



दिव्यमान हॉस्पिटल

प्राइवेट लिमिटेड



• ईमेल : dmhngkp@gmail.com • फोन नं : 0551-2506300 • मो : 7525969999, 8173006932

PT Name. : MRS JYOTI SUKLA	Age. : 33 YEAR	Gender. : Female
OPD No. : 1166	UHID. : UHID1058	Guardian. : PRASHANT KUMAR
Under Dr. : DR ASHOK KUMAR SRIVASTAVA	Department. : GENERAL MEDICINE	Qualification. : MBBS MD
Date. : 19-03-2024	Address. : KUDAGHAT GKP	Contact : 7307770290

B.p 108/68 mmHg Pulse 89 Spo2 Weight 64 kg Temp lactating molar
 CVS normal

lungs
 P/A/S MP urine - MAP
 Hb 10.5 g/dl.
 case (M)
 SpO2 98-100%
 Left pupil (M)
 Left (M), HbA1c 5.9%
 Auditory HbO (M) BCG (M)
 Uterus Abdomen - MAP
 Beno - MAP BF 58%
 ay - MAP

Rp
 - Cap orofixT
 - tab Shecal 300 MC
 - tab Colandor CBS

[Signature]

DIVYAMAN HOSPITAL



-: अन्य विभाग :-

- प्रसूति एवं स्त्री रोग
- शिशु, बाल रोग एवं एल.आई.सी.यू.
- हाथलसिस
- फिजियोथेरेपी एवं रिहैबिलिटेशन
- मेडिसिन एवं आई.सी.यू.
- अर्धविश्विक सर्जरी
- कार्डियोलॉजी
- प्राकृतिक उपचार
- न्यूरोलॉजी
- यूरोलॉजी
- नाक, कान, गला रोग
- रेडियोलॉजी एवं पैथोलॉजी
- जनरल व रेप्राइक्रोपिक सर्जरी
- न्यूरोसर्जरी
- छाती रोग
- माइक्रूलर ओ.टी., सी.आर्म

इमरजेन्सी 24 घण्टे

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगदवा बाईपास रोड, राप्ती नगर फेज-1, गोरखपुर - 273003
 रजि. ऑफिस : 731-एच, शारदा सिवालय, आनन्द विहार कॉलोनी, राप्ती नगर फेज-1, पोस्ट ऑफिस-आरोग्य मन्दिर, गोरखपुर-273003

REPORT

L.D. NO 11 : U/19-03-04 March 19, 2024
Patient's Name : MS. JYOTI SHUKLA AGE/SEX : 33 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



REPORT

AORTIC VALVE

Morphology **Normal/Thickening/Calcification/Restricted opening/Flutter/Vegetation**
No of cusps **1/2/3/4**

Doppler **Normal/Abnormal**
Aortic stenosis Present/Absent Level
PSG_ mmHg Aortic annulus_ mm
Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe.

Measurements	Values (Cm)	Measurements	Values (Cm)
Aorta :	2.70	LAc :	3.08
LVes :		LVed :	3.84
IVSed :	0.96	PW (LV):	
RVed :		RV Anterior wall	
EF :	58%	IVC	

IVSmotion Normal/Flat/Paradoxical/Other

CHAMBERS

LV Normal/Enlarged/Clear/Thrombus/Hypertrophy/RWMA
LA Normal/Enlarged/Clear/Thrombus
RA Normal/Enlarged/Clear/Thrombus
RV Normal/Enlarged/Clear/Thrombus
Pericardium Normal/Thickening/Calcification/Effusion

IMPRESSION

- NO RWMA AT REST
- NORMAL LV FUNCTION
- LVEF 58% 2D
- NORMAL SIZE CARDIAC CHAMBER
- NO I/C CLOT/VEG
- NO PERICARDIAL EFFUSION.



Cardiologist.

