

# 24X7 {Helpline - 7835 999 444 , 7835 999 555}

**Patient Name :** Mrs. PRIYA [UHIDNO:FHP19605116112021]  
**Age / Gender :** 32 Yr / Female  
**Address :** F-i302 Greena Socity Noida, Gautam Buddha Nagar, UTTAR PRADESH  
**Requesting Doctor:** Dr. ANSHUMALA SINHA

UHIDNO:FHP196051161120

Reg. ID :OPD.22-23-147773

## BIOCHEMISTRY

**Request Date :** 25-03-2023 08:23 AM  
**Collection Date :** 25-03-2023 08:37 AM[BI11235]  
**Acceptance Date :** 25-03-2023 08:37 AM | TAT: 02:22 [HH:MM]

**Reporting Date :** 25-03-2023 10:59 AM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>BLOOD SUGAR FASTING (BSF) * Sodium fluoride(grey top) ]</b> <i>Performed On: VITROS 250</i>		86.00 mg/dL	74.00 - 110.00 mg/dL (Age <= 100 )
<i>Please correlate clinically</i>			

END OF REPORT.

Prepared By  
PIYUSH SHUKLA

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

# 15%

Discount on Medicines Purchase from Felix Pharmacy  
फेलिक्स फार्मसी से दवाओं की खरीद पर 15% की छूट\*

• 24X7 Emergency • Ambulance • Pharmacy • Lab • Blood Bank

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**Requesting Doctor:** Dr. ANSHUMALA SINHA

UHIDNO:FHP196051161120

Reg. ID :OPD.22-23-147773

## BIOCHEMISTRY

**Request Date :** 25-03-2023 08:23 AM  
**Collection Date :** 25-03-2023 08:33 AM[BI11234]  
**Acceptance Date :** 25-03-2023 08:34 AM | TAT: 02:00 [HH:MM]

**Reporting Date :** 25-03-2023 10:34 AM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>LIPID PROFILE *[ Plain tube (red top) ]</b>			
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*		150.00 mg/dL	Normal <200, Borderline High 200 - 239, High > 240
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*		192.00 mg/dL	Normal : < 150 Borderline High: 150 - 199 High: 200 - 499 Very High :> 500
HDL -CHOLESTEROL PTA/ MgCl2-enzymatic*		50.00 mg/dL	40.00 - 60.00 mg/dL
LDL(Low density lipid) Calculated		<b>61.60 mg/dL *</b>	100.00 - 160.00 mg/dL
VLDL(Very low density lipid) Calculated		38.40 mg/dL	15.00 - 40.00 mg/dL
CHOL/HDL Ratio Calculated		3.00	3.00 - 5.00
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

END OF REPORT.

*Vaishali*

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**Requesting Doctor:** Dr. ANSHUMALA SINHA Reg. ID :OPD.22-23-147773

**BIOCHEMISTRY**

**Request Date :** 25-03-2023 08:23 AM **Reporting Date :** 25-03-2023 10:33 AM  
**Collection Date :** 25-03-2023 08:33 AM[BI11234] **Reporting Status :** Finalized  
**Acceptance Date :** 25-03-2023 08:34 AM | TAT: 01:59 [HH:MM]

Investigations	Method	Result	Biological Reference
<b>KIDNEY FUNCTION TEST(KFT) *[ Plain tube (red top) ]</b>			
UREA (UREASE METHOD)*		11.5 mg/dL	F 10.00 - 40.00 mg/dL
S.CREATININE (ENZYMATIC)*		0.70 mg/dL	F 0.52 - 1.04 mg/dL
S.URIC ACID (URICASE, COLORIMETRY)*		5.50 mg/dL	F 2.50 - 6.20 mg/dL
S.CALCIUM (ARSENAZO DYE)*		9.10 mg/dL	8.40 - 10.20 mg/dL
S. SODIUM (DIRECT I.S.E.)*		140.0 mmol/L	137.00 - 145.00 mmol/L
S. POTASSIUM (DIRECT I.S.E.)*		4.50 mmol/L	3.50 - 5.10 mmol/L
S. PHOSPHORUS (PMA PHENOL)*		3.60 mg/dL	2.50 - 4.50 mg/dL
S. CHLORIDE (DIRECT I.S.E)		101.0 mmol/L	98.00 - 107.00 mmol/L (Age 0 - 100 )
<i>Performed On: VITROS 250</i>			
<b>LIVER FUNCTION TEST *[ Plain tube (red top) ]</b>			
TOTAL BILIRUBIN (AZOBILIRUBIN/DIPHYLLINE)*		1.20 mg/dL	Adult 0.20 - 1.30 mg/dL
CONJUGATED(D.Bilirubin) (CALCULATED)		0.30 mg/dL	Adult 0.00 - 0.30 mg/dL
UNCONJUGATED(I.D.Bilirubin) (SPECTROPHOTOMETRY)		0.90 mg/dL	Adult 0.00 - 1.10 mg/dL
S.G.O.T (AST) (KINETIC LEUCO DYE)*		22.0 IU/L	F 14.00 - 36.00 IU/L
S.G.P.T (ALT) (KINETIC LDH/NADH)*		17.0 IU/L	F 0.00 - 35.00 IU/L
ALKALINE PHOSPHATASE (pNPP/AMP)*		61.0 IU/L	F 35.00 - 104.00 IU/L (Age 18 Y - 100 Y)
TOTAL PROTEIN (BIURET)*		6.40 gm/dL	6.30 - 8.20 gm/dL
ALBUMIN (BROMOCRESOL GREEN)*		3.60 gm/dL	3.50 - 5.00 gm/dL
GLOBULIN (CALCULATED)*		2.80 gm/dL	2.00 - 3.50 gm/dL
A/G RATIO (CALCULATED)		1.29	1.00 - 2.10
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

