Volume	25	-	ml
Colour	LIGHT YELLOW	-	-
Appearance	CLEAR	-	-
CHEMICAL			
Reaction PH	6.0	(4.5-8.0)	-
Specific Gravity	1.020	(1.01-1.025)	-
Proteins	NIL	NIL	-
Sugar	NIL	NIL	-
Blood	NIL	NIL	-
Phosphates/urates	NIL	NIL	-
Ketone Bodies	NIL	-	-
Chyle	NIL	NIL	-
Bile Pigment (Bilirubin)	NIL	-	-
Bile Salt	NIL	-	-
Urobilinogen	Normal	-	-
MICROSCOPICAL			
R B C	Absent	0-2 /hpf	/hpf
Pus Cells	2-3	0-5 /hpf	/hpf
Epithelial Cells	1-2	-	-
Crystals	Nil	-	-
Yeast Cells	Absent	-	-
Casts	Absent	-	-
BACTERIA	Absent	-	-

*** End of Report ***

THANKS FOR REFERENCE

Consultant Pathologist
 DR.S. SRIVASTAVA M.D.(PATH)



TECHNICIAN
 16832

Consultant Pathologist
 DR.VASUNDHARA SINGH M.D (PATH)

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REPORT

I.D. NO	U/08/03/05	March 8, 2024
PATIENT NAME	Mr. SUDHIR K. CHAUDHARY	AGE/SEX 33 Y/M
REF. BY	DIVYAMAN HOSPITAL	

USG: WHOLE ABDOMEN (Male)

Liver – Normal in size (136.4 mm) with grade-I fatty echotexture. No IHBR dilatation / focal SOL are seen.

Gall bladder – is distended. No calculus in lumen. Wall thickness is normal.
CBD – normal. PV - normal. porta – normal

Pancreas is normal in thickness. Clearly defined margins are seen. Pancreatic duct is not dilated.

Spleen is normal in size (93.7 mm) and echotexture. No focal lesion is seen. Diaphragmatic movements are within normal limits on both sides.

Right kidney - normal in size , outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No calculus seen. No backpressure changes are seen. Perinephric spaces are normal.

Left kidney - normal in size , outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No calculus seen. No backpressure changes are seen. Perinephric spaces are normal.

Urinary bladder is fully distended. Wall is smooth and regular. Lumen is echofree.

Prostate: is normal in size 25.6x28.0x42.1 mm volume 15.3cc. Margins are well-defined. Capsule is normal.

No evidence of Ascites / Retroperitoneal Lymphadenopathy.

IMPRESSION

- **FATTY LIVER GRADE-I.**

ADV – CLINICAL CORRELATION.

Note : All USG finding are dynamic in nature and are subjected to change with course of disease and time, prescribing clinician are advised to correlate USG finding with clinical findings.



Dr. Rahul Nayak
M.B.B.S.(M.L.N),
M.D.(Dr. RMLIMS, LKO)



REPORT

I.D. NO 11	: U/08/03/03	March 8, 2024
PATIENT'S NAME:	: MR. SUDHIR K. CHAUDHARY	AGE/SEX : 33 YRS / M
REF BY Dr.	: DIVYAMAN HOSPITAL	

2D- ECHO

Mitral Valve	:	Normal		
Tricuspid Valve	:	Normal		
Pulmonary Valve	:	Normal		
Left Atrium	:	2.72 cm		
Left ventricle	:	IVSD: 0.9 cms	LVPWD: 1.1	
		EDD: 3.2cms	EF: 63%	
		ESD: 2.1cms	FS: 33%	
RWMA	:	Absent		
Right Atrium	:	Normal		
Right Ventricle	:	Normal		
Aorta	:	2.13cm		
I.A.S.	:	Normal		
I.V.S.	:	Normal		
Pulmonary Artery	:	Normal		
Pericardium	:	Normal		
SVC, IVC	:	Normal		

Continued.....