उपलब्ध सुविधाएं

THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE



➤ CT Scan नीचे, चे. सींग जीरो
➤ CT Angiography
➤ Digital X-ray

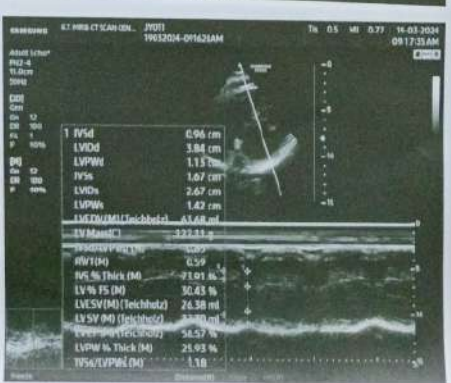
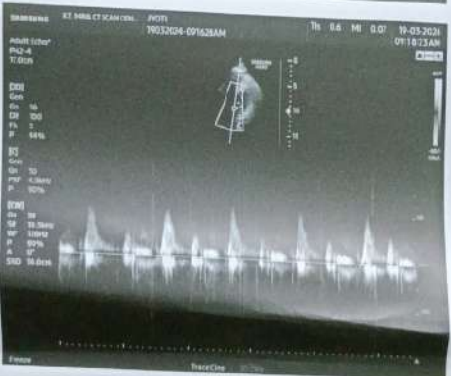
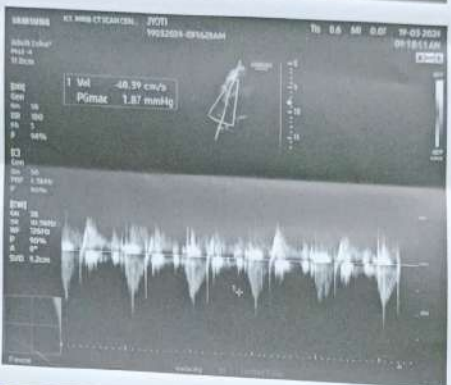
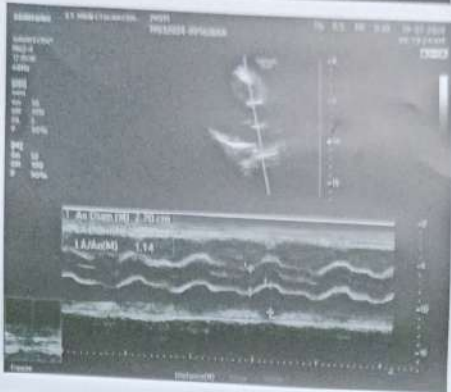
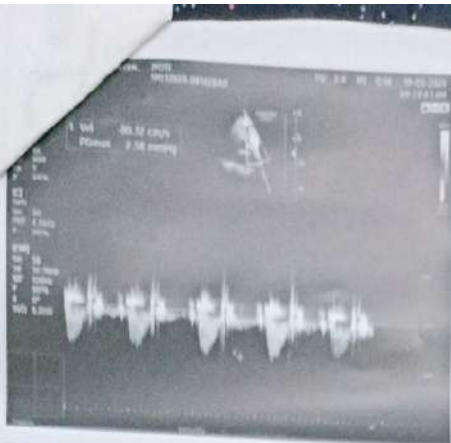


➤ MRI Scan
➤ 4D Colour Dopler
➤ CTARG Guided Biopsy/PFAC



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





LD. NO	U/19/03/03	March 19, 2024
PATIENT NAME	Ms. JYOTI SHUKLA	AGE /SEX 33 Y/ F
REF. BY	DIVYA MAN HOSPITAL	

USG: WHOLE ABDOMEN (Female)

Liver -is normal in size (153.3 mm) with homogenous 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 (78.5mm). No focal lesion is seen. Diaphragmatic movements are within normal limits on both sides.

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

Left kidney - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No back pressure 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 (34.4x45.0x79.8 mm). Endometrial cavity is normal. ET-5.3mm. Myometrium is normal. No evidence of myoma is seen. Cervix appears normal in size. No demonstrable growth. No evidence of fluid in PGD.

Both adnexa and ovaries are normal.

No evidence of Ascites / Retroperitoneal Lymphadenopathy.

IMPRESSION

- **NO SIGNIFICANT DIAGNOSTIC ABNORMALITY DETECTED.**

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.



