

**ADVANCE DIAGNOSTICS CENTRE**

C1-C2/17A, NEAR NIHARIKA TALKIES

KORBA- 495677

PH-09228333 MOBILE-9300888178

NAME	: MRS EKTA RATHORE	34 Years / Female	Reg No. : 6829
Ref. By	: DR. TIWARI AVINASH, MD	Reg. Date	: 27/03/2022 08:15AM
Address	: KORBA	Collected At	: MedZone Center

**INVESTIGATION REPORT****CLINICAL BIOCHEMISTRY**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIOLOGICAL REF RANGE</u>	<u>TEST METHOD</u>
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**Serum Creatinine****Sample Type** : SERUM

Serum Creatinine	: 0.88	mg/dl	0.5 - 1.1	Alkaline Picrate
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**Glucose - FBS & PLBS****Sample Type** : PLASMA - NaF

Blood Glucose - Fasting	: <b>244</b>	mg/dl	70 - 110	GOD-POD
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Blood Glucose - Post Prandial	: <b>352</b>	mg/dl	100 - 140	GOD-POD
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**TSH (Thyroid Stimulating Hormone)****Sample Type** : SERUM

TSH (Thyroid Stimulating Hormone)	: 1.38	μIU/mL	0.37 - 4.8 : Adults	ECL
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0.46 - 8.1 : 1mon-5 Yrs

0.52 -16.0 : 1 – 30 Days

Thyroid-stimulating hormone (TSH, thyrotropin) is a glycoprotein having a molecular weight of approx. 30,000 daltons and consisting of two subunits. The beta-subunit carries the TSH-specific immunological and biological information, whereas the alpha-chain carries species-specific information and has an identical amino acid sequence to the alpha-chains of LH, FSH and hCG. TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian secretion sequence. The hypophyseal release of TSH (thyrotropic hormone) is the central regulating mechanism for the biological action of thyroid hormones. TSH has a stimulating action in all stages of thyroid hormone formation and secretion; it also has a proliferative effect. The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH level. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid. Roche Cobas TSH employs monoclonal antibodies specifically directed against human TSH. The antibodies labeled with ruthenium complex\* consist of a chimeric construct from human and mouse-specific components. As a result, interfering effects due to HAMA (human anti-mouse antibodies) are largely eliminated.

METHOD: One-step sandwich and competitive FEIA

INSTRUMENT: TOSHO AIA-360 JAPAN

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**INVESTIGATION REPORT****CLINICAL BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
<b>Lipid Profile</b>				
Sample Type	: SERUM			
Cholesterol Total	: 185.8	mg/dl	Desirable : < 200 Moderate Risk : 200 - 239 High Risk : > 240	CHOD-PAP
Cholesterol HDL	: 42.5	mg/dl	Desirable : > 37 Moderate Risk : 25 - 37 High Risk : < 12 - 18	Direct Clearance
Cholesterol LDL	: 123.66	mg/dl	Desirable : < 130 Moderate Risk : 130 - 159 High Risk : > 160	Direct Clearance
Cholesterol VLDL	: 19.64	mg/dl	6 - 40	
Triglycerides	: 98.2	mg/dl	< 160 : Normal 160 - 400 : Slightly Elevated 400 - 600 : Elevated > 600 : Highly Elevated	GPO
T.Chol / HDL Chol Ratio	: 4.37		2.9 - 5.1	
LDL / HDL Ratio	: 2.91		1.7 - 3.5	

**NOTE : Lipid Profile RANGES AS PER NCEP-ATP III are:**

Serum cholesterol (Total) :

Desirable : < 200 mg/dl, Borderline : 200 - 239 mg/dl, Elevated :  $\geq$  240 mg/dl

Serum high density lipoprotein cholesterol(HDL) :

Desirable : &gt; 60 mg/dl, Borderline : 40- 60 mg/dl, Elevated : 40 mg/dl

Total cholesterol : HDL cholesterol ratio :

Low risk : 3.3-4.4, Average risk : 4.4-7.1, Moderate risk : 7.1-11.0, High risk :  $\geq$  11.0

Serum low density lipoprotein (LDL) cholesterol :

Desirable : 100 mg/dl, Borderline : 100- 159 mg/dl, Elevated :  $\geq$  160 mg/dl

Triglycerides :

Desirable : 150 mg/dl, Borderline : 150- 199 mg/dl, High : 200 - 499 mg/dl, Very High :  $\geq$  500 mg/dl

HDL measurement done by Direct HDL clearance method (CDC approved).

As per the Friedwald Equation, VLDL &amp; LDL values are not applicable for triglyceride values above 400 mg/dl.

--- End Of Report ---

Sample Registered On : 27/03/2022 08:15AM

Sample Received On : 27/03/2022 08:18AM

Report Released On : 27/03/2022 04:03PM

Sample Barcode :



Checked By:VIVEK

Dr. VANDANA CHANDANI

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**INVESTIGATION REPORT****CLINICAL PATHOLOGY**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>TEST METHOD</u>
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**CUE (Complete Urine Examination)**

Sample Type : URINE

**PHYSICAL EXAMINATION :**

Color : Pale Yellow  
Appearance : clear  
Reaction (pH) : 5.6 4.8-7.6  
Specific Gravity : 1.023 1.002-1.030

**CHEMICAL EXAMINATION :**

Proteins : Absent  
Sugar : present+

**MICROSCOPIC EXAMINATION :**

Pus (WBC) Cells : 2-3/hpf  
Epithelial Cells. : 4-6/hpf  
R.B.C : Absent  
Casts : Absent  
Crystals : Absent

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**INVESTIGATION REPORT****HAEMATOLOGY**

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
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**CBP (Complete Blood Picture)**

Sample Type : WB - EDTA

Haemoglobin	: 13.6	gm%	11.5 - 16.0	
Total Erythrocyte Count	: 5.06	M/cmm	4.0 - 6.2	Cell Counter
Hematocrit (PCV)	: 42.4	Vol %	35.0 - 50.0	
Mean Corpuscular Volume	: 83.8	fL	80 - 100	
Mean Corpuscular Hemoglobin	: 26.9	PG	26 - 34	
MCHC	: 32.1	g/L	31 - 35	
RDW	: 13.1	%	11.5 - 14.5	
Total Leucocyte Count.	: 7640	/cumm	4000 - 11000	

**DIFFERENTIAL COUNT :**

Neutrophils	: 65	%	40 - 75	
Lymphocytes.	: 29	%	20 - 40	Cell Counter
Monocytes.	: 05	%	2 - 10	Cell Counter
Eosinophils	: 01	%	1 - 6	Cell Counter
Basophils	: 0	%	0 - 1	Cell Counter
Platelet Count	: 400000	/cmm	150000 - 450000	

--- End Of Report ---

Sample Registered On : 27/03/2022 08:15AM

Sample Received On : 27/03/2022 09:07AM

Report Released On : 27/03/2022 04:03PM

Sample Barcode :



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**Dr. VANDANA CHANDANI**