



Name: <b>RANA PRATAP GOND</b>	Ward: OPD
Lab ID <b>00000266</b>	Registration on: 30/12/2022 09:43:00
Age & Sex: <b>43 Year   Male</b>	Reported on: 13:35:43
Reference: <b>VELOCITY HOSPITAL</b>	Sample Type: <b>BLOOD &amp; URINE</b>

## BLOOD GLUCOSE TEST

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Sample	FLOURIDE PLASMA		
<b><u>FASTING (FBS)</u></b>			
Blood Sugar-F	98.12	mg/dL	70.00-110.00
<b><u>POST PRANDIAL (PPBS)</u></b>			
Blood Sugar-PP	133.3	mg/dL	110.0 - 140.0

--- End of Report ---

**DR. TEJAL BHATT**  
MD. PATHOLOGIST





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## LABORATORY TEST REPORT



Patient Information	Sample Information	Client/Location Information
Name : <b>Mr Rana Pratap Gond</b>	Lab Id : <b>122215302913</b>	Client Name : Spectra Diagnostics Lab@Adajan
Sex/Age : <b>Male / 43 Y</b>	Registration on : 30-Dec-2022 10:54	Location :
Ref. Id :	Collected at : non SAWPL	Approved on : 30-Dec-2022 12:29 Status : Final
Ref. By : Spectra Diagnostic Laboratory	Collected on : 30-Dec-2022 11:17	Printed On : 30-Dec-2022 13:12
	Sample Type : Serum	Process At : 153. Lab SAWPL Gujarat Surat Adajan

### Thyroid Function Test

Test	Result	Unit	Biological Ref. Interval
T3 - Triiodothyronine <i>Chemiluminescence</i>	0.86	ng/mL	0.58 - 1.59
T4 - Thyroxine <i>Chemiluminescence</i>	4.88	micro g/dL	4.87 - 11.72
TSH - Thyroid Stimulating Hormone <i>Chemiluminescence</i>	3.2245	microIU/mL	0.35 - 4.94

TSH	T3/FT3	T4/FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	- Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	- Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & Biological TSH Variability. - Subclinical Autoimmune Hypothyroidism - Intermittent T4 therapy for hypothyroidism - Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	- Chronic autoimmune Thyroiditis - Post thyroidectomy, Post radiiodine - Hypothyroid phase of transient thyroiditis
Raised or Within Range	Raised	Raised or Within range	- Interfering antibodies to thyroid hormones (anti-TPO antibodies) - intermittent T4 therapy or T4 overdose - Drug interference-Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics
Decreased	Raised or within Range	Raised or within Range	- Isolated Low TSH - especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness - Subclinical Hyperthyroidism - Thyroxine ingestion
Decreased	Decreased	Decreased	- Central Hypothyroidism - Non-Thyroidal illness - Recent treatment for Hyperthyroidism (TSH remains suppressed)
Decreased	Raised	Raised	- Primary Hyperthyroidism (Graves disease), Multinodular goitre Toxic nodule - Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain'a) Gestational thyrotoxicosis with hyperemesis gravidarum
Decreased or within range	Raised	Within Range	- T3 toxicosis - Non-Thyroidal illness

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Name : <b>Mr Rana Pratap Gond</b>	Lab Id : <b>122215302913</b>	Client Name : Spectra Diagnostics Lab@Adajan
Sex/Age : <b>Male / 43 Y</b>	Registration on : 30-Dec-2022 10:54	Location :
Ref. Id :	Collected at : non SAWPL	Approved on : 30-Dec-2022 13:02 Status : Final
Ref. By : Spectra Diagnostic Laboratory	Collected on : 30-Dec-2022 11:17	Printed On : 30-Dec-2022 13:12
	Sample Type : Serum	Process At : 153. Lab SAWPL Gujarat Surat Adajan

### Immunoassay

Test	Result	Unit	Biological Ref. Interval
<b>Vitamin B12</b> <i>Chemiluminescence</i>	461.00	pg/mL	187 - 833

Vitamin B12 is essential in DNA synthesis, hematopoiesis, and CNS integrity.

#### Interpretation:

- Increased In** : Chronic granulocytic leukemia , COPD and Chronic renal failure , Leukocytosis , Liver cell damage (hepatitis, cirrhosis) , Obesity and Severe CHF , Polycythemia vera , Protein malnutrition.
- Decreased In** : Abnormalities of cobalamin transport or metabolism , Bacterial overgrowth , Crohn disease , Dietary deficiency (e.g. in vegetarians) , Diphyllbothrium (fish tapeworm) infestation , Gastric or small intestine surgery , Hypochlorhydria , Inflammatory bowel diseases , Intestinal malabsorption and Intrinsic factor deficiency

#### Limitations:

- Drugs such as chloral hydrate increase vitamin B12 levels. On the other hand , alcohol, aminosalicic acid, anticonvulsants, ascorbic acid, cholestyramine, cimetidine, colchicines, metformin, neomycin, oral contraceptives, ranitidine, and triamterene decrease vitamin B12 levels.
- The evaluation of macrocytic anemia requires measurements of both vitamin B12 and folate levels; ideally they should be measured simultaneously.
- Specimen collection soon after blood transfusion can falsely increase vitamin B12 levels.
- Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12. The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

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

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