उपलब्ध सुविधाएँ

THIS REPORT IS NOT FOR MEDICO-LEGAL PURPOSE



➤ CT Scan बलियम, वेर, सीन जॉर्
➤ CT Angiography
➤ Digital X-ray



Philips I.S.T MRI

➤ MRI Scan
➤ 4D Colour Dopler
➤ CT/USG Guided Biopsy/FNAC



Siemens Acuson S 5100

➤ ECG, ECO Cardiography
➤ Dr. Lal Path Lab
➤ 24 H Ambulance



Siemens X Ray

REPORT

Pulmonary Veins : Normal

Doppler : MV E>A

AV:AJV: 0.9 m/sec

PV:PJV: 0.6 m/sec RVSP : 22 mm hg

CONCLUSION:

- NORMAL SIZE CARDIAC CHAMBER
- NO RWMA OF LV
- NORMAL LV FUNCTION
- MILD TR / TRACE MR
- NO PE/ NO CLOT

DR. GAJENDRA PRASAD GUPTA
M.D., D.M. (CARDIOLOGY)



उपलब्ध सुविधाएं

THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE



➤ CT Scan नीरफ, रेट, सिरा आदि
➤ CT Angiography
➤ Digital X-ray

Siemens CT Scan



➤ MRI Scan
➤ 4D Colour Dopler
➤ CTUSG Guided Biopsy/FNAC

Philips 1.5 T MRI



➤ ECG, ECO Cardiography
➤ Dr. Lal Path Lab
➤ 24 H Ambulance

Siemens Accuson S 5000



Siemens X-Ray

REPORT

I.D. NO	X/08/03/02	March 8, 2024
PATIENT NAME	MR. SUDHIR K. CHAUDHARY	AGE/SEX 33 Y/M
REF. BY	DIVYAMAN HOSPITAL	

X-RAY CHEST (PA VIEW)

No active pulmonary parenchymal lesion is seen.

B/L c/p angle is clear.

Hilar shadows are normal.

Cardiac shadow is normal.

Trachea and mediastinum are normal in position.

Bones and soft tissues are normal

IMPRESSION:

> **NORMAL SCAN.**

ADV - CLINICAL CORRELATION.



(Signature)
Dr. Rahul Nayak
M.B.B.S.(M.L.N),
M.D.(Dr. RMLIMS, LKO)

उपलब्ध सुविधाएं



- > CT Scan फील्ड, हेड, सीन अंडे
- > CT Angiography
- > Digital X-ray

Siemens CT Scan



Siemens MRI

- > MRI Scan
- > 4D Colour Dopler
- > CE/USG Guided Biopsy/FNAC



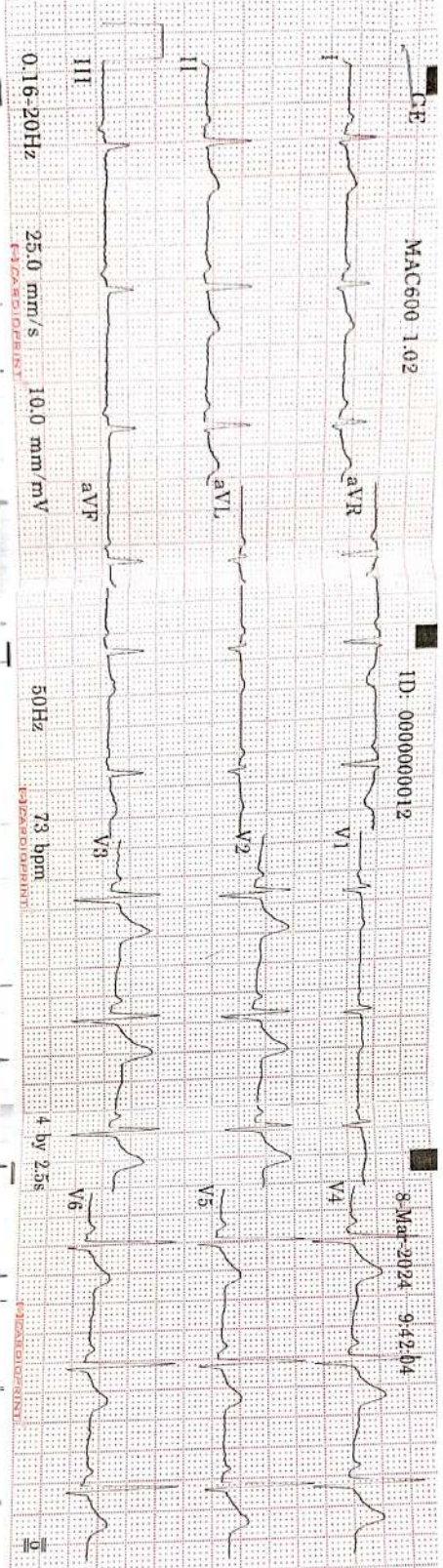
Siemens X-Ray

- > ECG, ECD Cardiography
- > Dr. Lal Path Lab
- > 24 H Ambulance



Siemens X-Ray

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CE

MAC600 1.02

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8-Mar-2024 9:42:04

ID: 0000000012

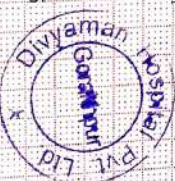
38 years Male

Sudhakar Kumar

Vent rate 73 bpm
 QRS duration 86 ms
 QT/QTc 394/434 ms
 PR interval 110 ms
 P duration 92 ms
 RR interval 821 ms
 P-R-T axes 9 61 45

