

Patient Name : Mr.BASAVARAJU .	Collected : 28/Sep/2023 09:02AM
Age/Gender : 40 Y 4 M 18 D/M	Received : 28/Sep/2023 10:31AM
UHID/MR No : CMYS.0000058062	Reported : 28/Sep/2023 10:57AM
Visit ID : CMYSOPV117901	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 918141830958	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	98	mg/dl	74-106	GOD, POD
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Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



SIN No:PLF02033514

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Visit ID : CMYSOPV117901	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	0.98	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	6.62	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	11.160	µIU/mL	0.35-4.94	CMIA

Comment:

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

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

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 Replacement Therapy.
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

*** End Of Report ***

Result/s to Follow:

HBA1C (GLYCATED HEMOGLOBIN), LIVER FUNCTION TEST (LFT), GAMMA GLUTAMYL TRANSFERASE (GGT), COMPLETE URINE

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EXAMINATION (CUE), HEMOGRAM, GLUCOSE (FASTING) - URINE, PERIPHERAL SMEAR, BLOOD GROUP ABO AND RH FACTOR, RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), LIPID PROFILE, GLUCOSE (POST PRANDIAL) - URINE, GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)




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Consultant Pathologist

