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

NAME	: MRS SARITA KARSH	30	Years / Female	Reg No.	: 25990
Ref. By	: DR. MRS. PRATIMA MAHENDRA			Reg. Date	: 15/10/2022 12:03PM
Address	: KORBA			Collected At	: MedZone Center

INVESTIGATION REPORT

CLINICAL BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
Serum Creatinine				
Sample Type	: SERUM			
Serum Creatinine	: 0.72	mg/dl	0.6-1.4	Fully Automated Roche E311
TSH (Thyroid Stimulating Hormone)				
Sample Type	: SERUM			
TSH (Thyroid Stimulating Hormone)	: 4.61	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	: 0.82	mg/dl	Adults : 0.1 - 1.2 New born : 0.1 - 12.6	Diazoted Sulfanilic
Bilirubin Direct	: 0.36	mg/dl	Upto 0.4	Diazoted Sulfanilic
Bilirubin Indirect	: 0.46	mg/dl	0.3 - 1.0	
Aspartate Amino Transferase (SGOT)	: 21.7	U/L	Upto 41	IFCC without pyridoxal phosphate
Alanine Amino Transferase (SGPT)	: 22.6	U/L	Upto 40	IFCC without pyridoxal phosphate
Alkaline Phosphatase	: 101.5	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	: 6.7	gm/dl	6.0 - 8.3	Biuret
Serum Albumin	: **3.4**	gm/dl	3.5 - 5.2	Bromocresol green
Serum Globulin	: 3.3	gm/dl	2.5 - 3.5	
Alb/Glo Ratio	: 1.03		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

--- End Of Report ---

Sample Registered On : 15/10/2022 12:03PM
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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)	: 5.7	4.8-7.6	
Specific Gravity	: 1.016	1.002-1.030	
CHEMICAL EXAMINATION :			
Proteins	: Absent		
Sugar	: Absent		
MICROSCOPIC EXAMINATION :			
Pus (WBC) Cells	: 1-2 /hpf		
Epithelial Cells.	: 1-3 /hpf		
R.B.C	: Absent		
Casts	: Absent		
Crystals	: Absent		

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INVESTIGATION REPORT

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
BleedingTime				
Sample Type	: Select Sample Type			
BleedingTime	: 2 min 45 sec	minutes	1 - 5	Manual Method
Clotting Time				
Sample Type	: Select Sample Type			
Clotting Time	: 3 min 45 sec	minutes	3 -7	Capillary method
CBP (Complete Blood Picture)				
Sample Type	: WB - EDTA			
Haemoglobin	: **11.9**	gm%	12.0 - 18.0	
Total Erythrocyte Count	: 4.74	M/cmm	4.0 - 6.2	Cell Counter
Hemotocrit (PCV)	: 35.4	Vol %	35.0 - 50.0	
Mean Corpuscular Volume	: **74.7**	fL	80 - 100	
Mean Corpuscular Hemoglobin	: **25.1**	PG	26 - 34	
MCHC	: 33.6	g/L	31 - 35	
RDW	: 14.4	%	11.5 - 14.5	
Total Leucocyte Count.	: 5150	/cumm	4000 - 11000	
DIFFERENTIAL COUNT :				
Neutrophils	: 70	%	40 - 75	
Lymphocytes.	: 24	%	20 - 40	Cell Counter
Monocytes.	: 05	%	2 - 10	Cell Counter
Eosinophils	: 01	%	1 - 6	Cell Counter
Basophils	: 0	%	0 - 1	Cell Counter
Platelet Count	: 222000	/cmm	150000 - 450000	
ESR (Erythrocyte Sedimentation Rate)				
Sample Type	: PLASMA -Na Citrate			
ESR (Erythrocyte Sedimentation Rate)	: 18	mm/hr	0 - 15 :1st Hour	Sedimentation me

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INVESTIGATION REPORT

HAEMATOLOGY

TEST	RESULT	UNIT	TEST METHOD

PT (Prothrombin Time with INR)

Sample Type	: PLASMA -Na Citrate		
PT-Patient Value	: 16.6		
PT-Control Value	: 13.5		
ISI	: 1.1		
PT-Ratio	: 1.23		
PT-INR	: 1.24		in normal subjects 0.8-1.1 Patients on anticoagulants 2 - 3

The prothrombin time is the time it takes plasma to clot after addition of tissue factor (obtained from animals). This measures the quality of the extrinsic pathway (as well as the common pathway) of coagulation. The prothrombin time (PT) and its derived measures of prothrombin ratio (PR) and international normalized ratio (INR) are measures of the extrinsic pathway of coagulation. They are used to determine the clotting tendency of blood, in the measure of warfarin dosage, liver damage, and vitamin K status. The speed of the extrinsic pathway is greatly affected by levels of factor VII in the body. Factor VII has a short half-life and its synthesis requires vitamin K. The prothrombin time can be prolonged as a result of deficiencies in vitamin K, which can be caused by warfarin, malabsorption, or lack of intestinal colonization by bacteria (such as in newborns). In addition, poor factor VII synthesis (due to liver disease) or increased consumption (in disseminated intravascular coagulation) may prolong the PT.

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INVESTIGATION REPORT

IMMUNOLOGY/SEROLOGY

TEST	RESULT	UNIT	TEST METHOD

VDRL (Rapid Plasma Reagin Test)

Sample Type : SERUM

Method	: SLIDE FLOCCULATION
Observation	: SERUM NON-REACTIVE
Result	: TEST IS NEGATIVE
Interpretation	: Serum Reactive in 1:8 Dilution is Significant

Hepatitis B surface antigen (AuAg)

Sample Type : Select Sample Type

Method	: IMMUNOCHROMATOGRAPHIC METHOD
Observation	: ONLY CONTROL BAND SEEN
Result	: SERUM NON-REACTIVE

Hepatitis B Surface antigen (HBsAg) is the earliest indicator of HBV infection.Usually it appears in 27-41 days (as early as 14 days).It appears 7-26 days before biochemical abnormalities. Peaks as ALT rises.Persists during acute illness.Usually disappears 12-20 weeks after the onset of symptoms / laboratory abnormalities in 90% of cases.Is the most reliable marker of HBV infection.Persistence >6 months defines Carrier state.May also be found in chronic infection.
Hepatitis B vaccination does not cause a positive HBsAg.Titres are not of clinical value.This is a screening test only, for confirmation ELISA for HBsAg should be done.

HEPATITIS C VIRUS

Sample Type : Select Sample Type

Observation	: ONLY CONTROL DOT SEEN
Result	: SERUM NON-REACTIVE

HIV DUO (ECL)

Sample Type : SERUM

HIV DUO (ECL)	: 0.24	< 1.0 - NEGATIVE > 1.0 - POSITIVE	ELECTROCHEMILUMINESCENCE(ECL)

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