

**ADVANCE DIAGNOSTICS CENTRE**

C1-C2/17A, NEAR NIHARIKA TALKIES

KORBA- 495677

PH-09228333 MOBILE-9300888178

NAME	: MRS ANITA YADAV	32 Years / Female	Reg No. : 24989
Ref. By	: DR. TIWARI AVINASH, MD	Reg. Date	: 05/10/2022 11:58AM
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>
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Glucose - Random

Sample Type : PLASMA - NaF

Blood Glucose - Random	(Methodology : GOD / POD)	: 83	mg/dl	70 - 150
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TSH (Thyroid Stimulating Hormone)

Sample Type : SERUM

TSH (Thyroid Stimulating Hormone)	: 0.798	μIU/mL	0.37 - 4.8 : Adults	Fully Automated
			0.46 - 8.1 : 1mon-5 Yrs	Roche E411 (ECL)
			0.52 - 16.0 : 1 - 30 Days	

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 circadian 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	: 0.79	mg/dl	Adults : 0.1 - 1.2 New born : 0.1 - 12.6	Diazotized Sulfanilic
Bilirubin Direct	: 0.35	mg/dl	Upto 0.4	Diazotized Sulfanilic
Bilirubin Indirect	: 0.44	mg/dl	0.3 - 1.0	
Aspartate Amino Transferase (SGOT)	: 14.6	U/L	Upto 41	IFCC without pyridoxal phosphate
Alanine Amino Transferase (SGPT)	: 12.4	U/L	Upto 40	IFCC without pyridoxal phosphate
Alkaline Phosphatase	: 83.4	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	: 7.4	gm/dl	6.0 - 8.3	Biuret
Serum Albumin	: 4.1	gm/dl	3.5 - 5.2	Bromocresol green
Serum Globulin	: 3.3	gm/dl	2.5 - 3.5	
Alb/Glo Ratio	: 1.24		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

RENAL FUNCTION TEST

Sample Type	: SERUM			
Blood urea	: 17.2	mg/dl	10-40	Urease UV
Serum Creatinine	: 0.74	mg/dl	0.5-1.1	Alkaline Picrate
Blood Urea Nitrogen	: 8.03	mg/dl	7-21	
Serum Sodium	: 138	mmol/L	136-145	ISE
Serum Potassium	: 4.87	mmol/L	3.5-5.1	ISE
chloride	: 104.9	Meq/L	96-106	

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Sample Registered On : 05/10/2022 11:58AM

Sample Received On : 05/10/2022 12:01PM

Report Released On : 05/10/2022 03:56PM

Sample Barcode :



Checked By:NAREN

Dr. VANDANA CHANDANI

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INVESTIGATION REPORT**CLINICAL PATHOLOGY**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>TEST METHOD</u>
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CUE (Complete Urine Examination)

Sample Type : URINE

PHYSICAL EXAMINATION :

Color : Pale Yellow
Appearance : hazy
Reaction (pH) : 6.3 4.8-7.6
Specific Gravity : 1.020 1.002-1.030

CHEMICAL EXAMINATION :

Proteins : trace
Sugar : Absent

MICROSCOPIC EXAMINATION :

Pus (WBC) Cells : 15-20 /hpf
Epithelial Cells. : 1-3 /hpf
R.B.C : Absent
Casts : Absent
Crystals : Absent

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INVESTIGATION REPORT**CYTOLOGY**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>TEST METHOD</u>
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NASAL SMEAR

Sample Type : Select Sample Type
NASAL SMEAR : Smear only shows few benign superficial squamous cells, few inflammatory cells.
No acid fast bacilli seen.
No atypical or malignant cell seen.

--- End Of Report ---

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INVESTIGATION REPORT**HAEMATOLOGY**

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
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CBP (Complete Blood Picture)**Sample Type** : WB - EDTA

Haemoglobin	: 9.5	gm%	11.5 - 16.0	
Total Erythrocyte Count	: 5.11	M/cmm	4.0 - 6.2	Cell Counter
Hematocrit (PCV)	: 29.7	Vol %	35.0 - 50.0	
Mean Corpuscular Volume	: 58.1	fL	80 - 100	
Mean Corpuscular Hemoglobin	: 18.6	PG	26 - 34	
MCHC	: 32.0	g/L	31 - 35	
RDW	: 19.2	%	11.5 - 14.5	
Total Leucocyte Count.	: 8610	/cumm	4000 - 11000	

DIFFERENTIAL COUNT :

Neutrophils	: 82	%	40 - 75	
Lymphocytes.	: 12	%	20 - 40	Cell Counter
Monocytes.	: 05	%	2 - 10	Cell Counter
Eosinophils	: 01	%	1 - 6	Cell Counter
Basophils	: 0	%	0 - 1	Cell Counter
Platelet Count	: 385000	/cmm	150000 - 450000	

ESR (Erythrocyte Sedimentation Rate)**Sample Type** : PLASMA -Na Citrate

ESR (Erythrocyte Sedimentation Rate)	: 30	mm/hr	0 - 20 :1st Hour	Sedimentation me
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INVESTIGATION REPORT**CLINICAL MICROBIOLOGY**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>TEST METHOD</u>
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Skin Scrapping For AFB

Sample Type : Select Sample Type

Skin Scrapping For AFB : No acid fast bacilli seen.

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