[Signature]
Dr. Rahul Nayak
M.B.B.S.(M.L.N),
M.D.(Dr. RMLIMS, LKO)

उपलब्ध सुविधाएँ



- CT Scan सीमा, हे. सीमा अति
- CT Angiography
- Digital X-ray

Source: I.T. Saha



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

Source: I.T. Saha



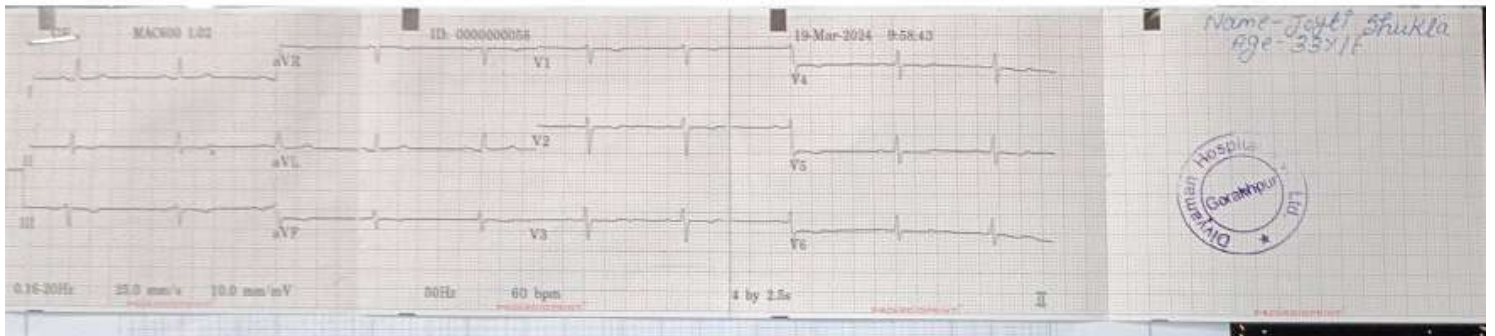
- ECG, ECO Cardiography
- Dr. Lal Path Lab
- 24 H Ambulance

Source: Anand S. Datta



Source: J. Ay





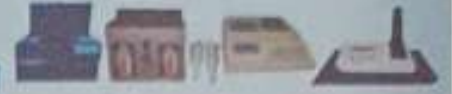
DIUYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mrs. JYOTI SHUKLA	SAMPLE COLLECTED ON	19-03-2024
AGE / SEX	33 Y / Female	REPORT RELEASED ON	19/03/2024
COLLECTED AT	Inside	REPORTING TIME	11:33:25AM
RECEIPT No.	17,111	PATIENT ID	17141
REFERRED BY Dr.	DMH		

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

Tests	Results	Biological Reference Range	Unit
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HAEMATOLOGY

COMPLETE BLOOD COUNT

Haemoglobin	10.5	Low (Men : 13.5-18.0 G%) (Women : 11.5-16.4 G%)	G%
Total Leukocyte Count (TLC)	6600	(4000-11000 /cumm)	/cumm
Differential Leukocyte Count (DLC)			
Polymorph	73	(40-80)%	%
Lymphocyte	23	(20-40)%	%
Eosinophil	04	(01-6)%	%
Monocyte	00	Low (02-08)%	%
Basophil	00	(<1%)	%
-			
R. B. C.	28.8	High (4.2 - 5.5) million/cmm	million/
P. C. V. (hemotocrite)	87.7	High (36-50) Litre/Litre	/Litre
M. C. V.	87.7	(82-98) fl	fl
M. C. H.	31.8	(27Pg - 32Pg)	Pg
M. C. H. C.	36.2	High (21g/dl - 36g/dl)	g/dl
Platelete Count	2.88	(1.5-4.0 lacs/cumm)	/cumm
ESR Wintrobe			
Observed	20	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.



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For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजंडी बागदवा बाईपास रोड, राष्ट्रीय नगर-1, गोरखपुर - 273 003 फ़ोन : 8173006932

Clinical correlation is essential for final diagnosis. In case of disparity test must be repeated. This report is not valid for medicolegal purpose.

AMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report

PATIENT NAME	Mrs. JYOTI SHUKLA	SAMPLE COLLECTED ON	19-03-2024
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Tests	Results	Biological Reference Range	Unit
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BIOCHEMISTRY

Blood Sugar Fasting	98.1	(70 - 110)mg/dl	
<p>Reference Value :</p> <p>Fasting (Diabetics 110.0 Mg% Or More) (Impaired Glucose Tolerance 110-126 Mg%)</p> <p>After 2hrs. Of 75 Gm Glucose (oral) (70-140 Mg%) (Impaired Glucose Tolerance 140-200 Mg%)</p> <p>Random/casual (diabetics 200 Mg% Or More, With Presenting Symptoms.)</p>			
Lipid Profile.			
Total Cholestrol	154.1	125-200mg/dl Normal Value	mg/dL
H D L Cholestrol	38.5	(30-70 mg%)	mg%
Triglyceride	129.5	(60-165mg/dL)	mg/dL
V L D L	25.9	(5-40mg%)	mg%
L D L Cholestrol	89.7		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 Cholestrol ,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 Cholestrol Is Most Accurate When Triglyceride Level Is <400 Mg/dl. Measurement Of Direct Ldl Cholestrol Is Recommended When Triglyceride Level Is >400 Mg/dl.



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For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के समने, खर्जापी बरगवा बाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 फोन : 8173006932

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Pathological Examination Report

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Tests	Results	Biological Reference Range	Unit
LIVER FUNCTION TEST			
Bilirubin (Total)	0.8	(0.10 - 1.20)mg/dl	mg/dl
Bilirubin (Direct)	0.3	(0.00-0.40)mg/dl	mg/dl
Bilirubin (in Direct)	0.5	(0.00-0.70) mg/dl	mg/dl
SGOT (AST)	36.1	0-40	IU/L
SGPT (ALT)	30.9	0.0-42.0	IU/L
Serum Alkaline Phosphatase	108.6	80.0-290.0	U/L
Serum Total Protein	6.2	6.0-7.8	gm/dl
Serum Albumin	3.7	3.5-5.0	gm/dl
Serum Globulin	2.5	2.3-3.5	gm/dl
A/G Ratio	1.48	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	25.9	15.0-45.0	mg/dl
Serum Creatinine	0.7	0.7-1.4	mg/dl
Serum Uric Acid	5.8	Male-3.5-7.2 Female-2.5-6.0	mg/dl
Serum Sodium	136.1	136.0-149.0	mmol/L
Serum Potassium	4.1	3.5-5.5	mmol/L
Serum Calcium	8.7	8.0-10.5	mg/dl



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(1-24 पर)

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Tests	Results	Biological Reference Range	Unit
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Glycosylated Haemoglobin

HbA1c	5.9	(4.3-6.4)	%
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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.	"A"
Rh(D)	POSITIVE



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Pathology Division

पैथोलॉजी संकाय



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

Urine Examination Report

CLINICAL PATHOLOGY

PHYSICAL

Volume	25	-	ml
Colour	LIGHT YELLOW	-	-
Appearance	CLEAR	-	-

CHEMICAL

Reaction PH	6.0	(4.5-8.0)	-
Specific Gravity	1.020	(1.01-1.025)	-
Proteins	NIL	NIL	-
Sugar	NIL	NIL	-
Blood	PRESENT(+)	NIL	-
Phosphates/urates	NIL	NIL	-
Ketone Bodies	NIL	NIL	-
Chyle	NIL	-	-
Bile Pigment (Bilirubin)	NIL	NIL	-
Bile Salt	NIL	-	-
Urobilinogen	Normal	-	-

MICROSCOPICAL

R B C	4-5	0-2 /hpf	/hpf
Pus Cells	2-4	0-5 /hpf	/hpf
Epithelial Cells	1-2	-	-
Crystals	Nil	-	-
Yeast Cells	Absent	-	-
Casts	Absent	-	-
BACTERIA	Absent	-	-

*** End of Report ***

THANKS FOR REFERENCE

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

TECHNICIAN
17141



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

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सुविधाएँ • सभी प्रकार की पैथोलॉजिकल जॉब्स • बायोप्सी • एफ.एन.ए.सी. • पैप स्मैजर • इरिगोस्कोपी (प्रतिदिन रिपोर्ट) • सस्पेंडोस्कोपी • बोन मैरो • HbA1c • स्पेशल टेस्ट (24 घंटे)
For Home Collection Dial : 9076655547

पता : वीर बहादुर मिश्र स्पोर्ट्स कॉलेज के सामने, खजंडी बरगदा बार्डिंग रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932
Clinical correlation is essential for final diagnosis. In case of disparity test must be repeated. This report is not valid for medicolegal purpose.



