



दिव्यमान हॉस्पिटल प्राइवेट लिमिटेड



ईमेल : dmhgkp@gmail.com • फोन नं० : 0551-2500300 • मो० : 7525969999, 8173006932

PT Name. : PALLAVI SRIVASTAVA Age. : 29

Gender. : Female

OPD No. : 1222

UHID. : UHID1092

Guardian. :

PUSHPDEEP

Under Dr. : DR ASHOK KUMAR SRIVASTAVA

Department. : GENERAL MEDICINE

Qualification. : MBBS MD

Date. : 23-03-2024

Address. : SHIVPUR SAHBAJGANJ LANE NO. 2, PADARI BAZAR, GORAKHPUR

Contact : 735596322

B.p 120/80 Pulse

Spo2

Weight 70 kg

Temp. Pre hypotension
AM

CVS Normal

depression
TCM
tatem

dry

PIAZAD

Hb 10.8 g/dl

eye - Hb 10.8 g/dl

Blood sugar - 112 mg/dl
depression TC 190 mg/dl
LFT Normal Urea - 10 mg/dl

muscle - AT
T3 TAM Normal
VSE - Normal
hepato-spleenomegaly absent
gallbladder normal

ECG - Normal

No. dent / Acute / absent

- tab Thyrox 100
- tab Alovlept 10
- tab Femejet 40
- tab Supradyn
- tab ~~Aspirin~~ 75
- tab Ambelex

depression - hepato-spleenomegaly
muscle Normal
AS

2D Echo
• No RWMA AT RET
• Normal LV function
• LVED 59.1. 2D
• Normal size cardiac chamber
• No I/C clot / veg

-: अन्य विभाग :-

- ▶ प्रसूति एवं स्त्री रोग
- ▶ मेडिसिन एवं आई.सी.यू.
- ▶ न्यूरोलॉजी
- ▶ जनरल व लैप्रोस्कोपिक सर्जरी
- ▶ शिशु, बाल रोग एवं एन.आई.सी.यू.
- ▶ ऑर्थोपेडिक सर्जरी
- ▶ यूरोलॉजी
- ▶ न्यूरोसर्जरी
- ▶ डायलिसिस
- ▶ कार्डियोलॉजी
- ▶ नाक, कान, गला रोग
- ▶ प्लास्टिक सर्जरी
- ▶ फिजियोथेरेपी एवं रिहैबिलिटेशन
- ▶ प्राकृतिक उपचार
- ▶ रेडियोलॉजी एवं पैथोजॉजी



दिव्यमान मल्टी स्पेशलिटी हॉस्पिटल



Dr. Neena (Asthana) Srivastav
M.B.B.S., D.G.O.
Obstetrician, Gynaecologist & Surgeon
(O.P.D. Closed on Saturday)

डॉ. नीना (अस्थाना) श्रीवास्तव
एम.बी.बी.एस, डी.जी.ओ.
प्रसूति, स्त्री रोग विशेषज्ञ एवं सर्जन
(ओ.पी.डी. शनिवार बन्दी)

| | | |
|-------------------------------|---|---------------------------|
| P Name. : PALLAVI RIVASTAVA | Age. : 29 Y. | Gender. : Female |
| PD No. : 1217 | UHID . : UHID1092 | Guardian. : PUSHPDEEP |
| Order Dr. : DR. NEENA ASTHANA | Department. : OBS & GYNAE | Qualification. : MBBS DGO |
| Date. : 23-03-2024 | Address. : SHIVPUR SAHBAJGANJ LANE NO. 2, PADARI BAZAR, GORAKHPUR | Contact : 7355963221 |

Wt - 120/80mmHg
 Height - 70kg

STN
 P1+1

HA - 15 wks. (CS) DM 4.
 CA - Dec. Demia (MTR)

HIP - 8/3

23/3

Paucal hypotamp
 Baby lung I.

by 1 mes

18 mos
 18 mos

प्रसूति एवं स्त्री रोग
 मेडिसिन एवं आई.सी.यू.
 न्यूरोलॉजी
 जनरल व लैप्रोस्कोपिक सर्जरी

शिशु, बाल रोग एवं एन.आई.सी.यू.
 ऑर्थोपेडिक सर्जरी
 यूरोलॉजी
 न्यूरोसर्जरी

-: अन्य विभाग :-

- डायालिसिस
- कार्डियोलॉजी
- नाक, कान, गला रोग
- छाती रोग

- फिजियोथेरेपी एवं रिहैबिलिटे
- प्राकृतिक उपचार
- रेडियोलॉजी एवं पैथोजॉजी
- माहगन्ध और नी

Full body scan

Adv.