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Patient Name: Mrs. PRIYA / UHIDNO:FHP19605116112021  
Age / Gender: 32 Yr /Female  
Address: F-i302 Greena Socity Noida, Gautam Buddha Nagar,  
UTTAR PRADESH  
Requesting Doctor: Dr. ANSHUMALA SINHA



Reg. No.: OPD.22-23-147773

Request Date : 25-03-2023 08:23 AM

Reporting Date : 25-03-2023 10:43 AM  
Report Status : Finalized

**X-RAY CHEST PA VIEW WITH COMPUTED RADIOGRAPHY**

No focal lesion seen in the lung parenchyma.

Costophrenic angles and domes of the diaphragm are normal.

Both hila are normal. Pulmonary vasculature is normal.

Cardiac size and configuration is normal.

Trachea is central; no mediastinal shift is seen.

Bony thorax and soft tissues of the chest wall are normal.

**IMPRESSION: No abnormality detected.**

**Advise: Clinical correlation.**

END OF REPORT

Dr. PULKIT SONI  
MBBS, DMRD, DNB  
(CONSULTANT RADIOLOGIST)

15%

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Mrs. PRIYA / UHIDNO:FHP19605116112021

Reg. No.: OPD.22-23-147773

Page 1 of 1

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This is not for Medical Legal purpose



24X7 {Helpline - 7835 999 444 , 7835 999 555}

Patient Name: Mrs. PRIYA / UHIDNO:FHP19605116112021  
Age / Gender: 32 Yr /Female  
Address: F-1302 Greena Socity Noida, Gautam Buddha Nagar,  
UTTAR PRADESH



Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. No.: OPD.22-23-147773

Request Date : 25-03-2023 08:23 AM

Reporting Date : 25-03-2023 11:00 AM

Report Status : Finalized

**ULTRASOUND WHOLE ABDOMEN FEMALE**

**Liver** is normal in size, shape and shows homogenous echopattern. No focal lesion is seen. Intrahepatic biliary radicles and venous channels appear normal.

**Gall bladder** is distended and shows smooth walls and the lumen is echofree. CBD is not dilated.

**Pancreas** is normal in size, shape and echotexture.

**Spleen** is normal in size (97 mm) and echotexture.

**Both kidneys** are normal in size, shape and echopattern. Cortico-medullary differentiation and parenchymal thickness is well maintained. No evidence of any pelvicalyceal separation is seen. Right kidney measures 93 x 39 mm. Left kidney measures 99 x 39 mm.

No evidence of any significant retroperitoneal lymphadenopathy is seen.

No evidence of fluid in peritoneal cavity.

**Urinary bladder** is normal in distensibility and wall thickness. The lumen is echofree.

**Uterus** is retroverted and normal in size (60 x 36 x 39 mm). Endometrium thickness is 6.5 mm.

**Intramural fibroid in the anterior wall of uterine body, measuring ~ 12.0 x 10.0 mm.**

**Both ovaries** are normal in size, shape and echotexture.

Cul-de-sac is clear.

**IMPRESSION:**

Intrauterine small fibroid.

Rest of the scan is unremarkable.

