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

NAME	: MRS RAMLA RATHIA	34 Years / Female	Reg No.	:	19026
Ref. By	: DR. TIWARI AVINASH, MD		Reg. Date	:	03/08/2022 09:53AM
Address	:		Collected At	:	MedZone Center

INVESTIGATION REPORT

CLINICAL BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
Glucose - Random				
Sample Type	: PLASMA - NaF			
Blood Glucose - Random (Methodology : GOD / POD)	: 98	mg/dl	70 - 150	
LFT (Liver Function Test)				
Sample Type	: SERUM			
Bilirubin Total	: 0.89	mg/dl	Adults : 0.1 - 1.2 New born : 0.1 - 12.6	Diazoted Sulfanilic
Bilirubin Direct	: 0.35	mg/dl	Upto 0.4	Diazoted Sulfanilic
Bilirubin Indirect	: 0.54	mg/dl	0.3 - 1.0	
Aspartate Amino Transferase (SGOT)	: 16.3	U/L	Upto 41	IFCC without pyridoxal phosphate
Alanine Amino Transferase (SGPT)	: 14.6	U/L	Upto 40	IFCC without pyridoxal phosphate
Alkaline Phosphatase	: 76.9	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	: 7.1	gm/dl	6.0 - 8.3	Biuret
Serum Albumin	: 4.4	gm/dl	3.5 - 5.2	Bromocresol green
Serum Globulin	: 2.7	gm/dl	2.5 - 3.5	
Alb/Glo Ratio	: 1.63		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

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

NAME	: MRS RAMLA RATHIA	34	Years / Female	Reg No.	: 19026
Ref. By	: DR. TIWARI AVINASH, MD			Reg. Date	: 03/08/2022 09:53AM
Address	:			Collected At	: MedZone Center

INVESTIGATION REPORT

CLINICAL BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
Thyroid Profile				
Sample Type	: SERUM			
Tri Iodothyronine (T3)	: 1.20	ng/mL	0.6-2.7 : 1 - 10 Years 0.6-1.81 : Adults Pregnancy 0.9 - 3.0 : Ist Trimester 0.9 - 3.6 : 2nd & 3rdTr	ECL
Total Thyoxine (T4)	: 8.25	µg/dL	7.8 - 16.5 : 1 - 12 Months 4.6 - 11.6 : Adults 9.1 - 14.0 : Pregnancy (15 - 40 Weeks)	ECL
Thyroid Stimulating Hormone (TSH)	: 1.57	µIU/mL	0.52 - 16.0 : 1 - 30 Days 0.46 - 8.10 : 1 Mn - 5 Yrs 0.37 - 4.8 : Adults Cord blood : 2.3 - 13.2	ECL

Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. **1.** Primary hypothyroidism, in which there is a raised TSH and a low T4 and low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficiency. **2.** The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate thyroid stimulating hormone (TSH) produced from the pituitary and so one tends to see low or normal TSH, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary-adrenal axis. **3.** The third type of under-functioning is due to poor conversion of T4 to T3. This requires enzymes and co-factors, in particular selenium, zinc and iron. In this condition there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of T3. This requires micronutrients and also T3 to correct.

Therefore, in any patient suspecting of thyroid problem routinely TSH, a Free T4 and a Free T3 are also advisable. Any patients who are taking T3 as part of their thyroid supplement need to have their T3 levels monitored as well as T4. T3 is much more quickly metabolized than T4 and blood tests should be done between 4-6 hours after their morning dose.

METHOD: One-step sandwich and competitive FEIA
INSTRUMENT: TOSHO AIA-360 JAPAN

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

NAME	: MRS RAMLA RATHIA	34	Years / Female	Reg No.	: 19026
Ref. By	: DR. TIWARI AVINASH, MD			Reg. Date	: 03/08/2022 09:53AM
Address	:			Collected At	: MedZone Center

INVESTIGATION REPORT

CLINICAL BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
RENAL FUNCTION TEST				
Sample Type	: SERUM			
Blood urea	: 15.0	mg/dl	10-40	Urease UV
Serum Creatinine	: 0.70	mg/dl	0.5-1.1	Alkaline Picrate
Blood Urea Nitrogen	: 7.01	mg/dl	7-21	
Serum Sodium	: 140	mmol/L	136-145	ISE
Serum Potassium	: 4.34	mmol/L	3.5-5.1	ISE
chloride	: 102.3	Meq/L	96-106	

--- End Of Report ---

Sample Registered On : 03/08/2022 09:53AM
Sample Received On : 03/08/2022 09:55AM
Report Released On : 03/08/2022 02:05PM
Sample Barcode :