Fura scan 15ml

Dgan 60 1c when 6 on

2 max 15 day

18 yv scan 15ml

23/3

REPORT

| | | |
|-----------------|---------------------|--------------------|
| LD. NO II | : U/23/03/20 | March 24, 2024 |
| Patient's Name: | : MS. PALLAVI | AGE/SEX :29 YRS /F |
| Ref by Dr. | : DIVYAMAN HOSPITAL | |

2D- ECHO

MITRAL VALVE

Morphology **AML- Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/Sam/Doming.**
PML- Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.

Subvalvular deformity Present/Absent Score :

Doppler **Normal/Abnormal E>A A>E**

Mitral Stenosis Present/Absent RR Interval_ msec

EDG_ mmHg MDG_ mmHg MVA_ cm2

Mitral Regurgitation Absent/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

Morphology **Normal/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.**

Doppler **Normal/Abnormal.**

Tricuspid stenosis Present/Absent RR Interval_ msec.

EDG_ mmHg MDG_ mmHg

Tricuspid regurgitation/Absent/Trivial/Mild/Moderate/Severe Frangmemed signals.

Velocity_ msec. Pred. RVSP=RAP+_ mmHg

PULMONARY VALVE

Morphology **Normal/Atresis/Thickening/Doming/Vegetation.**

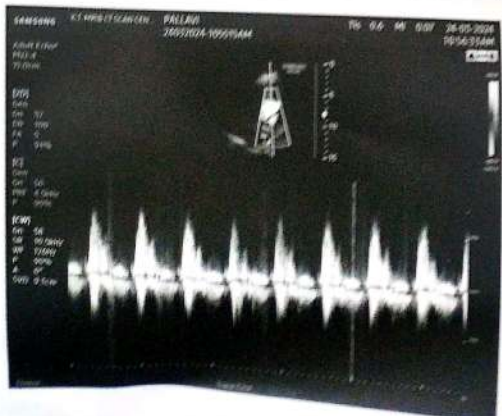
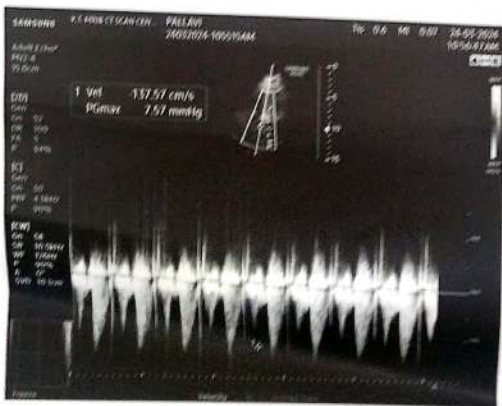
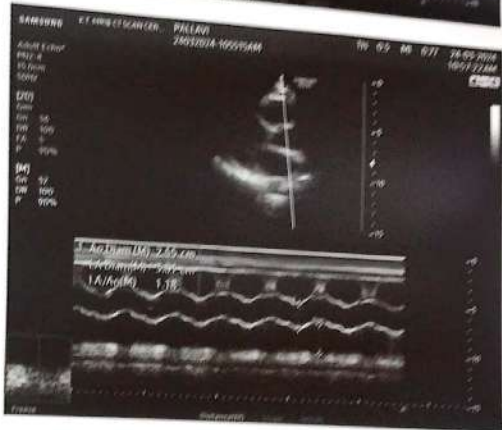
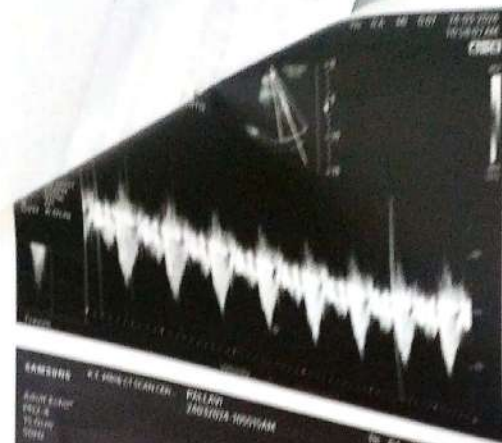
Doppler **Normal/Abnormal**