**Advice: Clinical Correlation.**

END OF REPORT

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 UTTAR PRADESH



**Requesting Doctor:** DR. RAHUL ARORA

**Reg. No.:** OPD.22-23-147820

**Request Date :** 25-03-2023 10:12 AM

**Reporting Date :** 25-03-2023 10:57 AM

**Report Status :** Finalized

## ECHO COLOUR DOPPLER

<b>INDICATIONS</b>		<b>SOB</b>	
<b>IMAGE QUALITY</b>	GOOD	<b>VIEWS</b>	PLAX,PSAX,AP4CH,AP2CH

### REPORT :-

MEASUREMENTS	ABSOLUTE VALUE				NORMAL VALUE	DOPPLER	ABSOLUTE VALUE	NORMAL VALUE
Aortic Root Diameter (mm)	26				23-34	Mitral E velocity	1.28m/sec	0.6-1.3 m/s
Aortic valve excursion (mm)	18				>16	Mitral A velocity	0.68m/sec	0.2-0.7 m/s
Left Atrial Dimension (mm)	33				25-40	Mitral E/A ratio	1.89	1-2
Left Ventricular ED Dimension (mm)	48				39-53	Mitral DT	162msec	160-240 msec
Left Ventricular ES Dimension (mm)	31				23-36	TAPSE	16mm	≥16 mm
Interventricular Septal Thickness (mm)	ED	10	ES	15	6-11	Peak Aortic velocity	0.99m/sec	1.0-1.7 m/s
Left Ventricular PW Thickness (mm)	ED	10	ES	14	6-11	Peak LVOT velocity	-	0.7-1.1 m/s
EPSS (mm)	3 mm				<5	MV P ½ Time	-	msec
FS% (mm)	36 %				27-45%	Aortic P ½ Time	-	>500 msec
LV Ejection Fraction (mm)	60 % ± 3%				>55%	Peak Pulmonary Velocity	0.65m/sec	0.5-1.3 m/s

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- A1 - A2 and P1 - P2 scallop prolapse present. Buckling of AML present - suggestive of mitral valve prolapse, causing severe mitral regurgitation (Grade III / IV).
- A small perimembranous IVS septal defect is seen with no significant shunt - ? perimembranous ventricular septal defect.
- Normal cardiac chambers.
- Normal RV Size and systolic function.
- No RWMA with LVEF : 60%.
- Mild TR - (PASP - 32 mmHg).
- No LVDD.
- IVC is not dilated and greater than 50% collapsible.
- No Clot/vegetation/pericardial effusion is noted.

### IMPRESSION :-

MITRAL VALVE PROLAPSE WITH SEVERE MITRAL REGURGITATION AND ?PERIMEMBRANOUS VSD.

ADVICE : Transesophageal echocardiography (TEE).

END OF REPORT



Dr. SYED ZAFRUL HASAN  
MBBS, PGDCC, ACMDC, DFM (U.K)  
(Associate Consultant)

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UHIDNO:FHP196051161120

Reg. ID :OPD.22-23-147773

## HAEMATOLOGY

**Request Date :** 25-03-2023 08:23 AM  
**Collection Date :** 25-03-2023 08:33 AM[HA8910]  
**Acceptance Date :** 25-03-2023 08:34 AM | TAT: 02:37 [HH:MM]

**Reporting Date :** 25-03-2023 11:11 AM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>HAEMOGRAM (CBC &amp; ESR)</b>			
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*		13.80 gm/dL	F 12.00 - 15.00 gm/dL (Age 13 Y - 100 Y)
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*		6810 /cumm	F 4000.00 - 10000.00 /cumm (Age 13 Y - 100 Y)
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*			
NEUTROPHIL		52.50 %	40.00 - 80.00 % (Age 13 Y - 100 Y)
LYMPHOCYTE		37.40 %	20.00 - 40.00 % (Age 13 Y - 100 Y)
MONOCYTE		7.80 %	2.00 - 10.00 % (Age 13 Y - 100 Y)
EOSINOPHIL		2.30 %	1.00 - 6.00 % (Age 13 Y - 100 Y)
BASOPHIL		0.00 %	0.00 - 1.00 % (Age 13 Y - 100 Y)
RBC (IMPEDENCE)*		4.60 millions/cumm	F 3.80 - 5.80 millions/cumm (Age 13 Y - 100 Y)
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*		41.96 %	F 36.00 - 46.00 % (Age 13 Y - 100 Y)
MCV(Calculated)*		91.10 fL	80.00 - 100.00 fL (Age 13 Y - 100 Y)
MCH(Calculated)*		30.10 Picogram	27.00 - 32.00 Picogram (Age 13 Y - 100 Y)
MCHC(Calculated)*		33.0 %	31.50 - 34.50 % (Age 13 Y - 100 Y)
PLATELET COUNT (IMPEDANCE)*		2.40 Lakh/cumm	1.50 - 4.00 Lakh/cumm (Age 13 Y - 100 Y)
ESR(Westergren's Method)*		22 mm/hr *	M 0 - 10 F 5 - 20

Performed On: PENTRA ES60 (Horiba),5-Part differential cell counter

END OF REPORT.

