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

NAME	: MR SUDHIR ASHAWAN	58	Years / Male	Reg No.	: 21019
Ref. By	: DR. MR MASIH PRITESH			Reg. Date	: 24/08/2022 07:55AM
Address	:			Collected At	: MedZone Center

INVESTIGATION REPORT

CLINICAL BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
Serum Creatinine				
Sample Type	: SERUM			
Serum Creatinine	: 1.06	mg/dl	0.6-1.4	Fully Automated Roche E311
Glucose - Fasting				
Sample Type	: PLASMA - NaF			
Blood Glucose-Fasting (Methodology : GOD/POD)	: 97	mg/dl	70 - 110	
TSH (Thyroid Stimulating Hormone)				
Sample Type	: SERUM			
TSH (Thyroid Stimulating Hormone)	: 2.38	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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CLINICAL BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
Uric Acid				
Sample Type	: SERUM			
Uric Acid	: 5.8	mg/dl	3.5 - 7.2	Fully Automated Roche E311
LFT (Liver Function Test)				
Sample Type	: SERUM			
Bilirubin Total	: 0.79	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	: 0.44	mg/dl	0.3 - 1.0	
Aspartate Amino Transferase (SGOT)	: 21.4	U/L	Upto 41	IFCC without pyridoxal phosphate
Alanine Amino Transferase (SGPT)	: 19.5	U/L	Upto 40	IFCC without pyridoxal phosphate
Alkaline Phosphatase	: 71.3	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	: 8.0	gm/dl	6.0 - 8.3	Biuret
Serum Albumin	: 5.1	gm/dl	3.5 - 5.2	Bromocresol green
Serum Globulin	: 2.9	gm/dl	2.5 - 3.5	
Alb/Glo Ratio	: 1.76		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

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CLINICAL BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
Lipid Profile				
Sample Type	: SERUM			
Cholesterol Total	: 255.6	mg/dl	Desirable : < 200 Moderate Risk : 200 - 239 High Risk : > 240	CHOD-PAP
Cholesterol HDL	: **44.36**	mg/dl	Desirable : > 37 Moderate Risk : 25 - 37 High Risk : < 12 - 18	Direct Clearance
Cholesterol LDL	: **172.94**	mg/dl	Desirable : < 130 Moderate Risk : 130 - 159 High Risk : > 160	Direct Clearance
Cholesterol VLDL	: 38.3	mg/dl	6 - 40	
Triglycerides	: 191.5	mg/dl	< 160 : Normal 160 – 400 : Slightly Elevated 400 – 600 : Elevated > 600 : Highly Elevated	GPO
T.Chol / HDL Chol Ratio	: **5.76**		2.9 - 5.1	
LDL / HDL Ratio	: **3.9**		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 : >/= 240 mg/dl
Serum high density lipoprotein cholesterol(HDL) :
Desirable : > 60 mg/dl, Borderline : 40- 60 mg/dll, 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/dll, Elevated : >/= 160 mg/dl
Triglycerides :
Desirable : 150 mg/dl, Borderline : 150- 199 mg/dll, High : 200 - 499 mg/dl, Very High : >/= 500 mg/dl
HDL measurement done by Direct HDL clearance method (CDC approved).
As per the Friedwald Equation, VLDL & LDL values are not applicable for triglyceride values above 400 mg/dl.

--- End Of Report ---

Sample Registered On : 24/08/2022 07:55AM
Sample Received On : 24/08/2022 07:56AM
Report Released On : 24/08/2022 01:08PM
Sample Barcode :

Checked By:gopal

Dr. VANDANA CHANDANI

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INVESTIGATION REPORT

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
ESR (Erythrocyte Sedimentation Rate)				
Sample Type	: PLASMA -Na Citrate			
ESR (Erythrocyte Sedimentation Rate)	: 15	mm/hr	0 - 15 :1st Hour	Sedimentation me
Platelet Count				
Sample Type	: WB - EDTA			
Platelet Count	: 152000	/cumm	150000-450000	Cell Counter

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INVESTIGATION REPORT

IMMUNOLOGY/SEROLOGY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
RA Factor (Rheumatoid Factor)				
Sample Type	: SERUM			
RA Factor (Rheumatoid Factor)	: 8.69	IU/mL	< 18	Nephelometry (Fully Automated Quantitative Analyz

Rheumatoid Arthritis is an autoimmune disorder causing chronic inflammation.RA often affects the small joints of hands & feet as it attacks the joint lining resulting in painful swelling & eventually to joint deformation & erosion of bone.
Rheumatoid Factor is an antibody linked to RA & related autoimmune diseases.RF is an autoantibody against human IgG commonly seen in sera,particularly in patients of RA.It gives useful objective evidence of RA, but a negative test does not rule out RA.
Negative in a third of patients with definite RA.
Positive test can also be seen in chronic Hepatitis,Chronic Viral infection,Dermatomyositis,Scleroderma & SLE.
Method - Nephelometry
Instrument - MISPA i

--- End Of Report ---

Sample Registered On : 24/08/2022 07:55AM
Sample Received On : 24/08/2022 07:56AM
Report Released On : 24/08/2022 01:26PM
Sample Barcode :

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