

**ADVANCE DIAGNOSTICS CENTRE**

C1-C2/17A, NEAR NIHARIKA TALKIES

KORBA- 495677

PH-09228333 MOBILE-9300888178

NAME : MRS SAJITHA NAMBIAR

50 Years / Female

Reg No. : 19652

Ref. By : . SELF

Reg. Date : 09/08/2022 08:19AM

Address :

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>
<b><u>Lipid Profile</u></b>				
Sample Type	: SERUM			
Cholesterol Total	: 136.0	mg/dl	Desirable : < 200 Moderate Risk : 200 - 239 High Risk : > 240	CHOD-PAP
Cholesterol HDL	: <b>43.00</b>	mg/dl	Desirable : > 37 Moderate Risk : 25 - 37 High Risk : < 12 - 18	Direct Clearance
Cholesterol LDL	: 74.16	mg/dl	Desirable : < 130 Moderate Risk : 130 - 159 High Risk : > 160	Direct Clearance
Cholesterol VLDL	: 18.84	mg/dl	6 - 40	
Triglycerides	: 94.2	mg/dl	< 160 : Normal 160 – 400 : Slightly Elevated 400 – 600 : Elevated > 600 : Highly Elevated	GPO
T.Chol / HDL Chol Ratio	: 3.16		2.9 - 5.1	
LDL / HDL Ratio	: 1.72		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 :  $>11.0$ 

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.

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

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
<b>Thyroid Profile</b>				
Sample Type	: SERUM			
Tri Iodothyronine (T3)	: 1.13	ng/mL	0.6-2.7 : 1 - 10 Years 0.6-1.81 : Adults Pregnancy 0.9 - 3.0 : 1st Trimester 0.9 - 3.6 : 2nd & 3rdTr	ECL
Total Thyroxine (T4)	: 9.23	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)	: 2.38	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

--- End Of Report ---

Sample Registered On : 09/08/2022 08:19AM

Sample Received On : 09/08/2022 08:32AM

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Sample Barcode : 

Checked By: gopal

**Dr. VANDANA CHANDANI**

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

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIOLOGICAL REF RANGE</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) : 6.2 4.8-7.6  
Specific Gravity : 1.017 1.002-1.030

**CHEMICAL EXAMINATION :**

Proteins : Absent  
Sugar : Absent

**MICROSCOPIC EXAMINATION :**

Pus (WBC) Cells : 1-3 /hpf  
Epithelial Cells. : 1-3 /hpf  
R.B.C : Absent  
Casts : Absent  
Crystals : Absent

--- End Of Report ---

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Sample Received On : 09/08/2022 08:32AM

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Sample Barcode : 

Checked By:gopal

**Dr. VANDANA CHANDANI**