

भारत सरकार
GOVERNMENT OF INDIA



इन्दु दाम

INDU DAS

जन्म तिथि/ DOB: 13/08/1972

महिला / FEMALE



144

53

3176 2965 5702

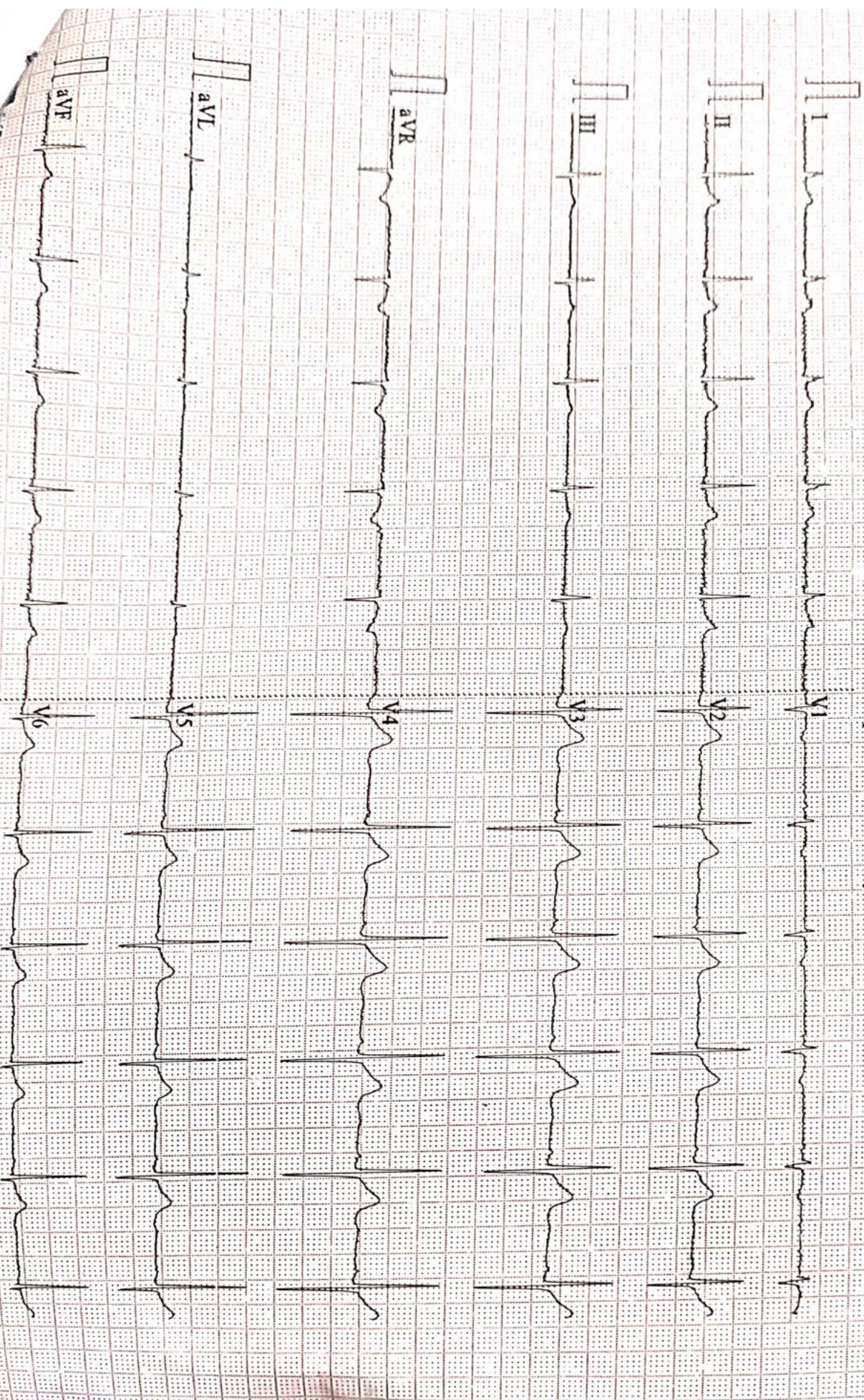
आधार-आम आदमी का अधिकार

INDU DAS
Female 50 Years

HR : 65 bpm
P : 81 ms
PR : 126 ms
QRS : 79 ms
QT/QTc : 358/373 ms
PQRS/T : 33/53/51 °
RV5/SV1 : 1.6/0.5/0.3/49 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Ref-Phys.:
Report Confirmed by:



60 Hz AC 50 25mm/s 10mm/mV 2+5us 65

V2.2 SEMIP V1.81 DAIGNOSTIC



ISO 9001 : 2015

AAROGYAM DIAGNOSTICS

(A UNIT OF CULPAM HEALTH CARE PVT. LTD.)

F- 41, P.C. Colony, Opp. Madhuban Complex,
Near Malahi Pakari Chowk, Kankarbagh, Patna – 20

9264278360, 9065875700, 8789391403

info@aarogyamdiagnostics.com

www.aarogyamdiagnostics.com

Date 28/01/2023	Srl No. 15	Patient Id 2301280015
Name Mrs. INDU DAS	Age 50 Yrs.	Sex F
Ref. By Dr.BOB		

Test Name	Value	Unit	Normal Value
BOB			
HB A1C	5.3	%	

EXPECTED VALUES :-

Metabolically healthy patients	=	4.8 - 5.5 % HbA1C
Good Control	=	5.5 - 6.8 % HbA1C
Fair Control	=	6.8-8.2 % HbA1C
Poor Control	=	>8.2 % HbA1C

REMARKS:-

In vitro quantitative determination of **HbA1C** in whole blood is utilized in long term monitoring of glycemia

The **HbA1C** level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose.

It is recommended that the determination of **HbA1C** be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy.