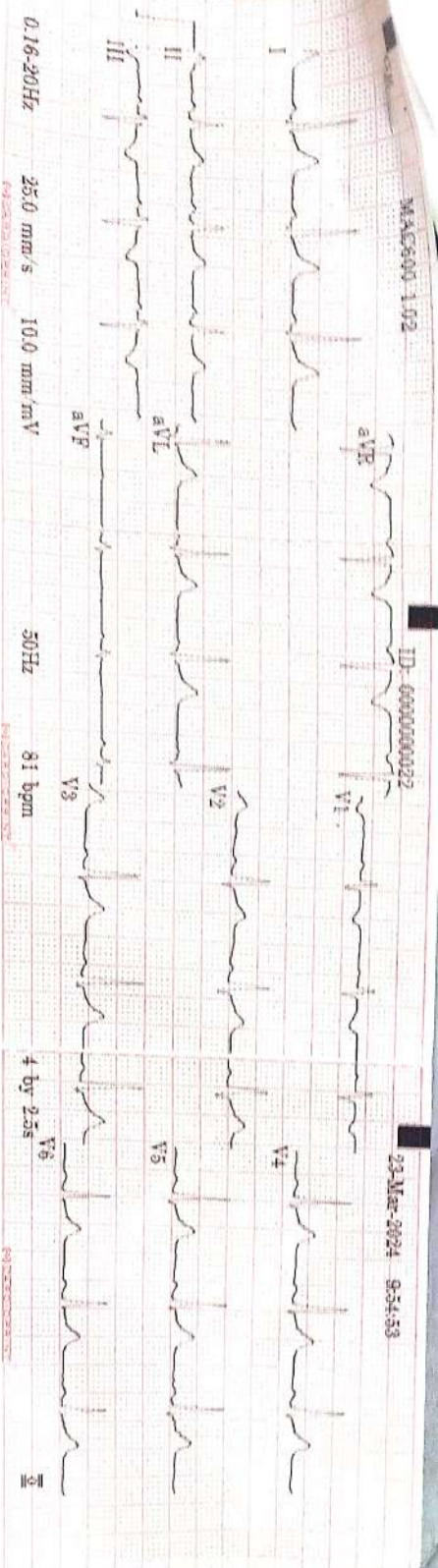
Pulmonary stenosis Present/Absent Level

PSG_ mmHg Pulmonary annulus_ mm

Pulmonary regurgitation Present/Absent

Early diastolic gradient_ mmHg. End diastolic gradient_ mmHg





0.16-20Hz 25.0 mm/s 10.0 mm/mV

50Hz 81 bpm

4 by 2.5s V6

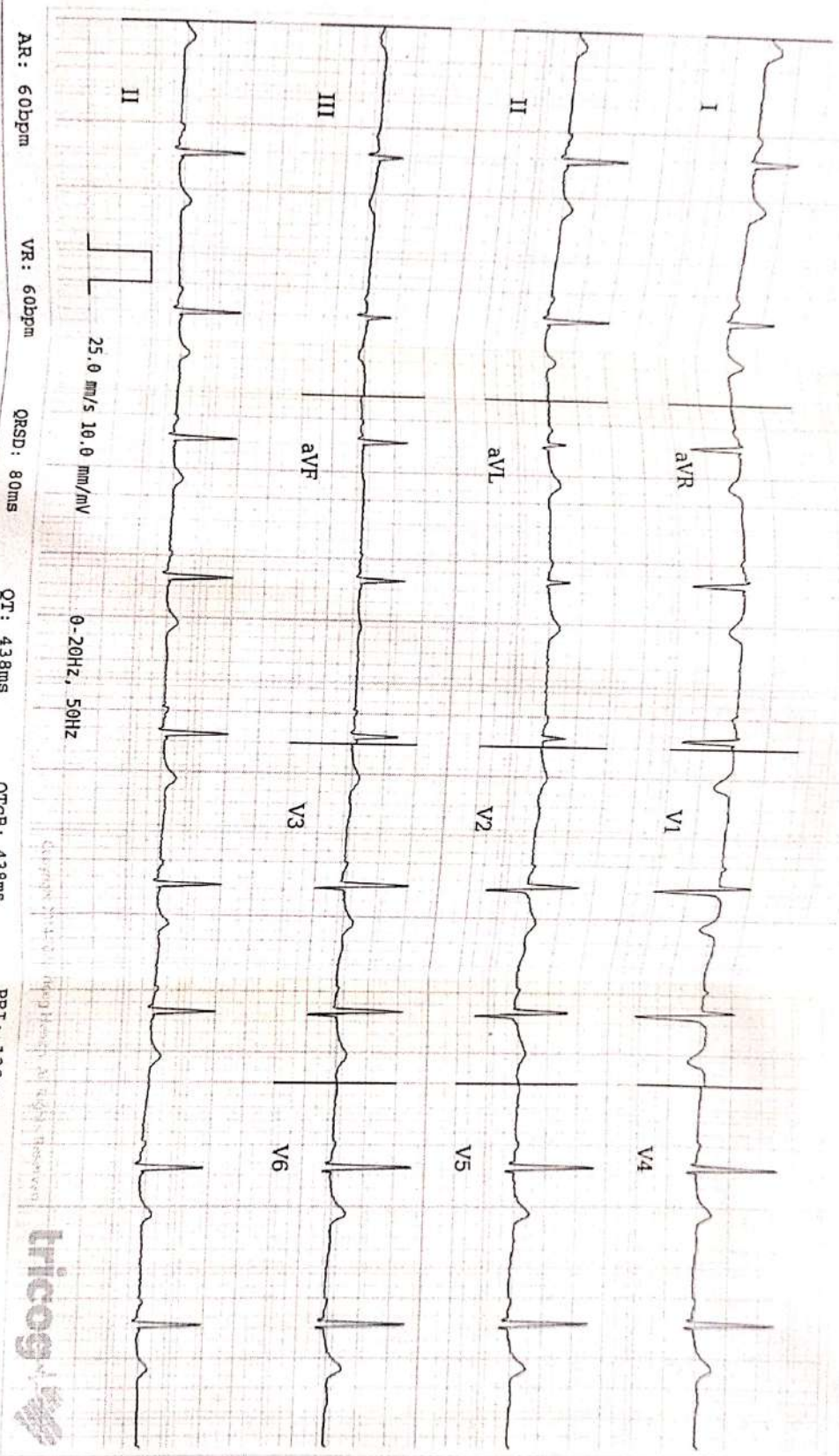
MAC600 1.02 ID: 0000000022
 23-Mar-2024 8:54:53
 ID: 0000000022
 29years Female
 Vent. rate 81 bpm
 QRS duration 86 ms
 QT/QTc 374.484 ms
 PR interval 182 ms
 P duration 106 ms
 RR interval 740 ms
 P-R-T axes 47 1 3
 MAC600 1.02 12SL™ V239