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Prepared By  
ABHISHEK RATHI

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

• **24X7 Emergency** • **Ambulance** • **Pharmacy** • **Lab** • **Blood Bank**



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## HAEMATOLOGY

**Request Date :** 25-03-2023 08:23 AM  
**Collection Date :** 25-03-2023 08:33 AM[HA8910]  
**Acceptance Date :** 25-03-2023 08:34 AM | TAT: 03:19 [HH:MM]

**Reporting Date :** 25-03-2023 11:53 AM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>Blood Group (RH Type) *[ EDTA tube(purple top) ]</b>			
Blood Group	Forward Grouping Method	A	
Rh Type	Forward Grouping Method	POSITIVE	

END OF REPORT.

*Vaishali*

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**Requesting Doctor:** Dr. ANSHUMALA SINHA Reg. ID :OPD.22-23-147773

## BIOCHEMISTRY

**Request Date :** 25-03-2023 08:23 AM **Reporting Date :** 25-03-2023 01:12 PM  
**Collection Date :** 25-03-2023 12:03 PM[B11316] **Reporting Status :** Finalized  
**Acceptance Date :** 25-03-2023 12:03 PM | TAT: 01:09 [HH:MM]

Investigations	Method	Result	Biological Reference
<b>BLOOD SUGAR POST PRONDIAL (BSPP) *[ Sodium fluoride(grey top) ]</b> <i>Performed On: VITROS 250</i>		121.0 mg/dL	80.00 - 140.00 mg/dL (Age <= 100 )

*Please correlate clinically*

END OF REPORT.

*Vaishali*

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## BIOCHEMISTRY

**Request Date :** 25-03-2023 08:23 AM **Reporting Date :** 25-03-2023 01:12 PM  
**Collection Date :** 25-03-2023 12:03 PM[B111316] **Reporting Status :** Finalized  
**Acceptance Date :** 25-03-2023 12:03 PM | TAT: 01:09 [HH:MM]

Investigations	Method	Result	Biological Reference
<b>BLOOD SUGAR POST PRONDIAL (BSPP) *[ Sodium fluoride(grey top) ]</b> <i>Performed On: VITROS 250</i>		121.0 mg/dL	80.00 - 140.00 mg/dL (Age <= 100 )

*Please correlate clinically*

END OF REPORT.

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PIYUSH SHUKLA

*Vaishali*  
VAIBHAV TIWARI  
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(PATHOLOGY)

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**Requesting Doctor:** Dr. ANSHUMALA SINHA Reg. ID :OPD.22-23-147773

## IMMUNOLOGY

**Request Date :** 25-03-2023 08:23 AM **Reporting Date :** 25-03-2023 02:06 PM  
**Collection Date :** 25-03-2023 08:33 AM [IMMU23245] **Reporting Status :** Finalized  
**Acceptance Date :** 25-03-2023 08:34 AM | TAT: 05:32 [HH:MM]

Investigations	Method	Result	Biological Reference
<b>THYROID PROFILE TOTAL(T3,T4,TSH) CLIA</b>			
<b>*[ Plain tube (red top) ]</b>			
Total T3		1.70 nmol/L	1.11 - 2.29 nmol/L (Age 0 - 100 )
Total T4		147.57 nmol/L	62.00 - 201.40 nmol/L (Age 0 - 100 )
TSH		4.01 µIU/mL	0.38 - 5.33 µIU/mL (Age 0 - 100 )
<i>Performed On: ACCESS 2 (BECKMAN COULTER)</i>			
<p>1. A circadian variation in serum TSH in healthy subjects is well documented. TSH level is reaching peak levels between 2-4 am 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 value of TSH.</p> <p>2. TSH levels between 6.3 and 15.0 may represent subclinical or compensated hypothyroidism or show considerable physiological &amp; seasonal variation, suggest clinical correlation or repeat testing with fresh sample.</p> <p>3. TSH levels may be transiently altered because of non-thyroid illness, like severe infection, renal disease, liver disease, heart disease, severe burns, trauma, surgery etc. Few drugs also altered the TSH values.</p> <p>4. A high TSH result often means an underactive thyroid gland caused by failure of the gland (hypothyroidism). A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or damage to the pituitary gland that prevents it from producing TSH.</p> <p>5. Resistance to thyroid hormone (RTH) and central hyperthyroidism (TSH-oma) are rare conditions associated with elevated TSH, T4 and T3 levels.</p>			
<i>Performed on: ACCESS 2 (BECKMAN COULTER)</i>			

END OF REPORT.

