Patient Name :   Mr. VIKASH MALIK [UHIDNO:FHP27015130032023]

Age / Gender :   37 Yr / M

Address :   SECT-137 NOIDA, Noida Sector 137, Gautam Buddha Nagar, UTTAR PRADESH

Req. Doctor: Dr. SONAKSHI SAXENA

Regn. ID: OPD.23-24-142650
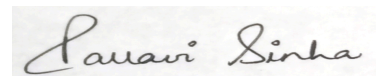

CLINICAL PATHOLOGY

Request Date :   23-03-2024 09:32 AM   **Reporting Date :** 23-03-2024 12:00 PM

Collection Date :   23-03-2024 09:45 AM | CLP14164   **Reporting Status :** Finalized

Acceptance Date :   23-03-2024 09:46 AM | **TAT:** 02:14 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
URINE ROUTINE AUTOMATED *[Random Urine]				
VOLUME	30	ML	>10	
COLOUR	PALE YELLOW		PALE YELLOW	
APPEARANCE	CLEAR		CLEAR	
SPECIFIC GRAVITY (pKA CHANGE)	1.030		1.005 - 1.030	
pH (DOUBLE INDICATOR)	6.5		5 - 8.5	
URINE PROTEIN (PROTEIN ERROR/ 3% SULPHOSALICYLIC ACID)	NIL		NIL	
GLUCOSE (GOD-POD/ BENEDICTS)	NIL		NIL	
MICROSCOPIC EXAMINATION				
PUS CELLS	2-3	/HPF	0.0-3.0	
RBC	NIL	/HPF	NIL	
CASTS	ABSENT		ABSENT	
CRYSTALS	ABSENT		ABSENT	
EPITHELIAL CELLS	1-2	/HPF	M 0 - 3	
BACTERIA	ABSENT		ABSENT	
OTHER	ABSENT			
Please correlate clinically				

END OF REPORT.

Prepared By
Mr. ANAND MAURYA

Verified by
Dr. PALLAVI SINHA
MBBS, MD, DNB
(PATHOLOGY)

IMMUNOLOGY

Request Date :   23-03-2024 09:32 AM   **Reporting Date :** 23-03-2024 12:25 PM

Collection Date :   23-03-2024 09:45 AM | IMMU34577   **Reporting Status :** Finalized

Acceptance Date :   23-03-2024 09:46 AM | **TAT:** 02:39 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
THYROID PROFILE TOTAL(T3,T4,TSH) *[Plain tube (red top)]				CLIA
Total T3	**2.35 H**	nmol/L	1.11 - 2.29 (Age 0 - 100)	
Total T4	148.0	nmol/L	62 - 201.4 (Age 0 - 100)	
TSH	2.62	µIU/mL	0.38 - 5.33 (Age 0 - 100)	

Performed On: ACCESS 2 (BECKMAN COULTER)

    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.*

    2.   *TSH levels between 6.3 and 15.0 may represent subclinical or compensated hypothyroidism or show considerable physiological & seasonal variation, suggest clinical correlation or repeat testing with fresh sample.*

    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.*

    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.*

    5.   *Resistance to thyroid hormone (RTH) and central hyperthyroidism (TSH-oma) are rare conditions associated with elevated TSH, T4 and T3 levels.*

Performed on: ACCESS 2 (BECKMAN COULTER)

END OF REPORT.

Prepared By
Mr. SURAJ KUMAR

Verified by
Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

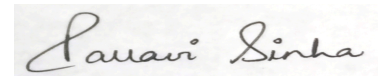| Patient Name :	Mr. VIKASH MALIK [UHIDNO:FHP27015130032023]
Age / Gender :	37 Yr / M
Address :	SECT-137 NOIDA, Noida Sector 137, Gautam Buddha Nagar, UTTAR PRADESH
Req. Doctor:	Dr. SONAKSHI SAXENA
Regn. ID:	OPD.23-24-142650

HAEMATOLOGY

Request Date :	23-03-2024 09:32 AM	**Reporting Date :** 23-03-2024 12:07 PM	
Collection Date :	23-03-2024 09:45 AM | HA11065	**Reporting Status :** Finalized	
Acceptance Date :	23-03-2024 09:46 AM | **TAT:** 02:21 [HH:MM]		

Investigations	Result	Unit	Biological Reference Range	Method
Blood Group (RH Type) *[EDTA tube(purple top)]				
Blood Group	O			Forward Grouping Method
Rh Type	POSITIVE			Forward Grouping Method
Method- Forward & Reverse Grouping (Tube Agglutination)				

END OF REPORT.

Prepared By
Ms. POOJA

Verified by
Dr. PALLAVI SINHA
MBBS, MD, DNB
(PATHOLOGY)