Pallavi



Age / Gender: 41 / Female
Patient ID: 0000000022
Patient Name: MRS PALLAVI

Date and Time: 23rd Mar 24 9:36 AM



ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

REPORTED BY



REPORT

LD. NO U/23/03/19
 PATIENT NAME Ms. PAULAVI
 REF. BY DIVYAMAN HOSPITAL

March 23, 2024
 AGE /SEX 29 Y/ F

USG: WHOLE ABDOMEN (Female)

Liver -is mildly enlarged in size (159.8 mm) with grade-I fatty echotexture. No IHBR dilatation / focal SOL are seen.

Gall bladder - is distended. No calculus in lumen. Wall thickness is normal.
 CBD - normal. PV - normal. porta - normal

Pancreas is normal in thickness. Clearly defined margins are seen. Pancreatic duct is not dilated.

Spleen is normal in size (106.6 mm). No focal lesion is seen. Diaphragmatic movements are within normal limits on both sides.

Right kidney - normal in size (mm), outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No backpressure changes are seen. Perinephric spaces are normal.

Left kidney - normal in size (mm), outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No backpressure changes are seen. Perinephric spaces are normal.

Urinary bladder is fully distended. Wall is smooth and regular. Lumen is echofree.

Uterus is anteverted & normal in size measures (32.9x48.2x67.9 mm). Endometrial cavity is normal. ET- 4.7mm. Myometrium is normal. No evidence of myoma is seen. Cervix appears normal in size. No demonstrable growth. No evidence of fluid in POD.

Both adnexa and ovaries are normal.

No evidence of Ascites / Retroperitoneal Lymphadenopathy.

IMPRESSION

- MILD HEPATOMEGALY WITH FATTY LIVER GRADE-I.

ADV - CLINICAL CORRELATION.

Note : All USG finding are dynamic in nature and are subjected to change with course of disease and time, prescribing clinician are advised to correlate USG finding with clinical findings.

(Consultant radiologist)

स्व सुविधाएं

THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE



n.c.c. Scan

- CT Scan पील्स, हे, पीन प्रॉन
- CT Angiography
- Digital X-ray



Philips 1.5T MRI

- MRI Scan
- 4D Colour Dopler
- CT/USG Guided Biopsy/FNAC



Siemens Accuson S 2000B

- ECG, ECG Cardiography
- Dr. Lal Path Lab
- 24 H Ambulance



Siemens 2-Roy



DIUYAMAN HOSPITAL Pvt. Ltd.