Results of **HbA1C** should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

**** End Of Report ****

Dr.R.B.RAMAN
MBBS, MD
CONSULTANT PATHOLOGIST



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Date	28/01/2023	Srl No. 15	Patient Id 2301280015
Name	Mrs. INDU DAS	Age 50 Yrs.	Sex F
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	12.9	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	5,400	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	61	%	40 - 75
LYMPHOCYTE	35	%	20 - 45
EOSINOPHIL	01	%	01 - 06
MONOCYTE	03	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	17	mm/1st hr.	0 - 20
R B C COUNT	4.30	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	37.05	%	35 - 45
M C V	86.16	fl.	80 - 100
M C H	30	Picogram	27.0 - 31.0
M C H C	34.8	gm/dl	33 - 37
PLATELET COUNT	1.96	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"B"		
RH TYPING	NEGATIVE		
BLOOD SUGAR FASTING	96.8	mg/dl	70 - 110
SERUM CREATININE	0.71	mg%	0.5 - 1.3
BLOOD UREA	22.5	mg /dl	15.0 - 45.0
SERUM URIC ACID	4.9	mg%	2.5 - 6.0
<u>LIVER FUNCTION TEST (LFT)</u>			



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Date	28/01/2023	Srl No.	15	Patient Id	2301280015
Name	Mrs. INDU DAS	Age	50 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.61	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.19	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.42	mg/dl	0.00 - 0.70
TOTAL PROTEIN	6.8	gm/dl	6.6 - 8.3
ALBUMIN	3.5	gm/dl	3.4 - 5.2
GLOBULIN	3.3	gm/dl	2.3 - 3.5
A/G RATIO	1.061		
SGOT	16.5	IU/L	5 - 35
SGPT	18.6	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	74.9	U/L	35.0 - 104.0
GAMMA GT	22.4	IU/L	6.0 - 42.0

LFT INTERPRET**LIPID PROFILE**

TRIGLYCERIDES	108.9	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	164.6	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	52.9	mg/dL	35.1 - 88.0
V L D L	21.78	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	89.92	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.112		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.7		0.00 - 3.55
THYROID PROFILE			
QUANTITY	10	ml.	



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Date	28/01/2023	Srl No.	15	Patient Id	2301280015
Name	Mrs. INDU DAS	Age	50 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.030		
PH	6.0		
ALBUMIN	NIL		
SUGAR	NIL		
MICROSCOPIC EXAMINATION			
PUS CELLS	2-3	/HPF	
RBC'S	NIL	/HPF	
CASTS	NIL		
CRYSTALS	NIL		
EPITHELIAL CELLS	1-2	/HPF	
BACTERIA	NIL		
OTHERS	NIL		

Assay performed on enhanced chemi lumenescence system (Centaur-Siemens)

Serum T3,T4 & TSH measurements form the three components of Thyroid screening panel, useful in diagnosing various disorders of Thyroid gland function.

1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.
3. Normal T4 levels are accompanied by increased T3 in patients with T3 thyrotoxicosis.



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Date	28/01/2023	Srl No.	15	Patient Id	2301280015
Name	Mrs. INDU DAS	Age	50 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
4. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.			
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis.			

**** End Of Report ****

Dr.R.B.RAMAN
MBBS, MD
CONSULTANT PATHOLOGIST



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Date	28/01/2023	Srl No.	15	Patient Id	2301280015
Name	Mrs. INDU DAS	Age	50 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
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BIOCHEMISTRY

BLOOD SUGAR PP	127.6	mg/dl	80 - 160
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**** End Of Report ****

Dr.R.B.RAMAN
MBBS, MD
CONSULTANT PATHOLOGIST



Name :- Indu ~~Dasi~~ Das
Refd by :- Corp.

Age/Sex:- 50Yrs/F
Date :-28/01/23

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Normal in size (12.5cm) with Normal echotexture. No focal or diffuse lesion is seen. IHBR are not dilated. PV is normal in course and calibre with echofree lumen.
- G. Bladder** :- It is normal in shape, size & position. It is echofree & shows no evidence of calculus, mass or sludge.
- CBD** :- It is normal in calibre & is echofree.
- Pancreas** :- Normal in shape, size & echotexture. No evidence of parenchymal / ductal calcification is seen. No definite peripancreatic collection is seen.
- Spleen** :- Normal in size (8.8cm) with normal echotexture. No focal lesion is seen. No evidence of varices is noticed.
- Kidneys** :- Both kidneys are normal in shape, size & position. Sinus as well as cortical echoes are normal. No evidence of calculus, space occupying lesion or hydronephrosis is seen.
Right Kidney measures 10.5cm and Left Kidney measures 10.1cm.
- Ureters** :- Ureters are not dilated.
- U. Bladder** :- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Uterus** :- Normal in size (6.2cm x 2.7cm) and anteverted in position with normal myometrial echotexture and endometrial thickness.
- Ovaries** :- Both ovaries show normal echotexture and follicular pattern. No pelvic (POD) collection is seen.
- Others** :- No ascites or abdominal adenopathy is seen. No free subphrenic / basal pleural space collection is seen.

IMPRESSION:- Normal Scan.

Dr. U. Kumar
MBBS, MD (Radio-Diagnosis)
Consultant Radiologist

Aarogyam diagnostics**Patna-20****1734 / MRS. INDU DAS / 50 Yrs / F / 144 Cms / 53 Kg Date: 28-Jan-2023 Technician : RESHMA ALI****Report**

(GEM212170906)(R)Kardic by Allengers

Stage	Time	Duration	Belt Speed (mph)	Elevation	METs	Rate	% THR Achieved	BP	RPP	PVC	Comments
Supine	00:06	0:01	00.0	00.0	01.0	93	55 %	100/70	093	00	
Standing	00:12	0:01	00.0	00.0	01.0	99	58 %	100/70	099	00	
HV	00:17	0:01	00.0	00.0	01.0	103	61 %	100/70	103	00	
Warm Up	00:24	0:01	01.0	00.0	01.0	096	56 %	100/70	096	00	
ExStart	00:41	0:06	01.7	10.0	01.1	114	67 %	100/70	114	00	
BRUCE/ Stage 1	03:41	3:00	01.7	10.0	04.7	160	94 %	105/75	168	00	
PeakEx	04:07	0:26	02.5	12.0	05.1	168	99 %	105/75	176	00	
Recovery	04:55	0:48	01.1	00.0	01.0	157	92 %	100/70	157	00	

Findings :

Exercise Time : 03:27
Max HR Attained : 185 bpm 109% of Target 170
Max BP Attained : (Sys) 105/75
Max WorkLoad Attained : 5.1 Fair response to induced stress
Max ST Dep Lead & Value : avL & -6.4 mm in ExStart mm
Test End Reasons : Leg Pain, Test Complete

Report :

