



ID: 3333
 Female
 27 Years
 cm
 kg
 mmHg
 HR : 77 bpm
 P : 89 ms
 PR : 123 ms
 QRS : 70 ms
 QT/QTc : 370/420 ms
 P/QRS/T : 64/30/11 °
 RV5/SV1 : 1.416/0.890 mV

CARDIART

Minnesota Code:

Diagnosis Information:
 Sinus Rhythm
 Poor R Wave Progression

Mallika Kulkarni MD F
 Mo. Bank of Barbada

Report Confirmed by:



ANUBIKSHAN

Diagnostic Centre

Near Asansol District Hospital(Main Gate)
S.B. Gorai Road, Asansol-713301
Email ID : anubikshan.dc@gmail.com
Ph. : 0341-2221195, M. : 9732362727, 7872772680



PATIENT NAME:- MALLIKA MUKHERJEE	AGE:- 27 YRS	GENDER:- FEMALE
REF BY DR:- M.O. BANK OF BARODA.	DATE:- 11.09.2021	

- ❖ **RATE** :- 78
- ❖ **AXIS** :- normal
- ❖ **P- WAVE** :- normal
- ❖ **P-R** :- normal
- ❖ **QRS** :- normal
- ❖ **ST - T** :-
- ❖ **T - WAVE** :- no change

➤ **IMPRESSION** :- within normal limits

❖ **ADVICE** :-

[Signature]
Dr. Sunil Gupta
MBBS MD
48372
WB

Dr. SUNIL GUPTA
MBBS MD (Medicine)
Reg No WBMC 48372

Name : MALLIKA MUKHERJEE Client Name : Anubikshan Diagnostic Centre Registered On : 11/09/2021 11:20 PM
 Gender/ Sex : Female / 27 Year(s) Client Add : 50 SB Gorai Road, Asansol Collected On : 11/09/2021 11:20 PM
 Visit No : KO211109455 Reported On : 12/09/2021 12:31 AM
 Referred By : Dr.BANK OF BARODA Ref : Patient ID : P21738972



IMMUNOLOGY

Test	Results	Units	Reference Range
Thyroid Panel I - Serum Chemiluminescence			
Tri-Iodothyronine Total (TT3)	1.02	ng/mL	0.8-2.0
Thyroxine - Total (TT4)	9.83	µg/dL	4.82-15.65
Thyroid Stimulating Hormone-3rd Generation TSH	2.78	µIU/mL	0.38-5.33

General Population (males and non-pregnant females.)	0.38 - 5.33
Pregnant Females, 1st Trimester	0.05 - 3.70
Pregnant Females, 2nd Trimester	0.31 - 4.35
Pregnant Females, 3rd Trimester	0.41 - 5.18

TSH levels are subject to circadian variation, reaching peak levels between 2am-4am and at a minimum between 6-10pm. The variation is of the order 50%. Hence time of the day has influence on the measured serum TSH concentration.

TSH is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (Free T3) and FT4 (Free T4). Additionally, the hypothalamic tripeptide, thyrotropin - releasing hormone (TSH), directly stimulates TSH production. The ability of 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 (hypothalamic) hypothyroidism . In primary hypothyroidism , TSH levels are significantly elevated , while in secondary and tertiary hypothyroidism ,TSH levels are low. TSH stimulation differentiates secondary and tertiary hypothyroidism by observing the change in patient TSH levels. Typically , the TSH response to TSH stimulation is absent in cases of secondary hypothyroidism and normal to exaggerated in tertiary hypothyroidism. Historically ,TSH stimulation has been used to confirm primary hypothyroidism, indicated by elevated T3 and T4 levels and low or undetectable TSH levels . TSH assays with increased sensitivity and specificity provide a primary diagnostic tool to differentiate hyperthyroid from euthyroid patients.

Kindly correlate clinically. If necessary discuss/repeat. This is an electronically authenticated report

-- End of Report --

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Results relate only to the sample as received
Not in NABL Scope

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