Pathology Division



पैथोलॉजी संकाय



Pathological Examination Report



| | | | |
|-----------------|-------------------------|---------------------|------------|
| PATIENT NAME | Mrs. PALLAVI SRIVASTAVA | SAMPLE COLLECTED ON | 23-03-2024 |
| AGE / SEX | 29 Y / Female | REPORT RELEASED ON | 23/03/2024 |
| COLLECTED AT | Inside | REPORTING TIME | 1:18:25PM |
| RECEIPT No. | 17,261 | PATIENT ID | 17291 |
| REFERRED BY Dr. | DMH | | |

INVESTIGATION COMPLETE BLOOD COUNT, LIVER FUNCTION TEST, Lipid Profile, KIDNEY FUNCTION TEST, Urine Examination Report, Blood Group (ABO), Blood Sugar Fasting, Glycosylated Haemoglobin, ESR Wintrobe,,

| Tests | Results | Biological Reference Range | Unit |
|-------|---------|----------------------------|------|
|-------|---------|----------------------------|------|

HAEMATOLOGY

COMPLETE BLOOD COUNT

| | | | |
|---|------|--|----------|
| Haemoglobin | 10.1 | Low (Men : 13.5-18.0 G%) (Women : 11.5-16.4 G%) | G% |
| Total Leukocyte Count (TLC) | 6500 | (4000-11000 /cumm) | /cumm |
| Differential Leukocyte Count.(DLC) | | | |
| Polymorph | 61 | (40-80)% | % |
| Lymphocyte | 36 | (20-40)% | % |
| Eosinophil | 03 | (01-6)% | % |
| Monocyte | 00 | Low (02-08)% | % |
| Basophil | 00 | (<1%) | % |
| - | | | |
| R. B. C. | 3.27 | Low (4.2 - 5.5)million/cmm | million/ |
| P. C. V. (hemotocrite) | 28.1 | Low (36-50)Litre/Litre | /Litre |
| M. C. V. | 85.2 | (82-98) fl | fl |
| M. C. H. | 30.3 | (27Pg - 32Pg) | Pg |
| M. C. H. C. | 35.5 | (21g/dl - 36g/dl) | g/dl |
| Platelete Count | 1.69 | (1.5-4.0 lacs/cumm) | /cumm |
| ESR Wintrobe | | | |
| Observed | 25 | High 20mm fall at the end of first hr. | mm |

*esr Is A Non Specific Phenomenon, Clinically Useful In Disorders Associated With An Increased Production Of Acute Phase Proteins.

*elevated In Acute And Chronic Infections And Malignancies.

*extremely High Esr Values Are Seen In Multiple Myeloma, Leukemia, Lymphoma, Breast And Lung Carcinomas, Rheumatoid Arthritis, Sle, Pulmonary Infarction.





| | | | |
|-----------------|-------------------------|---------------------|------------|
| PATIENT NAME | Mrs. PALLAVI SRIVASTAVA | SAMPLE COLLECTED ON | 23-03-2024 |
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| Tests | Results | Biological Reference Range | Unit |
|-------|---------|----------------------------|------|
|-------|---------|----------------------------|------|

| | | | |
|----------------------------|--------------|----------------------|--|
| Blood Sugar Fasting | 112.5 | High (70 - 110)mg/dl | |
|----------------------------|--------------|----------------------|--|

Reference Value :
 Fasting (Diabetes 110.0 Mg% Or More) (Impaired Glucose Tolerance 110-126 Mg%)
 After 2hrs. Of 75 Gm Glucose (oral) (70-140 Mg%) (Impaired Glucose Tolerance 140-200 Mg%)
 Random/casual (diabetics 200 Mg% Or More, With Presenting Symptoms.)

Lipid Profile.

| Test | Result | Reference Range | Unit |
|------------------|--------|---------------------------|-------|
| Total Cholestrol | 175.4 | 125-200mg/dl Normal Value | mg/dL |
| H D L Cholestrol | 43.7 | (30-70 mg%) | mg% |
| Triglyceride | 190.1 | High (60-165mg/dL) | mg/dL |
| V L D L | 38.02 | (5-40mg%) | mg% |
| L D L Cholestrol | 131.7 | High | mg/dl |
| | | 50 Optimal | |
| | | 50-100 Near/Above Optimal | |
| TC/HDL | 4.0 | (3.0-5.0) | |
| LDL/HDL | 2.2 | (1.5-3.5) | |

Comment/interpretation

Lipid Profile Is A Panel Of Blood Tests That Serves As An Initial Board Medical Screening Tool For Abnormalities In Lipids, The Result Of This Tests Can Identify Certain Genetic Diseases And Can Determine Approximate Risks Of Cardiovascular Diseases, Certain Forms Of Pancreatitis And Other Diseases.

Note::

1. Measurement In The Same Patient Can Show Physiological & Analytical Variations. Three Serial Samples 1 Week Apart Are Recommended For Total Cholestral ,triglycerides,hdl& Ldl Cholestrol.
2. Atp Iii Recommends A Complete Lipoprotein Profile As The Initial Test For Evaluating Cholestrol.
3. Friedewald Equation To Calculate Ldl Cholesterol Is Most Accurate When Triglyceride Level Is <400 Mg/dl.
4. Measurement Of Direct Ldl Cholesterol Is Recommended When Triglyceride Level Is >400 Mg/dl.