Aarogyam diagnostics

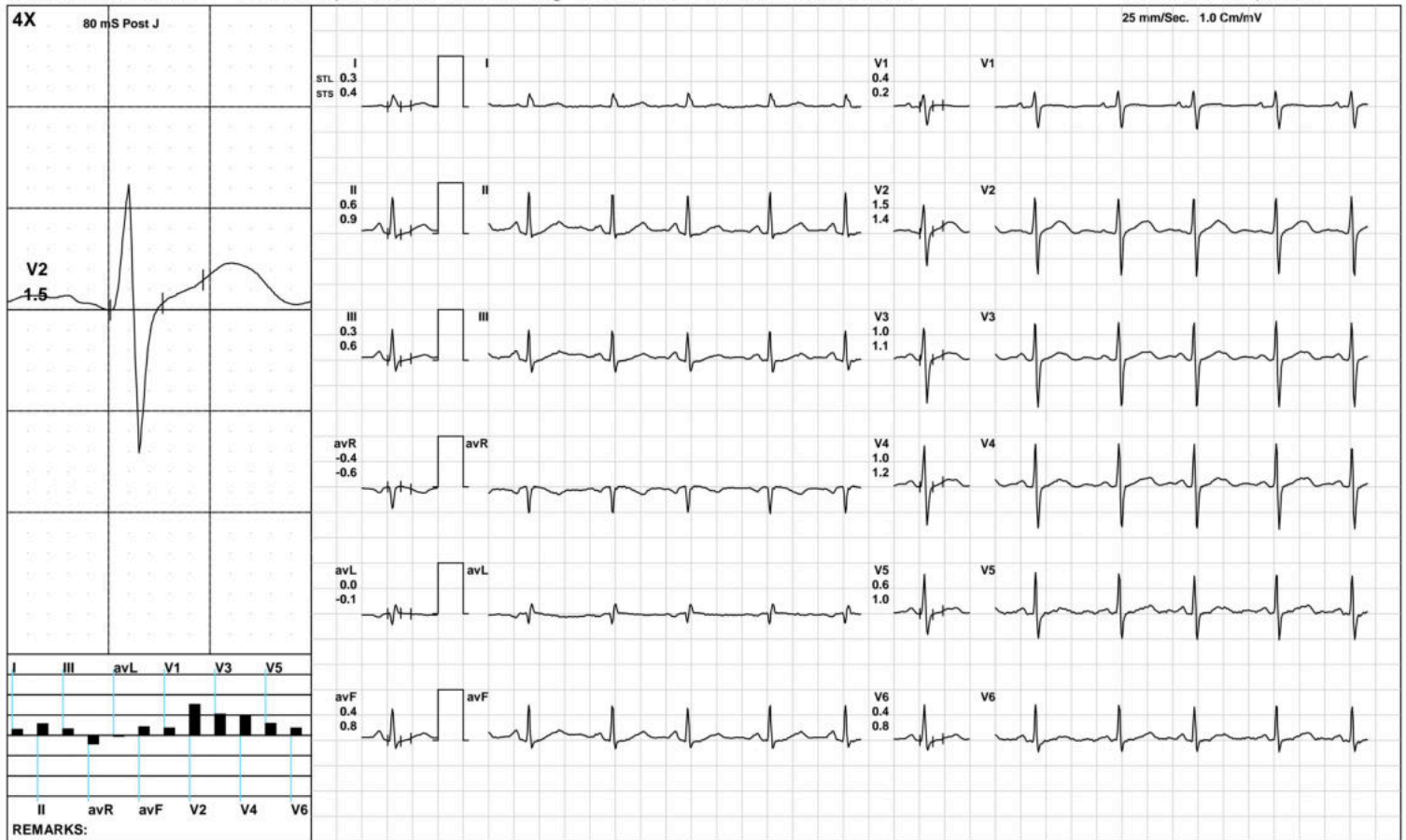
1734 / MRS. INDU DAS / 50 Yrs / F / 144 Cms / 53 Kg / HR : 93

Supine



Date: 28-Jan-2023 01:09:40 PM METS: 1.0/ 93 bpm 54% of THR BP: 100/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:06 0.0 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers

Aarogyam diagnostics

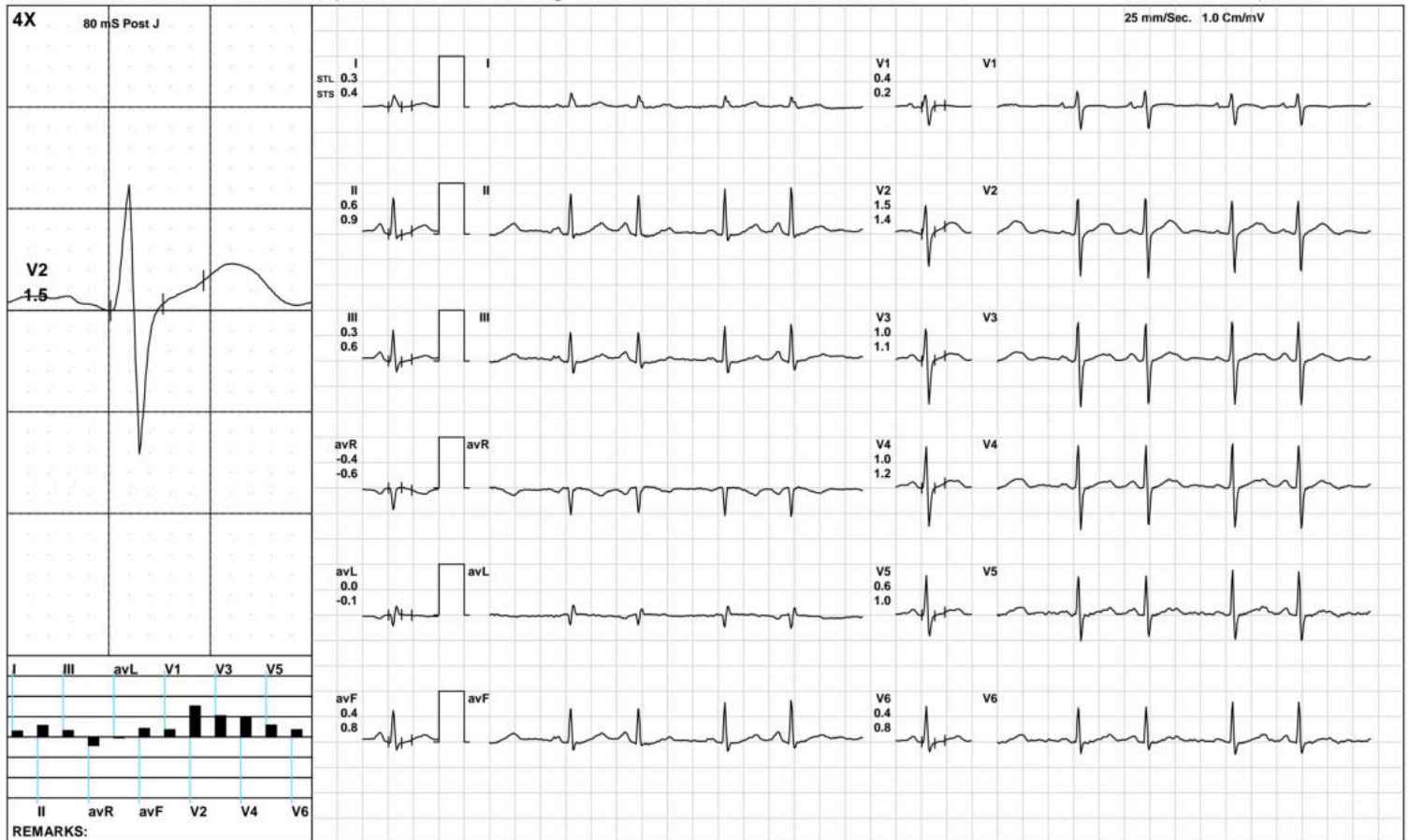
1734 / MRS. INDU DAS / 50 Yrs / F / 144 Cms / 53 Kg / HR : 99

