

Patient Name : Mrs. BINDU VERMA
Age / Gender : 42 Years / Female
Referred By : Dr. MUZAMIL AHMED WANI
Req.No : 2193794
Patient Type : OPD

UHID : 23823
IPNO :
Requisitions : 23/03/2022 / 10:30 AM
Sample collection : 23/03/2022 / 10:53 AM
Sample Receiving : null / 10:53:28
Reported on : 23/03/2022 / 4:36 PM

CLINICAL PATHOLOGY

URINE ROUTINE MICROSCOPY

Specimen Type

TEST NAME

PHYSICAL EXAMINATION

TEST NAME	RESULT	UNITS	REFERENCE INTERVAL	METHOD
volume	20	ml		
colour	Pale Yellow		Pale Yellow	
Appearance	Clear		Clear	
Specific Gravity	1.030			Polyelectrolytes Ionic
reaction	Acidic		Acidic	
pH -Urine	5.0			PH paper
Albumin	NIL		NIL	Protein-error-of-Indicator/Sulphosalicylic Acid
Glucose	NIL		NIL	GODPOD/Benedicts
Bile Salt	NIL		NIL	
Bile Pigment	NIL		NIL	Diazo/Fouchets Test
Urobilinogen	NIL		NIL	Elrich Aldehyde

**** End of Report ****

Please Correlate With Clinical Findings

Lab Technician Dr. GAURVI PIPLANI
MD (Pathology)

Dr. KANIKA GUPTA
MD (Pathology)

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CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION

PUS CELLS - URINE	1-2	/HPF		
Red blood cells	Nil		NIL	
Epithelial Cells - Urine	Nil		4---5/HPF	
Casts	NIL		NIL	Microscopic
Crystals.	NIL		NIL	Microscopic

Albumin test positive by Multistrip Method is confirmed by Sulphosalicylic acid method.

-**** End of Report ****
Please Correlate With Clinical Findings

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BIOCHEMISTRY

BLOOD SUGAR FASTING

Specimen Type	TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL	METHOD
Plasma glucose(fasting.)		79.0	mg/dl	70 - 110	GOD-POD Hexokinase

-**** End of Report ****-

Please Correlate With Clinical Findings

Gaurvi

Lab Technician Dr. GAURVI PIPLANI
MD (Pathology)

Dr. KANIKA GUPTA
MD (Pathology)

Patient Name : Mrs. BINDU VERMA
Age / Gender : 42 Years / Female
Referred By : Dr. MUZAMIL AHMED WANI
Req.No : 2193791
Patient Type : OPD

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HAEMATOLOGY

HBA1C

Specimen Type

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL	METHOD
Glycosylated Haemoglobin (Hb A1c)	6.0	%	NON DIABETIC: <5.7 PRE DIABETIC: 5.7- 6.4 DIABETICS: >OR 6.5 ADA TARGET: 7.0	Latex immunoagglutination inhibition methodology

*Done on DCA Vantage

*Results of these tests should always be interpreted in conjunction with patients medical history, clinical presentation and other findings.

*The results of HbA1c are not influenced by recent meals, physical activity or emotional stress.

**** End of Report ****

Please Correlate With Clinical Findings



Lab Technician Dr. GAURVI PIPLANI
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Dr. KANIKA GUPTA
MD (Pathology)

Patient Name : Mrs. BINDU VERMA
 Age / Gender : 42 Years / Female
 Referred By : Dr. MUZAMIL AHMED WANI
 Req.No : 21937944
 Patient Type : OPD

UHID : 23823
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BIOCHEMISTRY

LIPID PROFILE.(TOTAL CHOLESTEROL,LDL,HDL,TRIGLYCERIDES)

Specimen Type

TEST NAME

BIOLOGICAL

RESULT

UNITS

REFERENCE INTERVAL

METHOD

LIPID PROFILE

SERUM CHOLESTROL

176.7

mg/dl

0 - 200

Cholestrol Oxidase

Serum Triglycerides

126.3

mg/dl

Up to 150

GPO -Trinder

HDL Cholesterol

38.7

mg/dl

0 - >60

Direct Method

LDL Cholesterol

112.7

mg/dl

Optimal <100,Above
Opt. 100-129 -high
160-189

Direct Measure

VLDL Cholesterol

25.2

mg/dL

*Less than 30

Calculated

*Automated Direct HDL And LDL Estimation.

*Results of these tests should always be interpreted in conjunction with patients medical history, clinical presentation and other findings.

******* End of Report *******

Please Correlate With Clinical Findings

Gaurvi

Lab Technician

Dr. GAURVI PIPLANI
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BIOCHEMISTRY

KFT(KIDNEY FUNCTION TEST)/RFT/Renal Profile

Specimen Type	BIOLOGICAL			
TEST NAME	RESULT	UNITS	REFERENCE INTERVAL	METHOD
Serum Sodium	139.4	meq/l	135 - 155	ISE Indirect
Serum Chloride	109.7	meq/l	98 - 107	
Serum Potassium	4.32	meq/l	3.5 - 5.6	ISE Indirect

***** End of Report *****

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BIOCHEMISTRY

LFT(LIVER FUNCTION TEST)

Specimen Type	Serum	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL	METHOD
TOTAL BILIRUBIN		0.65	mg/dL	0.1 - 1.2	Diazotized Sulphanilic Acid
DIRECT BILIRUBIN		0.43	mg/dl.	0.00 - 0.20	Diazotized Sulphanilic Acid
INDIRECT BILIRUBIN		0.22	mg/dL	0.0 - 0.9	Diazotized Sulphanilic Acid
SGOT (AST)		14.0	IU/L	0 - 35	IFCC WPP AMP
SGPT (ALT)		13.0	IU/L	5 - 40	IFCC WPP AMP
Alkaline Phosphatase		42.8	IU/L	Adult: 50 - 136	Modified IFCC
Total Protein		5.86	g/dl	6.4-8.2	Biuret Endpoint
Albumin - Serum		4.24	g/DL	3.2 - 5.0	Photometric Column test BCG Dye
Globulin		1.62	gms%	2.3 - 4.5	

*Results of these tests should always be interpreted in conjunction with patients medical history, clinical presentation and other findings.