MAC600 1.02

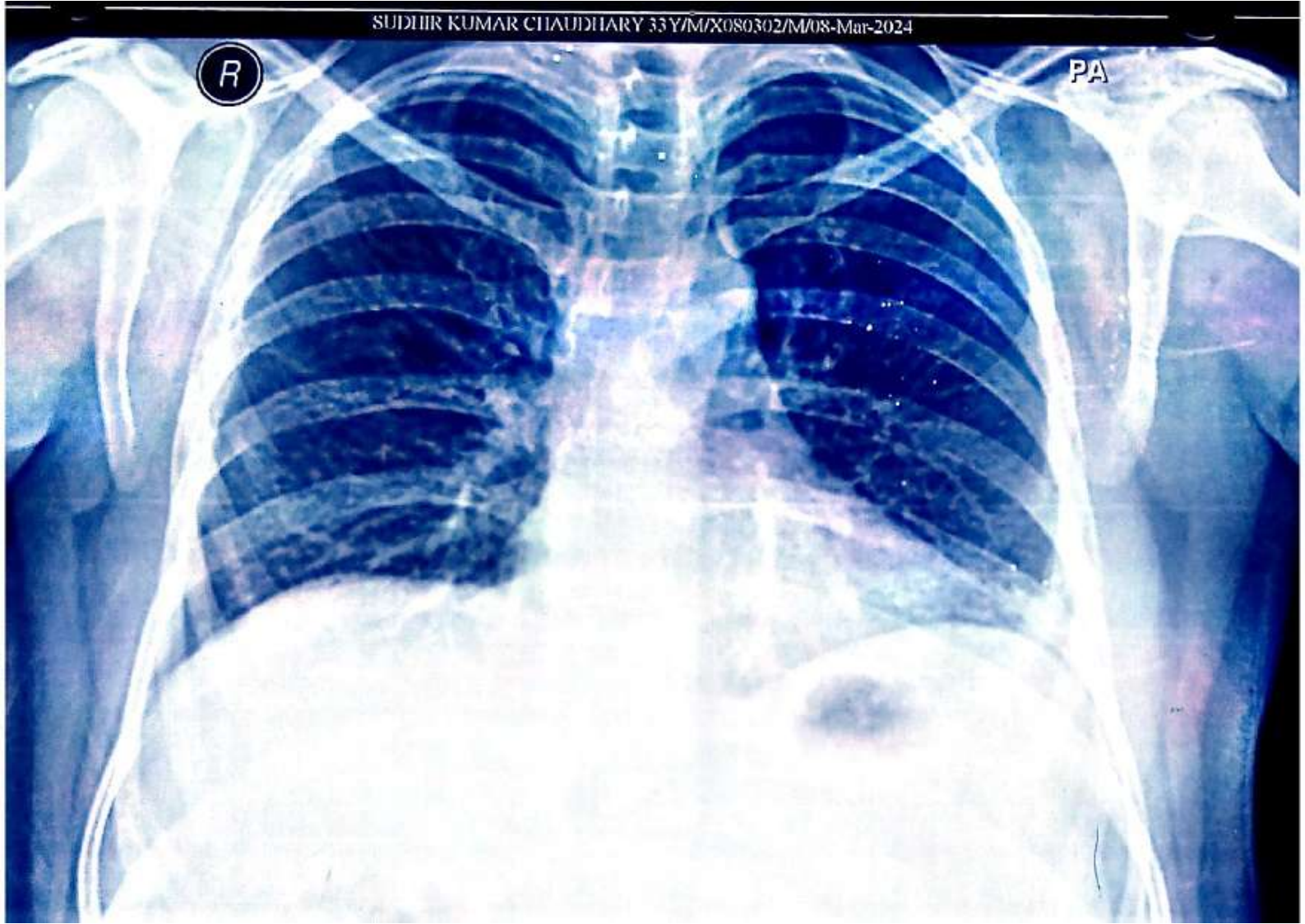
12SL™ V239



SUDHIR KUMAR CHAUDHARY 33Y/M/X080302/M/08-Mar-2024

R

PA



DIUYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mr. SUDHEER KUMAR CHAUDHARY	SAMPLE COLLECTED ON	09-03-2024
AGE / SEX	33 Y / Male	REPORT RELEASED ON	09/03/2024
COLLECTED AT	Inside	REPORTING TIME	4:30:11PM
RECEIPT No.	16,855	PATIENT ID	16885
REFERRED BY Dr.	DMH		

