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Age / Gender : 52 Years / Male Consulting Dr. : -Reg. Location : J B Nagar, Andheri East (Main Centre)

:2132924083

: MR.V.V. SHRIDHARA SWAMI

Collected Reported : 25-Nov-2021 / 20:52 : 26-Nov-2021 / 11:57

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ARCOFEMI HEALTHCARE- BLOOD TEST				
<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>	
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	96.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase	
TOTAL PROTEINS, Serum	7.7	6.4-8.3 g/dL	Biuret	
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG	
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated	
A/G RATIO, Serum	1.6	1 - 2	Calculated	
BLOOD UREA, Serum	20.0	12.8-42.8 mg/dl	Kinetic	
BUN, Serum	9.3	6-20 mg/dl	Calculated	
CREATININE, Serum	1.00	0.67-1.17 mg/dl	Enzymatic	
eGFR, Serum	83	>60 ml/min/1.73sqm	Calculated	
URIC ACID, Serum	4.8	3.5-7.2 mg/dl	Enzymatic	
*Sample processed at SUBURBAN DI	AGNOSTICS (INDIA) PVT. LTD CPL	, Andheri West		

'Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West \*\*\* End Of Report \*\*\*



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Dr.ANUPA DIXIT M.D.(PATH) Consultant Pathologist & Lab Director

ADDRESS: 2<sup>rd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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: - : J B Nagar, Andheri East (Main Centre)	Collected Reported	: 25-Nov-2021 / 20:52 : 26-Nov-2021 / 11:57	т

	ARCOFEMI HEALTHCARE- BLOOD TEST THYROID FUNCTION TESTS			
PARAMETER	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>	
Free T3, Serum	5.5	3.5-6.5 pmol/L	ECLIA	
Free T4, Serum	12.1	11.5-22.7 pmol/L	ECLIA	
sensitiveTSH, Serum	1.38	0.35-5.5 microIU/ml	ECLIA	

## Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

## Clinical Significance:

1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.

2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non- thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid , TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations: Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.

## **Reference:**

1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)

2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357

3. Tietz , Text Book of Clinical Chemistry and Molecular Biology -5th Edition

4.Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West \*\*\* End Of Report \*\*\*



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