Standing



Date: 28-Jan-2023 01:09:40 PM METS: 1.0/ 99 bpm 58% of THR BP: 100/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:12 0.0 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers

Aarogyam diagnostics

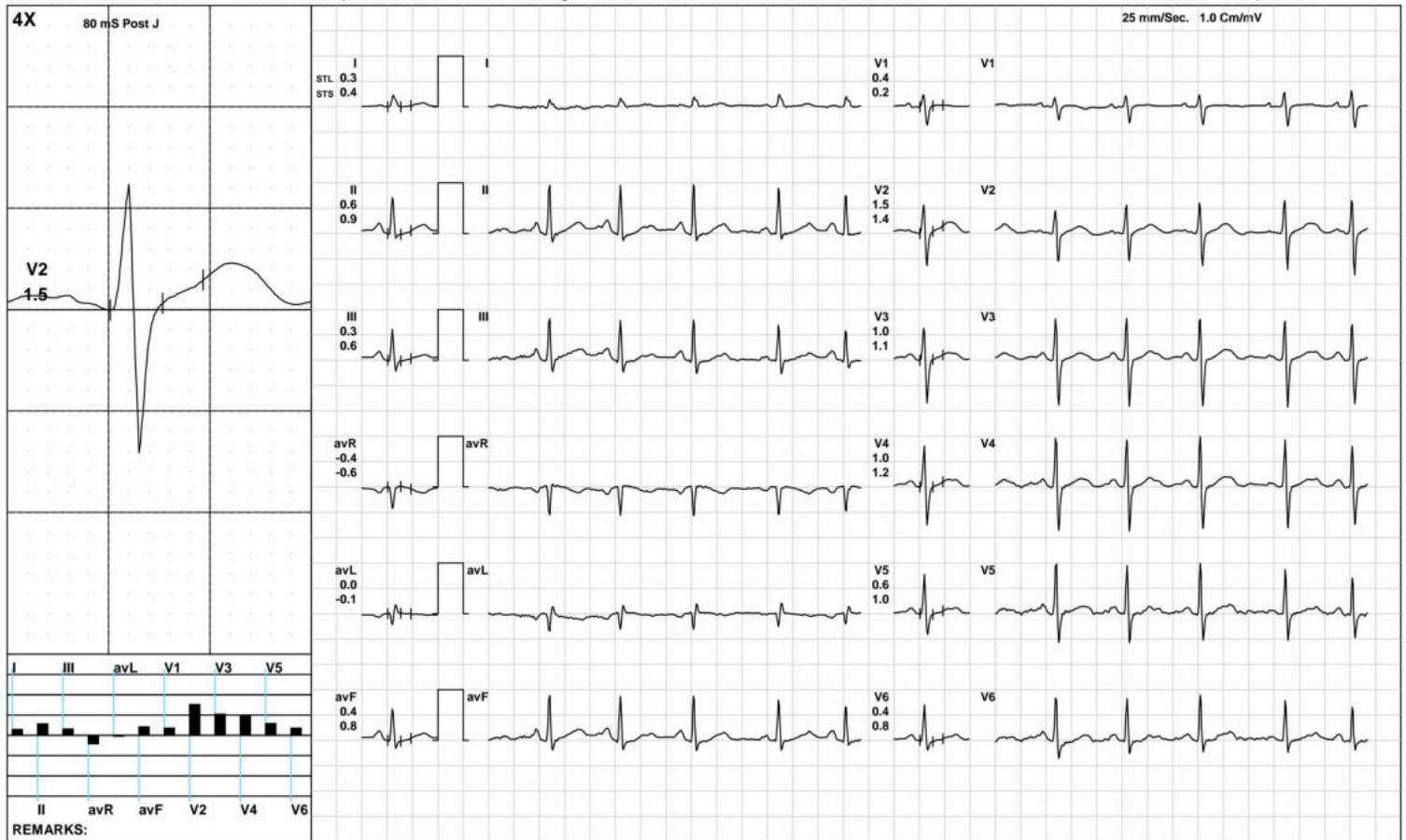
1734 / MRS. INDU DAS / 50 Yrs / F / 144 Cms / 53 Kg / HR : 103

HV



Date: 28-Jan-2023 01:09:40 PM METS: 1.0/ 103 bpm 60% of THR BP: 100/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:17 0.0 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers

