ADVANCE DIAGNOSTICS CENTRE
C1-C2/17A, NEAR NIHARIKA TALKIES
KORBA- 495677
PH-09228333 MOBILE-9300888178

NAME	: MASTER HARJEET SINGH	19	Years / Male	Reg No.	: 18636
Ref. By	: . SELF			Reg. Date	: 30/07/2022 11:47AM
Address	: plot no. 182 TP nagar korba			Collected At	: MedZone Center

INVESTIGATION REPORT

CLINICAL BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
TSH (Thyroid Stimulating Hormone)				
Sample Type	: SERUM			
TSH (Thyroid Stimulating Hormone)	: 3.31	µIU/mL	0.37 - 4.8 : Adults 0.46 - 8.1 : 1mon–5 Yrs 0.52 -16.0 : 1 – 30 Days	Fully Automated Roche E411 (ECL)

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 circardian 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
LFT (Liver Function Test)				
Sample Type	: SERUM			
Bilirubin Total	: 0.75	mg/dl	Adults : 0.1 - 1.2 New born : 0.1 - 12.6	Diazoted Sulfanilic
Bilirubin Direct	: 0.32	mg/dl	Upto 0.4	Diazoted Sulfanilic
Bilirubin Indirect	: 0.43	mg/dl	0.3 - 1.0	
Aspartate Amino Transferase (SGOT)	: 20.5	U/L	Upto 41	IFCC without pyridoxal phosphate
Alanine Amino Transferase (SGPT)	: 33.1	U/L	Upto 40	IFCC without pyridoxal phosphate
Alkaline Phosphatase	: 100.9	U/L	1 month to 9 yrs : 82 - 383 10 yrs to 15 yrs : 42 - 390 16 yrs to 18 yrs : 52 - 171 Adults : 53 - 141	Diethanolamine buffer
Serum Protein	: 7.6	gm/dl	6.0 - 8.3	Biuret
Serum Albumin	: 4.7	gm/dl	3.5 - 5.2	Bromocresol green
Serum Globulin	: 2.9	gm/dl	2.5 - 3.5	
Alb/Glo Ratio	: 1.62		1-2	

LFT: Liver Function tests are a measurement of blood components that provide a lead to the existence, the extent and the type of liver damage.
BILIRUBIN: Bilirubin levels may rise due to hemolysis, failure of conjugating mechanism in the liver, obstruction in the biliary system.
ALKALINE PHOSPHATASE: *Increase in ALP activity is an index of cholestasis, a blockage of bile flow. *Increase may also occur in infiltrative diseases of the liver and cirrhosis
TRANSAMINASES (AST & ALT): *The serum transaminases activities are a measure of the integrity of liver cells. *They are elevated in acute damage to hepatocytes irrespective of etiology. *The causes include – hepatitis, toxic injury, drug overdose, shock, severe hypoxia.
SERUM TOTAL PROTEINS: A decrease in serum total proteins indicates a decrease in the liver's synthetic capacity and thus indicates the severity of the liver disease.
METHOD: Spectrophotometry
INSTRUMENT: BS-400 Fully Automated Chemistry Analyser

RENAL FUNCTION TEST				
Sample Type	: SERUM			
Blood urea	: 17.4	mg/dl	10-40	Urease UV
Serum Creatinine	: 0.84	mg/dl	0.6-1.4	Alkaline Picrate
Blood Urea Nitrogen	: 8.13	mg/dl	7-21	
Serum Sodium	: 143	mmol/L	136-145	ISE
Serum Potassium	: 5.09	mmol/L	3.5-5.1	ISE
chloride	: **106.3**	Meq/L	96-106	

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Sample Registered On : 30/07/2022 11:47AM
Sample Received On : 30/07/2022 05:30PM
Report Released On : 31/07/2022 11:11AM
Sample Barcode :

Home Collection

Checked By:gopal

Dr. VANDANA CHANDANI

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INVESTIGATION REPORT

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
CBP (Complete Blood Picture)				
Sample Type	: WB - EDTA			
Haemoglobin	: 14.5	gm%	12.0 - 18.0	
Total Erythrocyte Count	: 5.28	M/cmm	4.0 - 6.2	Cell Counter
Hemotocrit (PCV)	: 44.6	Vol %	35.0 - 50.0	
Mean Corpuscular Volume	: 84.5	fL	80 - 100	
Mean Corpuscular Hemoglobin	: 27.5	PG	26 - 34	
MCHC	: 32.5	g/L	31 - 35	
RDW	: 12.9	%	11.5 - 14.5	
Total Leucocyte Count.	: 4400	/cumm	4000 - 11000	
DIFFERENTIAL COUNT :				
Neutrophils	: 48	%	40 - 75	
Lymphocytes.	: 39	%	20 - 40	Cell Counter
Monocytes.	: 06	%	2 - 10	Cell Counter
Eosinophils	: **07**	%	1 - 6	Cell Counter
Basophils	: 0	%	0 - 1	Cell Counter
Platelet Count	: 183000	/cmm	150000 - 450000	
ESR (Erythrocyte Sedimentation Rate)				
Sample Type	: PLASMA -Na Citrate			
ESR (Erythrocyte Sedimentation Rate)	: 07	mm/hr	0 - 15 :1st Hour	Sedimentation me
AEC (Absolute Eosinophil Count)				
Sample Type	: WB - EDTA			
AEC (Absolute Eosinophil Count)	: 308	cells / cmm	40 - 440	Cell counter

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INVESTIGATION REPORT

IMMUNOLOGY/SEROLOGY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
Hepatitis C Virus (HCV Antibody)				
Sample Type	: SERUM			
Hepatitis C Virus (HCV Antibody)	: 0.03	S/CO	< 1.0 : NEGATIVE > 1.0 : POSITIVE	ELISA

Hepatitis C virus (HCV) is now know to be the major cause of parenterally transmitted non-A, non-B hepatitis. Until the virus was was characterized, diagnosis was made by exclusion of all other known causes of hepatitis. Antibody to HCV is found in over 80% of patients with well documented non-A non-B hepatitis. The Worldwide prevalence of HCV is 0.2 to 2% in blood donors and up to 80% in intravenous- drug users. Seroepidemiologic studies show that the seropevalence of HCV infection in India varies between 0.3% to 11.3%. In a large percentage of HCV cases transmission by transfusion and other parenteral means such as sharing of neediest, occupational exposure to blood and hemdialysis. However in case of half of HCV infections, the route of transmission is unknown. HCV establishes a chronic infection in 50 to 80% of cases. Chronic infection is often asymptomatic even in the presence of liver damage discernible on biopsy. Chronic HCV is characterized by fluctuating alanine aminotransferase (ALT or SGPT) levels and recognizable changes in liver histology. Chronic infection can lead to cirrhosis and hepatocellular carcinoma.

Method: ELISA

INSTRUMENT: Rayto **RT – 2100c** Microplate Reader & Washer

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
Hepatitis B Surface antigen (HBsAg)				**Method : E**
Sample Type	: SERUM			
Hepatitis B Surface antigen (HBsAg) Method : ELISA	: 0.06	S/CO	< 1.0 : NEGATIVE > 1.0 : POSITIVE	ELECTROCHEMILUMI

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Sample Registered On : 30/07/2022 11:47AM
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