PATIENT NAME Mrs. PALLAVI SRIVASTAVA
 AGE / SEX 29 Y / Female
 COLLECTED AT Inside
 RECEIPT No. 17,261
 REFERRED BY Dr. DMH

SAMPLE COLLECTED ON 23-03-2024
 REPORT RELEASED ON 23/03/2024
 REPORTING TIME 1:18:25PM
 PATIENT ID 17291

INVESTIGATION COMPLETE BLOOD COUNT, LIVER FUNCTION TEST, Lipid Profile, KIDNEY FUNCTION TEST, Urine Examination Report, Blood Group (ABO), Blood Sugar Fasting, Glycosylated Haemoglobin, ESR Wintrobe.,

| Tests | Results | Biological Reference Range | Unit |
|-----------------------------------|-------------|----------------------------|-------|
| <u>LIVER FUNCTION TEST</u> | | | |
| Bilirubin (Total) | 0.6 | (0.10 - 1.20)mg/dl | mg/dl |
| Bilirubin (Direct) | 0.3 | (0.00-0.40)mg/dl | mg/dl |
| Bilirubin (in Direct) | 0.3 | (0.00-0.70) mg/dl | mg/dl |
| SGOT (AST) | 41.2 | High 0-40 | IU/L |
| SGPT (ALT) | 38.4 | 0.0-42.0 | IU/L |
| Serum Alkaline Phosphatase | 189.2 | 80.0-290.0 | U/L |
| Serum Total Protein | 6.1 | 6.0-7.8 | gm/dl |
| Serum Albumin | 3.5 | 3.5-5.0 | gm/dl |
| Serum Globulin | 2.6 | 2.3-3.5 | gm/dl |
| A/G Ratio | 1.35 | High | |

Comments/interpretation:

-liver Function Test Aid In Diagnosis Of Various Prehepatic, Hepatic And Post Hepatic Causes Of Dysfunction Like Hemolytic Anemias, Viral & Alcoholic Hepatitis And Cholestasis Of Obstructive Causes.
 -the Tests Encompasses Hepatic Excretory, Synthetic Function And Also Hepatic Parenchymal Cell Damage.
 -It Helps In Evaluating Severity, Monitoring Therapy And Assessing Prognosis Of Liver Disease And Dysfunction.

KIDNEY FUNCTION TEST

| | | | |
|------------------|------------|-------------------------------------|--------|
| Blood Urea | 26.1 | 15.0-45.0 | mg/dl |
| Serum Creatinine | 0.7 | 0.7-1.4 | mg/dl |
| Serum Uric Acid | 6.1 | High Male-3.5-7.2 Female-2.5-6.0 | mg/dl |
| Serum Sodium | 139.4 | 136.0-149.0 | mmol/L |
| Serum Potassium | 4.0 | 3.5-5.5 | mmol/L |
| Serum Calcium | 8.8 | 8.0-10.5 | mg/dl |



OKEN HOSPITAL

Pathological Examination Report



| | | | |
|-----------------|-------------------------|---------------------|------------|
| PATIENT NAME | Mrs. PALLAVI SRIVASTAVA | SAMPLE COLLECTED ON | 23-03-2024 |
| AGE / SEX | 29 Y / Female | REPORT RELEASED ON | 23/03/2024 |
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|-------|---------|----------------------------|------|

Glycosylated Haemoglobin

HBA1c 6.2 (4.3-6.4) %

Method: Ion Exchange High Performance Liquid Chromatography By Bio-rad D-10.

Comments/interpretations: -----

Glycosylated Haemoglobin Is Proportional To Mean Plasma Glucose Level During Previous 6-12 Weeks. For People Without Diabetes, The Normal Range For The Hemoglobin A1c Level Is Between 4% And 5.6%. Hemoglobin A1c Levels Between 5.7% And 6.4% Mean You Have A Higher Chance Of Getting Diabetes. Levels Of 6.5% Or Higher Mean You Have Diabetes. recommended Goal Of Hba1c Is <7%. The Higher The Hemoglobin A1c, The Higher Your Risk Of Having Complications Related To Diabetes. A Combination Of Diet, Exercise, And Medication Can Bring Levels Down. People With Diabetes Should Have An A1c Test Every 3 Months To Make Sure Their Blood Sugar Is In Their Target Range. If Your Diabetes Is Under Good Control, You May Be Able To Wait Longer Between The Blood Tests. But Experts Recommend Checking At Least Two Times A Year.