Aarogyam diagnostics

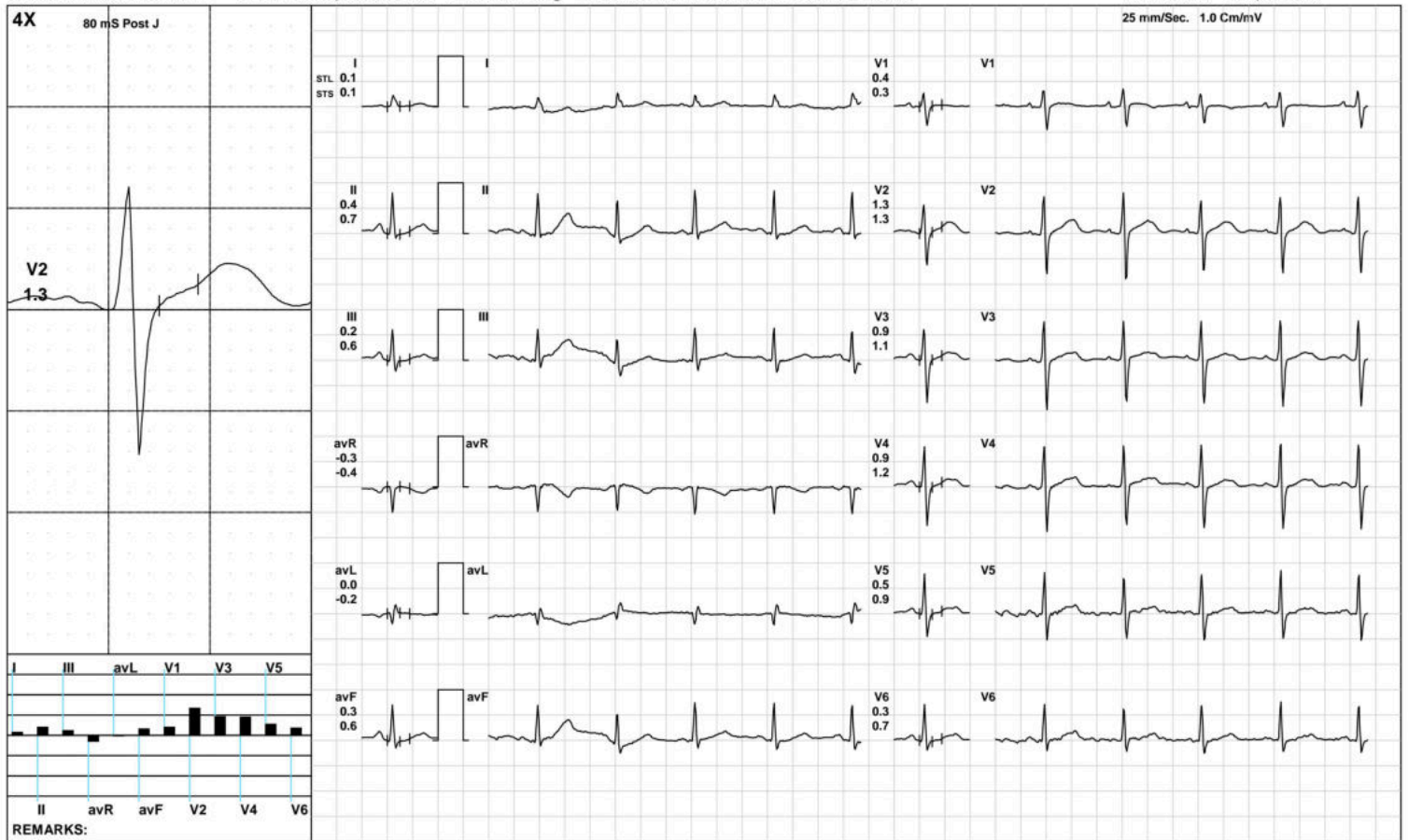
Warm Up



1734 / MRS. INDU DAS / 50 Yrs / F / 144 Cms / 53 Kg / HR : 96

Date: 28-Jan-2023 01:09:40 PM METS: 1.0/ 96 bpm 56% of THR BP: 100/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:24 1.0 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers

Aarogyam diagnostics

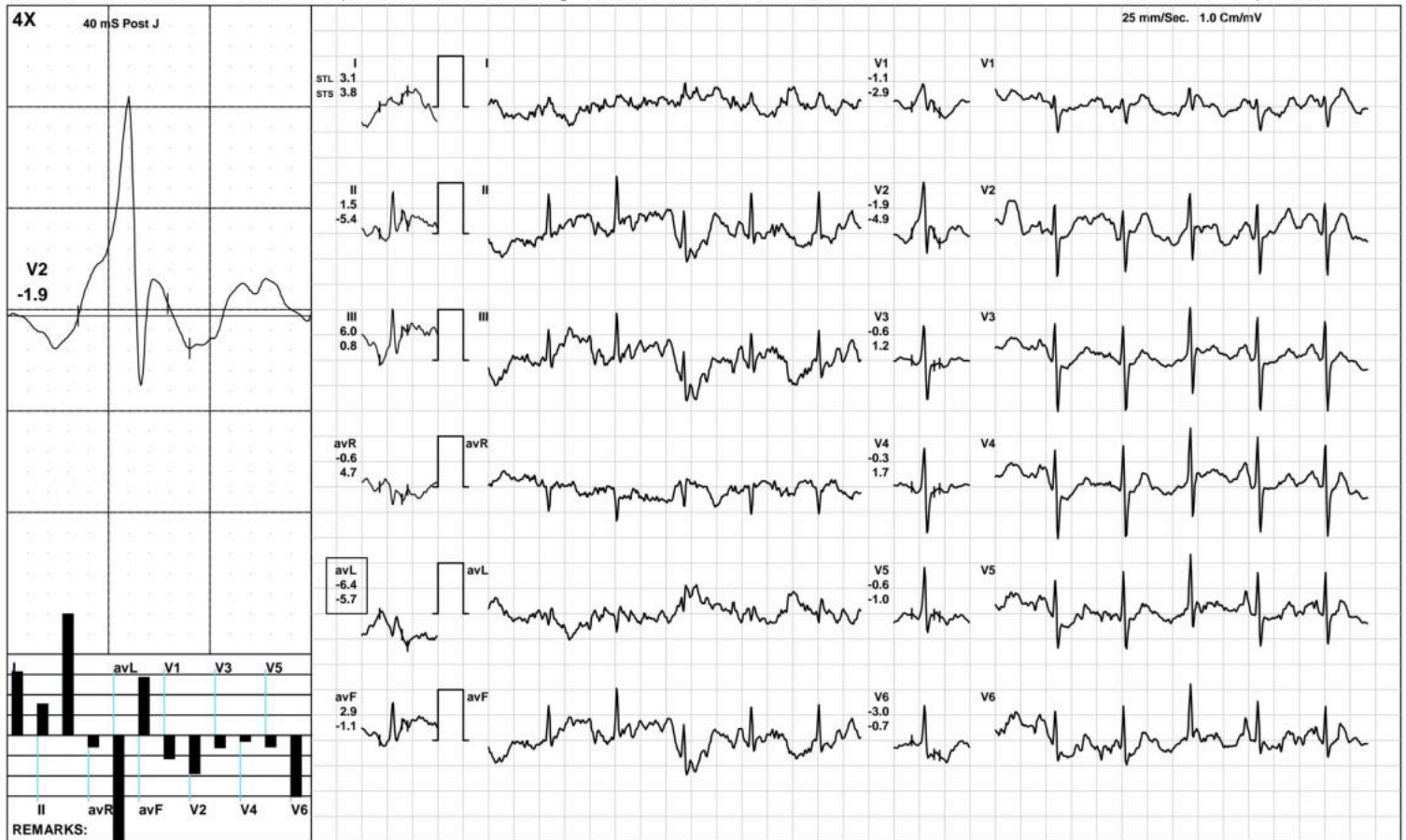
ExStart



1734 / MRS. INDU DAS / 50 Yrs / F / 144 Cms / 53 Kg / HR : 114

Date: 28-Jan-2023 01:09:40 PM METS: 1.1/ 114 bpm 67% of THR BP: 100/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:06 1.7 mph, 10.0%