******* End of Report *******
Please Correlate With Clinical Findings

Lab Technician Dr. GAURVI PIPLANI
MD (Pathology)

Dr. KANIKA GUPTA
MD (Pathology)



NAME :Mrs. BINDU 23823 Patient ID :230180
AGE/GENDER :42 Y Female SPECIMEN DATE :24/Mar/2022 08:36PM
TEST REQUEST ID :012203240218 SPECIMEN RECEIVED :24/Mar/2022 08:48PM
REFERRED BY :Dr. PARK HOSPITAL REPORT DATE :25/Mar/2022 08:39AM
SAMPLE ID :10228595 PRINT DATE :07/Apr/2022 12:31PM

Investigation Name	Result	Unit	Biological Ref.Interval
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Thyroid Function Test(T3,T4,TSH)

Primary Sample Type:Serum

Triiodothyronine total [T3] Chemiluminescence Microparticle Immuno Assay	99.0	ng/dL	70-200
Thyroxine total [t4] Chemiluminescence Microparticle Immuno Assay	7.80	ug/dL	4.87-11.72
TSH (4th Generation) Chemiluminescence Microparticle Immuno Assay	12.594 ^H	uIU/mL	0.35-4.94

INTERPRETATION

Link with age for Males > 20 years

REFERENCE GROUP	REFERENCE RANGE IN uIU/mL
Males > 20 years	0.5 - 4.8

Below mentioned Table to appear only for female patients > 20 years.No value in reference range

REFERENCE GROUP	REFERENCE RANGE in uIU/mL (As per American Thyroid Association)
Adult Females (> 20 years)	0.5 - 4.8
Pregnancy	Reference Range
First Trimester	0.10- 2.50
Second Trimester	0.20 - 3.00
Third Trimester	0.30 - 3.00

Note: 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 influence on the measured serum TSH concentrations.

Clinical Use

V.K. Dogra
Dr. V.K. Dogra
MD Path.
Director
Sr. Consultant Pathologist





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Investigation Name	Result	Unit	Biological Ref.Interval
<ul style="list-style-type: none">• Diagnose Hypothyroidism and Hyperthyroidism• Monitor T4 replacement or T4 suppressive therapy• Quantify TSH levels in the subnormal			

Range Increased Levels:

- Primary hypothyroidism
- Subclinical hypothyroidism
- TSH dependent Hyperthyroidism
- Thyroid hormone resistance

Decreased Levels:

- Graves disease
- Autonomous thyroid hormone secretion
- TSH deficiency

Comment

T₃ or 3,5,3-triiodothyronine is a hormone synthesized and secreted from the thyroid gland, and formed by peripheral deiodination of thyroxine (T₄). The determination of T₃ levels in serum is essential in assessing thyroid functions. T₃ is secreted by thyroid glands and circulates in the blood stream; mostly (99.7%) bound to the plasma protein, thyroxin binding globulin (TBG) and prealbumin (TBPA) and albumin. The remaining (0.3%) is free, unbound and its metabolic potency is much greater. T₃ hormone regulates cell metabolism and body growth and its level is a good indicator of thyroid disease state and body metabolism. Further the concentrations of the carrier protein are altered in many conditions such as pregnancy in normal thyroid function, as the concentrations of the carrier proteins alters, the total T₃ level changes so that free T₃ concentration remains constant. Thus, measurements of the free T₃ concentrations correlate excellently with clinical status than total T₃ levels.

T₄ or Thyroxine or 3,5,3,5-tetraiodothyronine is a hormone synthesized and secreted by the thyroid gland and plays an important role in regulating metabolism. In the peripheral tissues it act as a prohormone which is further metabolized to another most active thyroid hormone, tri-iodothyronine (T₃) and other inactive metabolites such as reverse T₃.

TSH or Thyroid-stimulating hormone is a hormone synthesized and secreted by Pituitary gland. TSH is glycoprotein with two non-covalently bound alpha and beta subunits. The beta subunit of TSH is unique, which results in the specific biochemical and immunological properties of this hormone. The ability to 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 (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low. The measurement of serum TSH has proven to be one of the most sensitive methods for the detection of primary hypothyroidism. In primary hypothyroidism the production of thyroid hormones is impaired and the TSH levels are observed to be higher. However in secondary and tertiary hypothyroidism the TSH levels are low because of pituitary or hypothalamic lesions. In hyperthyroidism the circulating levels of TSH is usually subnormal. In some instance however this condition may result from hyperstimulation of thyroid.

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BIOCHEMISTRY

BLOOD GROUP And RH TYPE

Specimen Type

TEST NAME

Blood Group

RESULT

UNITS

BIOLOGICAL
REFERENCE INTERVAL

METHOD

" A " RH POSITIVE

MATRIX GEL ABO/Rho
(D) FORWARD &
REVERSE GROUPING

Internal Autocontrols are satisfactory.

-**** End of Report ****-

Please Correlate With Clinical Findings

Gaurvi

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