Checked By:gopal

Dr. VANDANA CHANDANI

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

NAME	: MRS RAMLA RATHIA	34 Years / Female	Reg No.	:	19026
Ref. By	: DR. TIWARI AVINASH, MD		Reg. Date	:	03/08/2022 09:53AM
Address	:		Collected At	:	MedZone Center

INVESTIGATION REPORT

CLINICAL PATHOLOGY

TEST	RESULT	UNIT	TEST METHOD
CUE (Complete Urine Examination)			
Sample Type	: URINE		
PHYSICAL EXAMINATION :			
Color	: Pale Yellow		
Appearence	: clear		
Reaction (pH)	: 5.5	4.8-7.6	
Specific Gravity	: 1.019	1.002-1.030	
CHEMICAL EXAMINATION :			
Proteins	: Trace		
Sugar	: Absent		
MICROSCOPIC EXAMINATION :			
Pus (WBC) Cells	: 2-4/hpf		
Epithelial Cells.	: 3-5/hpf		
R.B.C	: Absent		
Casts	: Absent		
Crystals	: Calcium oxalate crystals +		

--- End Of Report ---

Sample Registered On : 03/08/2022 09:53AM
Sample Received On : 03/08/2022 09:55AM
Report Released On : 03/08/2022 02:05PM
Sample Barcode :

Checked By:gopal

Dr. VANDANA CHANDANI

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

NAME	: MRS RAMLA RATHIA	34	Years / Female	Reg No.	: 19026
Ref. By	: DR. TIWARI AVINASH, MD			Reg. Date	: 03/08/2022 09:53AM
Address	:			Collected At	: MedZone Center

INVESTIGATION REPORT

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
CBP (Complete Blood Picture)				
Sample Type	: WB - EDTA			
Haemoglobin	: **10.6**	gm%	11.5 - 16.0	
Total Erythrocyte Count	: 5.09	M/cmm	4.0 - 6.2	Cell Counter
Hemotocrit (PCV)	: 35.1	Vol %	35.0 - 50.0	
Mean Corpuscular Volume	: **69.0**	fL	80 - 100	
Mean Corpuscular Hemoglobin	: **20.8**	PG	26 - 34	
MCHC	: **30.2**	g/L	31 - 35	
RDW	: 13.1	%	11.5 - 14.5	
Total Leucocyte Count.	: 5790	/cumm	4000 - 11000	
DIFFERENTIAL COUNT :				
Neutrophils	: 60	%	40 - 75	
Lymphocytes.	: 29	%	20 - 40	Cell Counter
Monocytes.	: 05	%	2 - 10	Cell Counter
Eosinophils	: 06	%	1 - 6	Cell Counter
Basophils	: 0	%	0 - 1	Cell Counter
Platelet Count	: 202000	/cmm	150000 - 450000	
ESR (Erythrocyte Sedimentation Rate)				
Sample Type	: PLASMA -Na Citrate			
ESR (Erythrocyte Sedimentation Rate)	: 20	mm/hr	0 - 20 :1st Hour	Sedimentation me

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

NAME	: MRS RAMLA RATHIA	34 Years / Female	Reg No. : 19026
Ref. By	: DR. TIWARI AVINASH, MD		Reg. Date : 03/08/2022 09:53AM
Address	:		Collected At : MedZone Center

INVESTIGATION REPORT

HAEMATOLOGY

TEST	RESULT	UNIT	TEST METHOD

Sickling -solubility

Sample Type : WB - EDTA

METHOD : Solubility Method
RESULT : TEST IS NEGATIVE
REMARK : .1. All sickle tests, whether positive or negative must be confirmed by electrophoresis at the

METHOD - it is Qualitative determination of hemoglobin S (Hbs) in blood using a phosphate solubility method.

.1. All sickle tests, whether positive or negative must be confirmed by electrophoresis at the earliest opportunity.

2. Positive results are also given by C harlem and Hb S Travis.

3. A positive solubility test merely indicates the presence of a sickling haemoglobin and does not differentiate between homozygotes and heterozygotes.

4. False positive results can occur in
blood with low Hb concentration,
Severe leucocytosis,
Hyperproteinaemia (such as myeloma),
Cryglobulinemia,
Other dsyglobulinemias,
In the presence of an unstable haemoglobin, especially after splenectomy.

5. False negative results may be obtained
In severe anaemia,
infants under the age of 6 months,
When Hb S is under 20 %.

6 As with all tests, the result of the test should be correlated with clinical findings to arrive at the final diagnosis.

--- End Of Report ---

Sample Registered On : 03/08/2022 09:53AM
Sample Received On : 03/08/2022 09:55AM
Report Released On : 03/08/2022 05:27PM
Sample Barcode :

Checked By:gopal

Dr. VANDANA CHANDANI