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

NAME	: MS SUNIDHI	23	Years / Female	Reg No.	: 21725
Ref. By	: DR. TIWARI AVINASH, MD			Reg. Date	: 01/09/2022 09:49AM
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)	: 95	mg/dl	70 - 150	
TSH (Thyroid Stimulating Hormone)				
Sample Type	: SERUM			
TSH (Thyroid Stimulating Hormone)	: 1.46	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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Sample Registered On : 01/09/2022 09:49AM
Sample Received On : 01/09/2022 09:58AM
Report Released On : 01/09/2022 01:58PM
Sample Barcode :

Checked By:dharmendra

Dr. VANDANA CHANDANI

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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)	: 6.5	4.8-7.6	
Specific Gravity	: 1.016	1.002-1.030	
CHEMICAL EXAMINATION :			
Proteins	: Absent		
Sugar	: Absent		
MICROSCOPIC EXAMINATION :			
Pus (WBC) Cells	: 2-3/hpf		
Epithelial Cells.	: 4-5/hpf		
R.B.C	: Absent		
Casts	: Absent		
Crystals	: Absent		

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INVESTIGATION REPORT

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
CBP (Complete Blood Picture)				
Sample Type	: WB - EDTA			
Haemoglobin	: 14.6	gm%	11.5 - 16.0	
Total Erythrocyte Count	: 5.24	M/cmm	4.0 - 6.2	Cell Counter
Hemotocrit (PCV)	: 45.2	Vol %	35.0 - 50.0	
Mean Corpuscular Volume	: 86.3	fL	80 - 100	
Mean Corpuscular Hemoglobin	: 27.9	PG	26 - 34	
MCHC	: 32.3	g/L	31 - 35	
RDW	: 13.8	%	11.5 - 14.5	
Total Leucocyte Count.	: **2200**	/cumm	4000 - 11000	
DIFFERENTIAL COUNT :				
Neutrophils	: 67	%	40 - 75	
Lymphocytes.	: 27	%	20 - 40	Cell Counter
Monocytes.	: 05	%	2 - 10	Cell Counter
Eosinophils	: 01	%	1 - 6	Cell Counter
Basophils	: 0	%	0 - 1	Cell Counter
Platelet Count	: 152000	/cmm	150000 - 450000	
ESR (Erythrocyte Sedimentation Rate)				
Sample Type	: PLASMA -Na Citrate			
ESR (Erythrocyte Sedimentation Rate)	: 14	mm/hr	0 - 20 :1st Hour	Sedimentation me

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INVESTIGATION REPORT

HAEMATOLOGY

TEST	RESULT	UNIT	TEST METHOD

Malarial parasite Identification By QBC

Sample Type WB - EDTA

QBC For Malaria : Negative

QBC : It is a new method for identifying the malarial parasite in peripheral blood involves staining of the centrifuged & compressed red blood cell layar with seridine orange & its examintion under UV light source. It is fast easy & calimed to be more sensitive than traditional thick smear.

RDT; (Rapid detection of malarial)
It is basd on immunochromatographic detction of malarial antigen. 3antigens are usually used PFHRP2, plasmodium aldolase & pLDH.
These remain positive even 1 manth treatment
False Positive in patient having autoantibodies as Rheumatoid Factor.
False Negative in immunocompromised patient.

SENSITIVITY INDEX:
QBC : < 5 parasites / microlit. of blood
Thick smear :> 5 parasites /microlit. of blood
Thin smear :200 parasites / microlit. of blood
pLDH :>100-200 parasites / microlit. of blood
PfHRP2 : >40- 100 parasites/ microlit. of blood

Detection Of Malaria Parasite may be negative in 1st 3 days, because of low parasite index.
Repeat examination requiret depending upon clinical suspicion.

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INVESTIGATION REPORT

IMMUNOLOGY/SEROLOGY

TEST	RESULT	UNIT	TEST METHOD

DENGUE NS1 IgM & IgG (RAPID TEST)

Sample Type : Select Sample Type

OBSERVATION : TEST & CONTROL BAND SEEN

RESULT : SERUM REACTIVE FOR NS1 ANTIGEN OF DENGUE.
THIS IS SCREENING TEST.
ADVICE ELISA FOR CONFIRMATION

Result should be considered in association with other clinical data & patient's symptoms.
Primary Dengue infection is characterised by singificant rise in levels of IgM,3-5 days after the onset of infection (7-10 days in some patients) & can persist for 3-5 mths.
Secondary Dengue infection is characterised by elevation of specific IgG , 1-2 days after the onset of infection & in majority cases (70 %) is associated with elevated IgM.
This is screening test & positive cases are adviced to confirm it by ELISA test.

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