(GEM212170906)(R)Kardic by Allengers

Aarogyam diagnostics

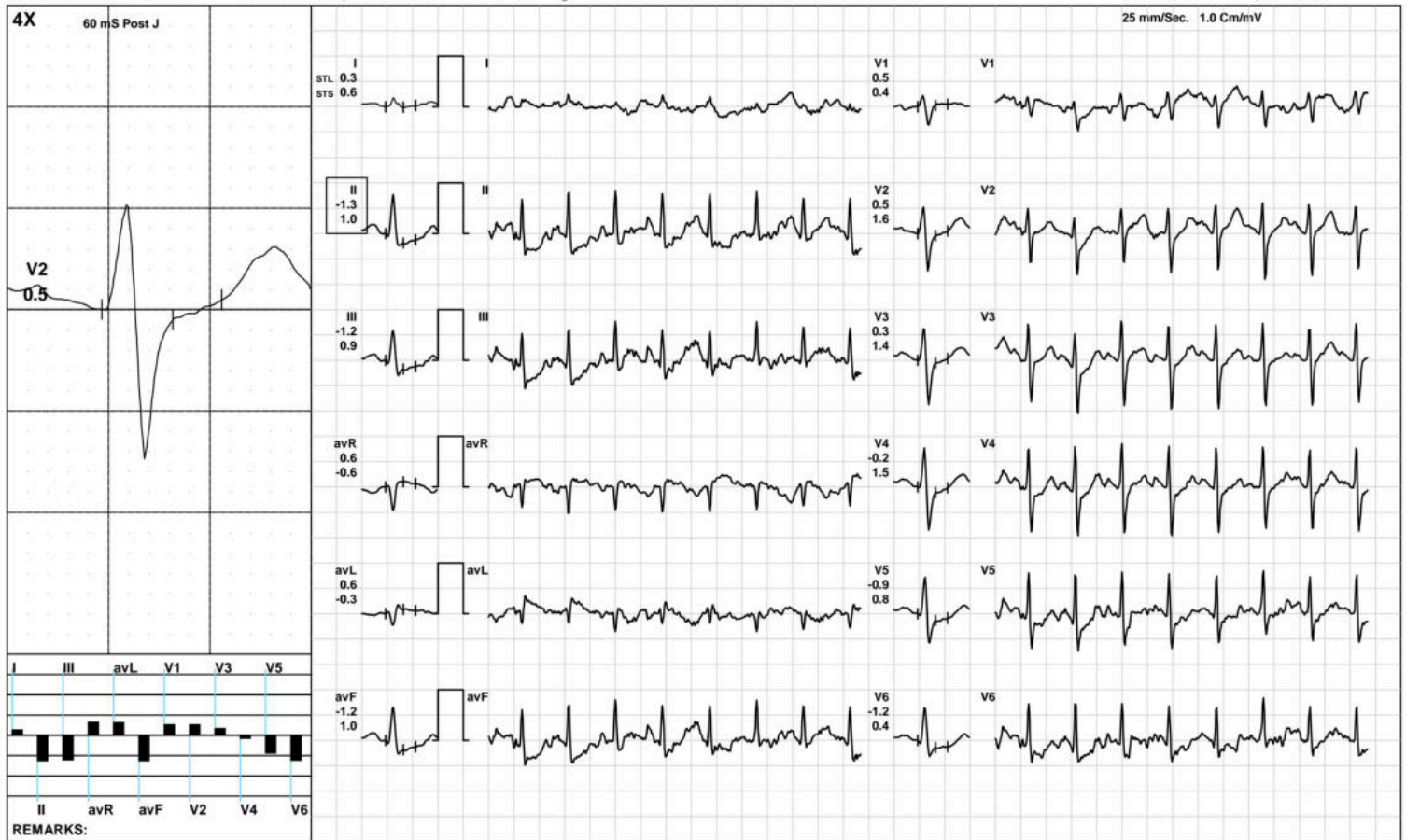
BRUCE/Stage 1(3:00)



1734 / MRS. INDU DAS / 50 Yrs / F / 144 Cms / 53 Kg / HR : 160

Date: 28-Jan-2023 01:09:40 PM METS: 4.7/ 160 bpm 94% of THR BP: 105/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 03:00 1.7 mph, 10.0%