People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test.

SEROLOGY

Blood Group (ABO)

A.B.O.

Rh(D)

"A"

POSITIVE



DIVYANSH
PATHOLOGY

Pathological Examination Report



PATIENT NAME Mrs. PALLAVI SRIVASTAVA
 AGE / SEX 29 Y / Female
 COLLECTED AT Inside
 RECEIPT No. 17,261
 REFERRED BY Dr. DMH

SAMPLE COLLECTED ON 23-03-2024
 REPORT RELEASED ON 23/03/2024
 REPORTING TIME 1:18:25PM
 PATIENT ID 17291

INVESTIGATION COMPLETE BLOOD COUNT, LIVER FUNCTION TEST, Lipid Profile, KIDNEY FUNCTION TEST, Urine Examination Report, Blood Group (ABO), Blood Sugar Fasting, Glycosylated Haemoglobin, ESR Wintrobe,.

| Tests | Results | Biological Reference Range | Unit |
|-------|---------|----------------------------|------|
|-------|---------|----------------------------|------|

CLINICAL PATHOLOGY

Urine Examination Report

| PHYSICAL | Results | Biological Reference Range | Unit |
|--------------------------|--------------|----------------------------|------|
| Volume | 20 | | ml |
| Colour | LIGHT YELLOW | | - |
| Appearance | CLEAR | | - |
| CHEMICAL | | | |
| Reaction PH | 6.0 | (4.5-8.0) | - |
| Specific Gravity | 1.025 | High (1.01-1.025) | - |
| Proteins | NIL | NIL | - |
| Sugar | NIL | NIL | - |
| Blood | NIL | NIL | - |
| Phosphates/urates | NIL | NIL | - |
| Ketone Bodies | NIL | NIL | - |
| Chyle | NIL | NIL | - |
| Bile Pigment (Bilirubin) | NIL | NIL | - |
| Bile Salt | NIL | NIL | - |
| Urobilinogen | Normal | | - |
| MICROSCOPICAL | | | |
| R B C | Absent | 0-2 /hpf | /hpf |
| Pus Cells | 2-3 | 0-5 /hpf | /hpf |
| Epithelial Cells | 4-6 | | - |
| Crystals | Nil | | - |
| Yeast Cells | Absent | | - |
| Casts | Absent | | - |
| BACTERIA | Absent | | - |

THANKS FOR REFERENCE

*** End of Report ***

Consultant Pathologist
DR.S. SRIVASTAVA-M.D(PATH)

TECHNICIAN
 17291

Consultant Pathologist
DR.VASUNDHARA SINGH M.D (PATH)



| | | | |
|-----------------|---|---------------------|------------|
| PATIENT NAME | Mrs. PALLAVI SRIVASTAVA | SAMPLE COLLECTED ON | 23-03-2024 |
| AGE / SEX | 29 Y / Female | REPORT RELEASED ON | 23/03/2024 |
| COLLECTED AT | Inside | REPORTING TIME | 1:34:18PM |
| RECEIPT No. | 17,266 | PATIENT ID | 17296 |
| REFERRED BY DR. | DMH | | |
| INVESTIGATION | T3 Triiodo Thyroid, T4 Thyroxine, TSH,, | | |

| Tests | Results | Biological Reference Range | Unit |
|-------|---------|----------------------------|------|
|-------|---------|----------------------------|------|

| <u>IMMUNOLOGY</u> | | | |
|--------------------|-------|---------------|--------|
| T3 Triiodo Thyroid | 1.01 | (0.69 - 2.15) | ng/ml |
| T4 Thyroxine | 108.7 | (52 - 127) | ng/ml |
| TSH | 2.36 | (0.3-4.5) | uIU/ml |

Method : Sandwich Chemiluminescence Immunoassay.
Remarks:

1. Total Serum T3 And T4 Concentration Is Dependent Upon A Multiplicity Of Factors. Thyroid Gland Function And Its Regulation, Thyroxine Binding Globulin (tbg) Concentration And The Binding Of T3 & T4 To Tbg. Thus, Total T3 & T4 Concentration Alone Is Not Sufficient To Assess The Clinical Status.
2. A Decrease In Total Tri - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
3. Total Serum Tetra - Iodothyronine Values May Be Elevated Under Conditions Such As Pregnancy Or Administration Of Oral Contraceptives.
4. A Decrease In Total Tetra - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
5. Serum Tsh Concentration Is Dependent Upon A Multiplicity Of Factors: Hypothalamus Gland Function, Thyroid Gland Function, And The Responsiveness Of Pituitary To Trh. Thus, Tsh Concentration Alone Is Not Sufficient To Assess The Clinical Status.
6. Serum Tsh Values May Be Elevated By Pharmacological Intervention, Domperidone, Amiodazon, Iodide, Phenobarbital, Phenytoin Have Been Reported To Increase Tsh Levels.
7. A Decrease In Tsh Values Has Been Reported With The Administration Of Propranolol, Methimazol, Dopamine, And D - Thyroxine.
8. Genetic Variations Or Degradation Of Intact Tsh Into Subunits May Affect The Binding Characteristics Of The Antibodies And Influence The Final Result. Such Samples Normally Exhibit Different Results Among Various Assay Systems Due To The Reactivity Of The Antibodies Involved.