INVESTIGATION	PLASMA GLUCOSE EXAMINATION,,		
Tests	Results	Biological Reference Range	Unit

BIOCHEMISTRY

PLASMA GLUCOSE EXAMINATION

PLASMA GLUCOSE

PP 2 hrs after meal	118.6	(70 - 140)mg/dl	mg%
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Reference Value :

Fasting (Diabetes 110.0 Mg% Or More) (Impaired Glucose Tolerance 110-126 Mg%)

After 2hrs. Of 75 Gm Glucose (oral) (70-140 Mg%) (Impaired Glucose Tolerance 140-200 Mg%)

Random/casual (diabetes 200 Mg% Or More, With Presenting Symptoms.)

*** End of Report ***

THANKS FOR REFERENCE



Consultant Pathologist
DR.S. SRIVASTAVA M.D(PATH)

TECHNICIAN
16885

Consultant Pathologist
DR.VASUNDHARA SINGH M.D (PATH)

Page 1 of 1

Fully Computerised Lab Equipped with Modern Technologies

सुविधाएँ : • सभी प्रकार की पैथोलॉजिकल जॉर्जेस • बायोप्सी • एफ.एन.ए.मी. • पैप स्मear • हॉर्मोन्स (प्रतिदिन रिपोर्ट) • साइटोलॉजी • योन पैपे • HbA1c • स्पेशल टेस्ट (24 घंटे)
For Home Collection Dial : 9076655547

पता : श्रीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजुरांची धरमदवा बाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932

Clinical correlation is essential for final diagnosis. In case of disparity test must be repeated. This report is not valid for medicolegal purpose.

DIUYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mr. SUDHEER KUMAR CHAUDHARY	SAMPLE COLLECTED ON	09-03-2024
AGE / SEX	33 Y / Male	REPORT RELEASED ON	09/03/2024
COLLECTED AT	Inside	REPORTING TIME	4:26:09PM
RECEIPT No.	16,853	PATIENT ID	16883
REFERRED BY Dr.	DMH		

INVESTIGATION T3 Triiodo Thyroid, T4 Thyroxine, TSH,,

Tests	Results	Biological Reference Range	Unit
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IMMUNOLOGY

T3 Triiodo Thyroid	1.17	(0.69 - 2.15)	ng/ml
T4 Thyroxine	89.2	(52 - 127) ng/ml	ng/ml
TSH	1.26	(0.3-4.5) uIU/ml	uIU/ml

Method : Sandwich Chemiluminescence Immunoassay.

Remarks:

1. Total Serum T3 And T4 Concentration Is Dependent Upon A Multiplicity Of Factors. Thyroid Gland Function And Its Regulation, Thyroxine Binding Globulin (tbg) Concentration And The Binding Of T3 & T4 To Tbg. Thus, Total T3 & T4 Concentration Alone Is Not Sufficient To Assess The Clinical Status.
2. A Decrease In Total Tri - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
3. Total Serum Tetra - Iodothyronine Values May Be Elevated Under Conditions Such As Pregnancy Or Administration Of Oral Contraceptives.
4. A Decrease In Total Tetra - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
5. Serum Tsh Concentration Is Dependent Upon A Multiplicity Of Factors: Hypothalamus Gland Function, Thyroid Gland Function, And The Responsiveness Of Pituitary To Trh. Thus, Tsh Concentration Alone Is Not Sufficient To Assess The Clinical Status.
6. Serum Tsh Values May Be Elevated By Pharmacological Intervention, Domperidone, Amiodazon, Iodide, Phenobarbital, Phenytoin Have Been Reported To Increase Tsh Levels.
7. A Decrease In Tsh Values Has Been Reported With The Administration Of Propranolol, Methimazol, Dopamine, And D - Thyroxine.
8. Genetic Variations Or Degradation Of Intact Tsh Into Subunits May Affect The Binding Characteristics Of The Antibodies And Influence The Final Result. Such Sampes Normally Exhibit Different Results Among Various Assay Systems Due To The Reactivity Of The Antibodies Involved.

THANKS FOR REFERENCE

*** End of Report ***

Consultant Pathologist
DR.S. SRIVASTAVA M.D(PATH)

TECHNICIAN
16883

Consultant Pathologist
DR.VASUNDHARA SINGH M.D (PATH)



Page 1 of 1

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