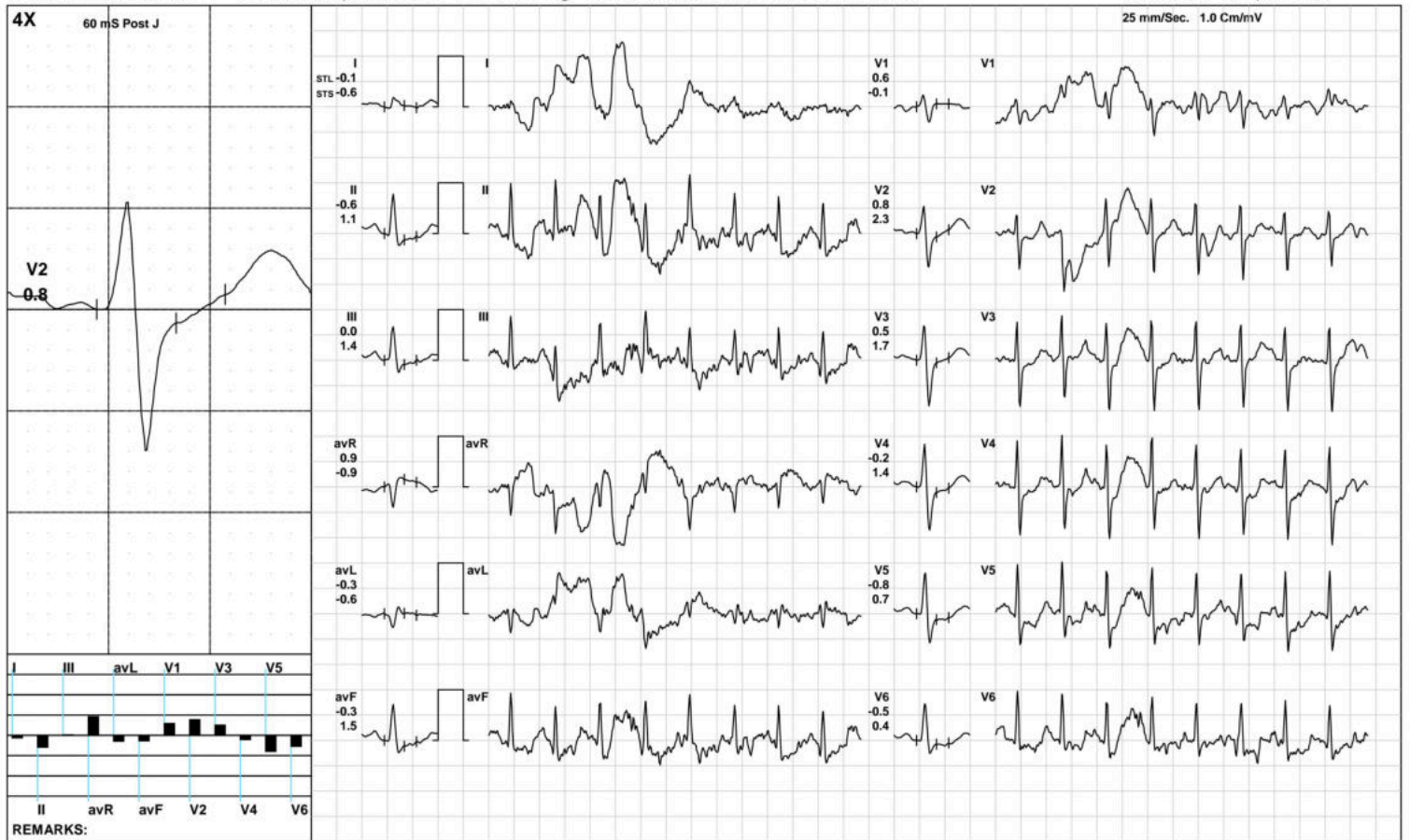
(GEM212170906)(R)Kardic by Allengers

Aarogyam diagnostics



1734 / MRS. INDU DAS / 50 Yrs / F / 144 Cms / 53 Kg / HR : 168

Date: 28-Jan-2023 01:09:40 PM METS: 5.1/ 168 bpm 98% of THR BP: 105/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: 03:26 2.5 mph, 12.0%



(GEM212170906)(R)Kardic by Allengers

Aarogyam diagnostics

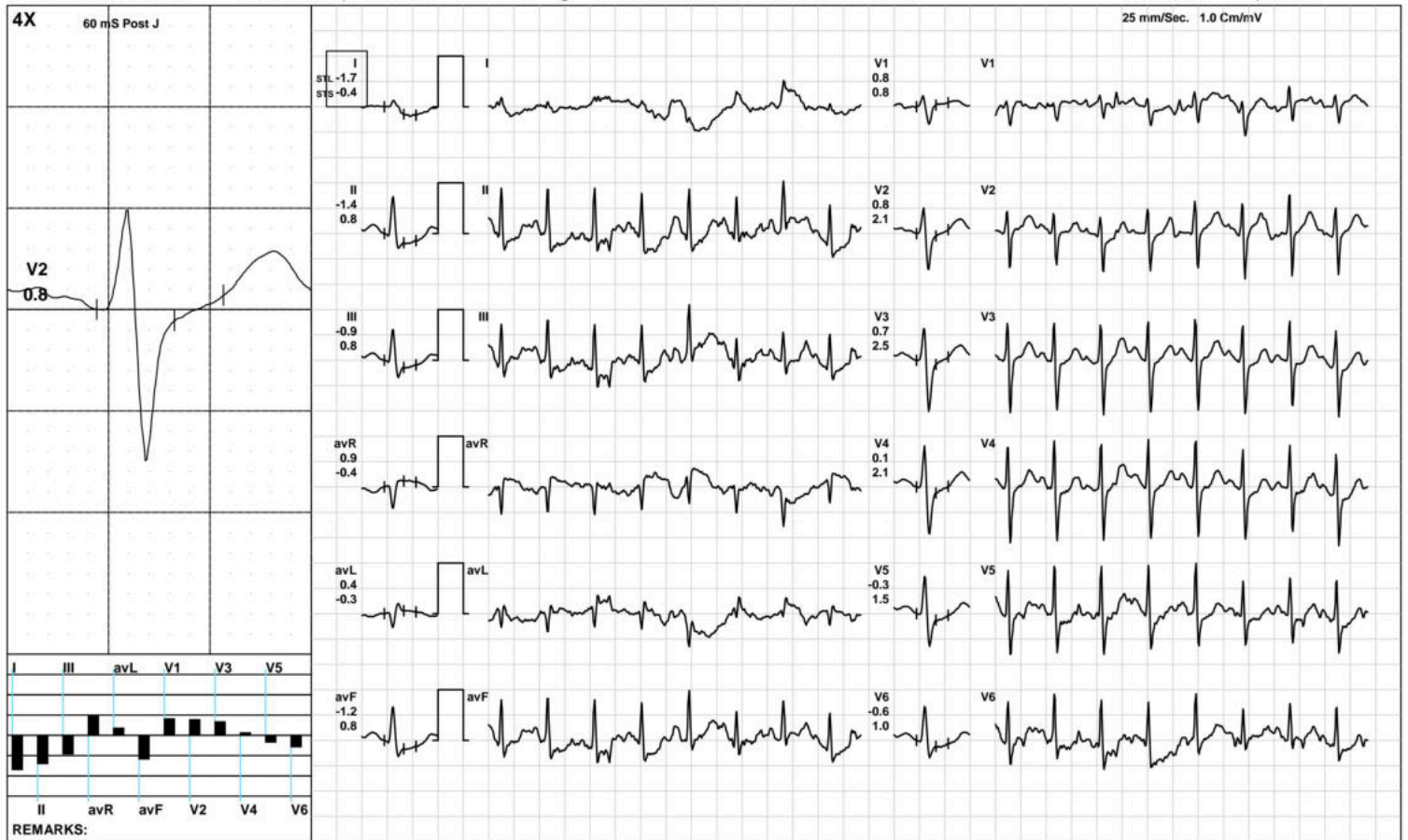
1734 / MRS. INDU DAS / 50 Yrs / F / 144 Cms / 53 Kg / HR : 157

Recovery(0:48)



Date: 28-Jan-2023 01:09:40 PM METS: 1.0/ 157 bpm 92% of THR BP: 100/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 03:27 1.1 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers