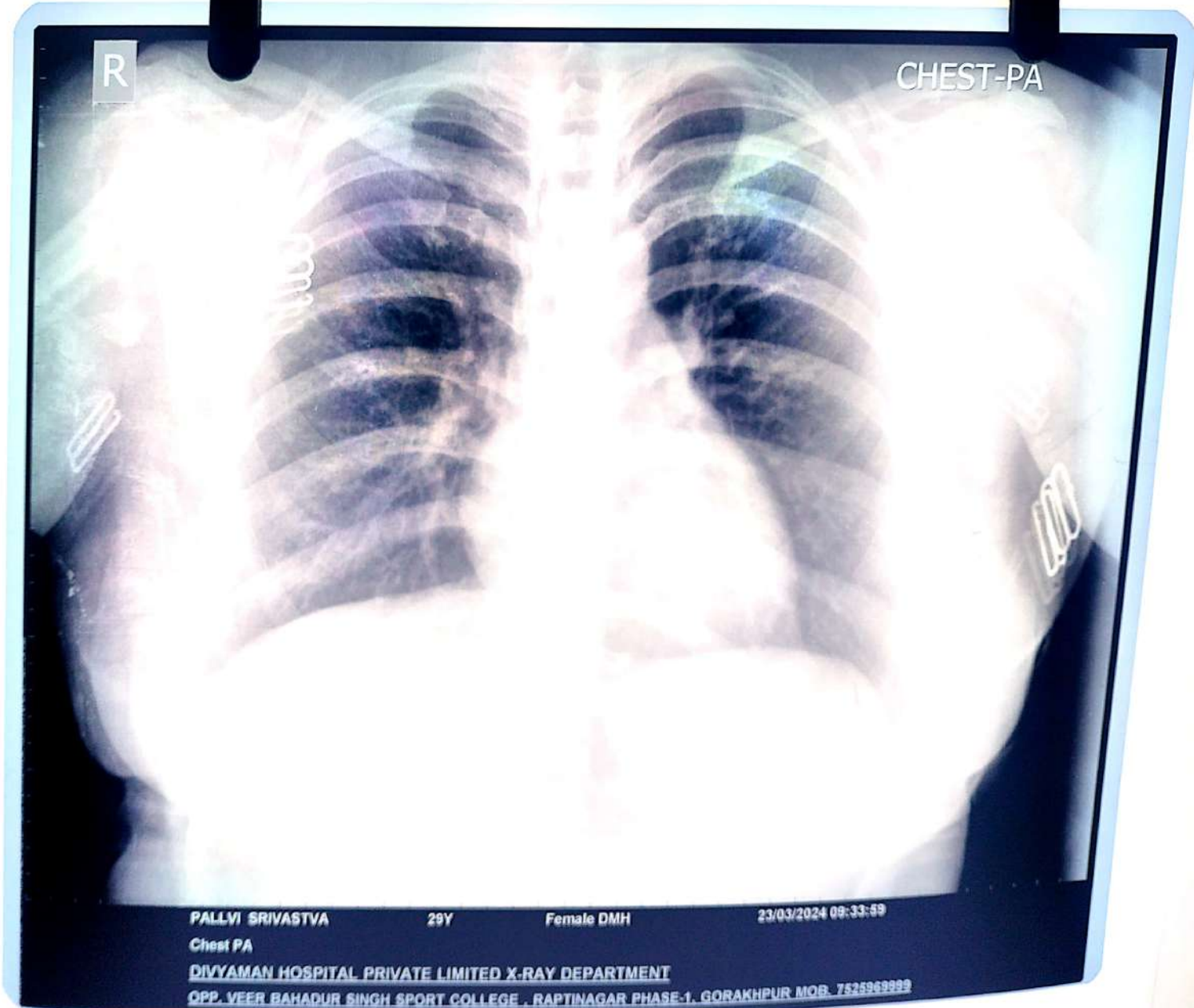
*** End of Report ***

THANKS FOR REFERENCE

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