*Vaishali*

Prepared By  
PRANJALI RAI

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

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**Address :** F-i302 Greena Socity Noida, Gautam Buddha Nagar, UTTAR PRADESH  
**Requesting Doctor:** Dr. ANSHUMALA SINHA Reg. ID :OPD.22-23-147773

**CLINICAL PATHOLOGY**

**Request Date :** 25-03-2023 08:23 AM **Reporting Date :** 25-03-2023 01:26 PM  
**Collection Date :** 25-03-2023 08:33 AM[CLP13253] **Reporting Status :** Finalized  
**Acceptance Date :** 25-03-2023 08:34 AM | TAT: 04:52 [HH:MM]

Investigations	Method	Result	Biological Reference
<b>URINE ROUTINE AUTOMATED *[Random Urine ]</b>			
VOLUME		30 ML	>10
COLOUR		PALE YELLOW	PALE YELLOW
APPEARANCE		CLEAR	CLEAR
SPECIFIC GRAVITY (pKA CHANGE)		1.020	1.005 - 1.030
pH (DOUBLE INDICATOR)		6.0	5.00 - 8.50
URINE PROTEIN (PROTEIN ERROR/ 3% SULPHOSALICYLIC ACID)		NIL	NIL
GLUCOSE (GOD-POD/ BENEDICTS)		NIL	NIL
<b>MICROSCOPIC EXAMINATION</b>			
PUS CELLS		3-4 /HPF *	0.0-3.0
RBC		NIL /HPF	NIL
CASTS		ABSENT	ABSENT
CRYSTALS		ABSENT	ABSENT
EPITHELIAL CELLS		2-3 /HPF	F 0.00 - 5.00 /HPF
BACTERIA		ABSENT	ABSENT
OTHER		ABSENT	

*Please correlate clinically*

END OF REPORT.

*Vaishali*

Prepared By  
AVANISH KUMAR YADAV

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

**15%** Discount on Medicines Purchase from Felix Pharmacy  
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**24X7 {Helpline - 7835 999 444 , 7835 999 555}**

**Patient Name :** Mrs. PRIYA [UHIDNO:FHP19605116112021] UHIDNO:FHP196051161120  
**Age / Gender :** 32 Yr / Female UHIDNO:FHP196051161120  
**Address :** F-i302 Greena Socity Noida, Gautam Buddha Nagar, UTTAR PRADESH  
**Requesting Doctor:** Dr. ANSHUMALA SINHA Reg. ID :OPD.22-23-147773

**IMMUNOLOGY**

**Request Date :** 25-03-2023 08:23 AM **Reporting Date :** 25-03-2023 02:06 PM  
**Collection Date :** 25-03-2023 08:33 AM[IMMU23245] **Reporting Status :** Finalized  
**Acceptance Date :** 25-03-2023 08:34 AM | TAT: 05:32 [HH:MM]

Investigations	Method	Result	Biological Reference
<b>THYROID PROFILE TOTAL(T3,T4,TSH) CLIA</b>			
<b>*[ Plain tube (red top) ]</b>			
Total T3		1.70 nmol/L	1.11 - 2.29 nmol/L (Age 0 - 100 )
Total T4		147.57 nmol/L	62.00 - 201.40 nmol/L (Age 0 - 100 )
TSH		4.01 µIU/mL	0.38 - 5.33 µIU/mL (Age 0 - 100 )
<i>Performed On: ACCESS 2 (BECKMAN COULTER)</i>			
<p>1. A circadian variation in serum TSH in healthy subjects is well documented. TSH level is reaching peak levels between 2-4 am 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 value of TSH.</p> <p>2. TSH levels between 6.3 and 15.0 may represent subclinical or compensated hypothyroidism or show considerable physiological &amp; seasonal variation, suggest clinical correlation or repeat testing with fresh sample.</p> <p>3. TSH levels may be transiently altered because of non-thyroid illness, like severe infection, renal disease, liver disease, heart disease, severe burns, trauma, surgery etc. Few drugs also altered the TSH values.</p> <p>4. A high TSH result often means an underactive thyroid gland caused by failure of the gland (hypothyroidism). A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or damage to the pituitary gland that prevents it from producing TSH.</p> <p>5. Resistance to thyroid hormone (RTH) and central hyperthyroidism (TSH-oma) are rare conditions associated with elevated TSH, T4 and T3 levels.</p>			
<i>Performed on: ACCESS 2 (BECKMAN COULTER)</i>			

END OF REPORT.

*Vasishth*

Prepared By  
PRANJALI RAI

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