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 बंदी)

PT Name. : MRS JYOTI SUKLA	Age. : 33 YEAR	Gender. : Female
OPD No. : 1168	UHID : UHID1058	Guardian. : PRASHANT KUMAR
Under Dr. : DR. NEENA ASTHANA	Department. : OBS & GYNAE	Qualification. : MBBS DGO
Date. : 19-03-2024	Address. : KUDAGHAT GKP	Contact : 7307770290

B.p. 108/68 mmHg

Weight 64 Kg

0/1H
P1

4ml 6ml CS.
Leuko

4 days back
still full

11/11/2024
Uly whole Ande

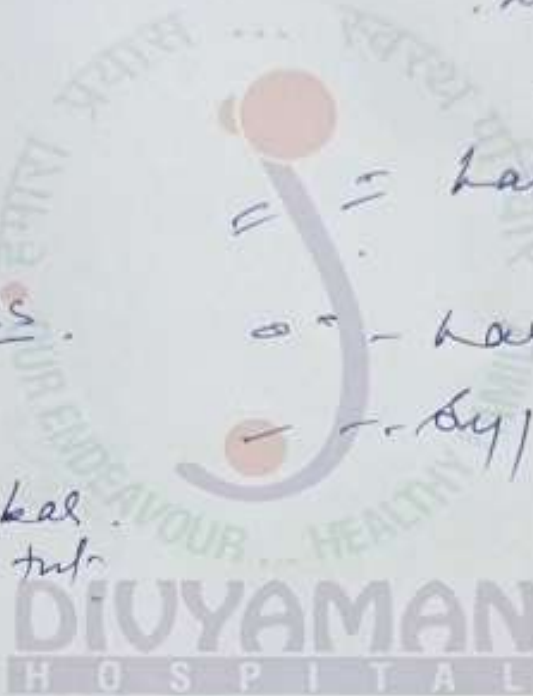
(4)

↓ heart
2ml by at still full
Leuko
Ad.

= = Lantaway 2g
2c milk

o - Lantaway 1ml

- - by New milk
2g 1ml



19/3

:- 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
- छाती रोग
- फिजियोथेरेपी एवं रिहैबिलिटेशन
- प्राकृतिक उपचार
- रेडियोलॉजी एवं पैथोलॉजी
- माइव्हाल ओ.टी., सी.आर्म

समय : सोमवार से शुक्रवार को दोपहर 10 बजे से शाम 04 बजे तक, रविवार को दोपहर 02 बजे से शाम 04 बजे तक
नम्बर लगाने एवं पूछताछ हेतु नम्बर : 7525969999, 8173006932, 0551-2506300
नोट : प्रसूति एवं स्त्री रोग विभाग के अलावा सभी ओ.पी.डी. की सेवाएँ रविवार को बन्द रहेंगी।

24 घण्टे इमरजेंसी, एक्स-रे, ई.सी.जी.,
ई.ई.जी. एवं पैथोलॉजी की सुविधा उपलब्ध

R

CHEST-PA



JYOTI SHUKLA 33Y Female DMH 19/03/2024 09:48:32
Chest PA
DIVYAMAN HOSPITAL PRIVATE LIMITED X-RAY DEPARTMENT
OPP. VEER BAHADUR SINGH SPORT COLLEGE, BAPTINAGAR PHASE-1, GORAKHPUR MOB. 7525199999

DIUYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mrs. JYOTI SHUKLA	SAMPLE COLLECTED ON	19-03-2024
AGE / SEX	33 Y / Female	REPORT RELEASED ON	19/03/2024
COLLECTED AT	Inside	REPORTING TIME	3:34:13PM
RECEIPT No.	17,126	PATIENT ID	17156
REFERRED BY Dr.	DMH		

INVESTIGATION T3 Triiodo Thyroid, T4 Thyroxine, TSH,

Tests	Results	Biological Reference Range	Unit
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IMMUNOLOGY

T3 Triiodo Thyroid	1.15	(0.69 - 2.15)	ng/ml
T4 Thyroxine	98.1	(52 - 127) ng/ml	ng/ml
TSH	1.56	(0.3-4.5) uIU/ml	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 Sampes Normally Exhibit Different Results Among Various Assay Systems Due To The Reactivity Of The Antibodies Involved.

THANKS FOR REFERENCE

*** End of Report ***

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

TECHNICIAN
17156

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

Page 1 of 1

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