Aarogyam diagnostics

ST Measurements



1734 / MRS. INDU DAS / 50 Yrs / F / 144 Cms / 53 Kg / HR : 99

Date: 28-Jan-2023 01:09:40 PM

Protocol : BRUCE/

	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6	STS(mv/sec)
STL(mm)Supine	0.3	0.6	0.3	-0.4	0.0	0.4	0.4	1.5	1.0	1.0	0.6	0.4	0.4	0.9	0.6	-0.6	-0.1	0.8	0.2	1.4	1.1	1.2	1.0	0.8	
60 @mS Standing	0.3	0.6	0.3	-0.4	0.0	0.4	0.4	1.5	1.0	1.0	0.6	0.4	0.4	0.9	0.6	-0.6	-0.1	0.8	0.2	1.4	1.1	1.2	1.0	0.8	
HV	0.3	0.6	0.3	-0.4	0.0	0.4	0.4	1.5	1.0	1.0	0.6	0.4	0.4	0.9	0.6	-0.6	-0.1	0.8	0.2	1.4	1.1	1.2	1.0	0.8	
Warm Up	0.1	0.4	0.2	-0.3	0.0	0.3	0.4	1.3	0.9	0.9	0.5	0.3	0.1	0.7	0.6	-0.4	-0.2	0.6	0.3	1.3	1.1	1.2	0.9	0.7	
ExStart	0.2	0.7	0.4	-0.5	-0.1	0.6	0.3	1.3	0.9	0.9	0.6	0.5	0.3	1.0	0.7	-0.6	-0.2	0.8	0.2	1.3	1.0	1.1	0.9	0.8	
Stage 1	-0.4	-0.9	-0.7	0.5	0.2	-0.8	0.6	0.3	0.2	-0.1	-0.7	-0.6	0.2	1.3	0.4	-0.8	0.0	1.1	0.6	1.6	1.9	2.0	1.2	1.1	
PeakEx	-0.1	-0.6	0.0	0.9	-0.3	-0.3	0.6	0.8	0.5	-0.2	-0.8	-0.5	-0.6	1.1	1.4	-0.9	-0.6	1.5	-0.1	2.3	1.7	1.4	0.7	0.4	
Recovery	-1.7	-1.4	-0.9	0.9	0.4	-1.2	0.8	0.8	0.7	0.1	-0.3	-0.6	-0.4	0.8	0.8	-0.4	-0.3	0.8	0.8	2.1	2.5	2.1	1.5	1.0	

	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6
STI(μVs)												
Supine	1.6	3.4	1.9	-2.4	-0.3	2.5	2.6	10.7	6.9	6.4	3.5	1.9
Standing	1.6	3.4	1.9	-2.4	-0.3	2.5	2.6	10.7	6.9	6.4	3.5	1.9
HV	1.6	3.4	1.9	-2.4	-0.3	2.5	2.6	10.7	6.9	6.4	3.5	1.9
Warm Up	1.6	3.1	1.4	-2.4	0.2	2.2	2.6	10.1	6.6	6.3	3.9	2.5
ExStart	2.0	4.8	2.8	-3.5	-0.4	3.8	2.2	9.5	6.3	6.1	3.8	3.0
Stage 1	-3.5	-8.6	-5.8	5.3	1.7	-7.5	3.0	-0.8	-2.7	-5.1	-7.2	-6.0
PeakEx	0.7	-6.0	-3.3	7.3	0.1	-4.9	3.5	0.3	-0.2	-4.2	-6.6	-5.0
Recovery	-9.9	-10.7	-7.6	6.9	3.0	-9.1	3.5	0.6	-0.6	-3.3	-5.9	-6.6



Patna-20

1734 / MRS. INDU DAS / 50 Yrs / Female / 144 Cm / 53 Kg

Time	HR	PR Int	QRS Wid	QRS Axis	QTC	P(μV)	R(μV)	S(μV)	T(μV)	Min. J Leads for	Min. Post RR Var	VEB	Missed Beats
(Min.)	(bpm)	(mS)	(mS)	(Deg.)	(mS)	(Max)	(Max)	(Min)	(Max)	(μV) (J & PJ)	(μV) (%)	(Counts)	(Counts)
00:30	111	200	60	52	276	447	887	-939	690	-61 avL	-610 0.00	0	0
01:00	132	152	66	67	367	-352	884	-904	-514	-299 avL	-455 0.00	0	0
01:30	147	140	58	69	145	206	830	-884	259	-197 avF	-163 0.00	0	0
02:00	156	104	58	58	279	182	794	-901	-314	-285 III	-260 0.00	0	0
02:30	160	104	58	81	237	165	856	-876	-260	-259 II	-178 0.00	0	0
03:00	161	58	64	48	361	200	794	-938	282	-248 II	-178 0.00	0	0
03:30	160	112	62	74	352	196	788	-927	301	-295 III	-161 0.00	0	0
04:00	169	106	58	69	381	192	810	-989	-312	-322 III	-288 0.00	0	0
04:30	160	116	62	77	340	181	798	-1036	286	-272 II	-192 0.00	0	0



MC-3319

Kolkata Lab : Block DD-30, Sector-1, "Andromeda", Ground Floor, Salt lake, Kolkata-700064
 Landline No: 033-40818800/ 8888/ 8899 | Email ID: kolkata@unipath.in | Website: www.unipath.in
 CIN : U85195GJ2009PLC057059



30104100413

TEST REPORT

Reg.No : 30104100413	Reg.Date : 29-Jan-2023 10:37	Collection : 29-Jan-2023 10:37
Name : MS. INDU DAS		Received : 29-Jan-2023 10:37
Age : 50 Years	Sex : Female	Report : 29-Jan-2023 13:49
Referred By : AAROGYAM DIAGNOSTICS @ PATNA		Dispatch : 29-Jan-2023 14:10
Referral Dr : □	Status : Final	Location : 41 - PATNA

Test Name	Results	Units	Bio. Ref. Interval
THYROID PROFILE			
Tri-iodothyronine (Total T3) <i>Method: ECLIA</i>	1.12	ng/mL	0.80 - 2.0
Thyroxin (Total T4) <i>Method: ECLIA</i>	8.11	µg/dL	5.1 - 14.1
Thyroid Stimulating Hormone (TSH.) <i>Method: ECLIA</i> Ultra Sensitive	1.220	µIU/mL	0.27 - 4.2

Sample Type: Serum**Note:****TSH Reference Range in Pregnancy :**

- Pregnancy 1st Trimester 0.1 - 2.5 uIU/ml
- Pregnancy 2nd Trimester 0.2 - 3.0 uIU/ml
- Pregnancy 3rd Trimester 0.3 - 3.0 uIU/ml

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm. The variation is of the order of 50 %. Hence time of the day has an influence on the measured serum TSH concentrations.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- The physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
- All infants with a low T4 concentration and a TSH concentration greater than 40 uU/L are considered to have congenital hypothyroidism and should have immediate confirmatory serum testing.
- If the TSH concentration is slightly elevated but less than 40 uU/L, a second screening test should be performed on a new sample. Results should be interpreted using age-appropriate normative values

Clinical Use:

- Primary Hypothyroidism · Hyperthyroidism · Hypothalamic -Pituitary hypothyroidism · Inappropriate TSH secretion · Nonthyroidal illness· Autoimmune thyroid disease · Pregnancy-associated thyroid disorders · Thyroid dysfunction in infancy and early childhood

----- End Of Report -----

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