

DIAGNOSTIC REPORT



Patient Ref. No. 707000000299634



Cert. No. MC-2764



CLIENT CODE : CR00000044

CLIENT'S NAME AND ADDRESS :

SRL REACH LTD OPD PATIENTS
SADAR HOSPITAL, BOKORO, SECTOR - 1, BOKORO STEEL CITY,

BOKARO 827001
JHARKHAND INDIA
7260813496

SRL Ltd
Sadar Hospital
Kasturba Nagar,
DHANBAD, 826001
JHARKHAND, INDIA
Tel : 0326-2310050, 7260813492
Email : customercare.shdhanbad@srl.in

PATIENT NAME : DILIP PRATAP

PATIENT ID : **DILIM200992707**

ACCESSION NO : **0707UI001098** AGE : 29 Years SEX : Male

DRAWN : 20/09/2021 10:33 RECEIVED : 20/09/2021 10:38 REPORTED : 21/09/2021 15:24

REFERRING DOCTOR : DR. SADAR HOSPITAL

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
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ENDOCRINOLOGY

TSH 3RD GENERATION ULTRA(TSH3 - UL), SERUM

TSH 3RD GENERATION	2.270	0.27 - 4.20	μIU/mL
METHOD : ELECTROCHEMILUMINESCENCE			

Interpretation(s)

TSH 3RD GENERATION ULTRA(TSH3 - UL), SERUM-Comment: The Biological Reference Interval of TSH-3rd Generation Ultra [TSH3-UL] is not established for age less than 2 years.

Below mentioned are the guidelines for Pregnancy related reference ranges for TSH.

Levels in Pregnancy	TSH (μIU/mL)
First Trimester	0.1 - 2.5
2nd Trimester	0.2 - 3.0
3rd Trimester	0.3 - 3.0

SPECIALISED CHEMISTRY - VITAMIN

* 25 - HYDROXYVITAMIN D, SERUM

25 - HYDROXYVITAMIN D	16.90	Low	Deficiency: < 20.0 Insufficiency: 20.0 - < 30.0 Sufficiency: 30.0 -100.0 Toxicity > 100.0	ng/mL
METHOD : ELECTROCHEMILUMINESCENCE				

* VITAMIN B12 LEVEL, SERUM

VITAMIN B12	214.9		197 - 771	pg/mL
METHOD : ELECTROCHEMILUMINESCENCE				

Interpretation(s)

25 - HYDROXYVITAMIN D, SERUM-

Note: Our Vitamin D assays is standardized to be in alignment with the ID-LC/MS/MS 25(OH)vitamin D Reference Method Procedure (RMP), the reference procedure for the Vitamin D Standardization Program (VDSP). The VDSP, a collaboration of the National Institutes of Health Office of Dietary Supplements, National Institute of Technology and Standards, Centers for Disease Control and Ghent University, is an initiative to standardize 25(OH)vitamin D measurement across methods



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Please visit www.srlworld.com for related Test Information for this accession
TEST MARKED WITH '*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.

Alok Kumar

Dr. Alok Kumar
Consultant Pathologist

CONDITIONS OF LABORATORY TESTING & REPORTING

1. It is presumed that the test sample belongs to the patient named or identified in the test requisition form.
2. All Tests are performed and reported as per the turnaround time stated in the SRL Directory of services (DOS).
3. SRL confirms that all tests have been performed or assayed with highest quality standards, clinical safety & technical integrity.
4. A requested test might not be performed if:
 - a. Specimen received is insufficient or inappropriate specimen quality is unsatisfactory
 - b. Incorrect specimen type
 - c. Request for testing is withdrawn by the ordering doctor or patient
 - d. There is a discrepancy between the label on the specimen container and the name on the test requisition form
5. The results of a laboratory test are dependent on the quality of the sample as well as the assay technology.
6. Result delays could be because of uncontrolled circumstances. e.g. assay run failure.
7. Tests parameters marked by asterisks are excluded from the "scope" of NABL accredited tests. (If laboratory is accredited).
8. Laboratory results should be correlated with clinical information to determine Final diagnosis.
9. Test results are not valid for Medico- legal purposes.
10. In case of queries or unexpected test results please call at SRL customer care (91115 91115). Post proper investigation repeat analysis may be carried out.

SRL Limited

Fortis Hospital, Sector 62, Phase VIII,
Mohali 160062



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BIO CHEMISTRY

CORONARY RISK PROFILE (LIPID PROFILE), SERUM

CHOLESTEROL	213	High	< 200 Desirable 200 - 239 Borderline High > or = 240 High	mg/dL
TRIGLYCERIDES	125		Normal <150 Borderline High 150 - 199 High 200 - 499 Very High > or = 500	mg/dL
HDL CHOLESTEROL	71	High	< 40 Low > or = 60 High	mg/dL
DIRECT LDL CHOLESTEROL	135	High	<100 Optimal 100-129 Near optimal/above optimal 130-159 Borderline high 160-189 High > or = 190 Very high	mg/dL
CHOL/HDL RATIO	3	Low	3.3- 4.4 Low Risk 4.5 -7.0 Average Risk 7.1 -11.0 Moderate Risk > 11.0 High Risk	
LDL/HDL RATIO	1.9		0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk > 6.0 High Risk	
VERY LOW DENSITY LIPOPROTEIN	25		< or = 34	mg/dL

Interpretation(s)

CORONARY RISK PROFILE (LIPID PROFILE), SERUM-Serum cholesterol is a blood test that can provide valuable information for the risk of coronary artery disease. This test can help determine your risk of the build up of plaques in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). High cholesterol levels usually don't cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels often are a significant risk factor for heart disease and important for diagnosis of hyperlipoproteinemia, atherosclerosis, hepatic and thyroid diseases.

Serum Triglyceride are a type of fat in the blood. When you eat, your body converts any calories it doesn't need into triglycerides, which are stored in fat cells. High triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels. Analysis has proven useful in the diagnosis and treatment of patients with diabetes mellitus, nephrosis, liver obstruction, other diseases involving lipid metabolism, and various endocrine disorders. In conjunction with high density lipoprotein and total serum cholesterol, a triglyceride determination provides valuable information for the assessment of coronary heart disease risk. It is done in fasting state.

High-density lipoprotein (HDL) cholesterol. This is sometimes called the "good" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and blood flowing more freely. HDL cholesterol is inversely related to the risk for cardiovascular disease. It increases following regular exercise, moderate alcohol consumption and with oral estrogen therapy. Decreased levels are associated with obesity, stress, cigarette smoking and diabetes mellitus.

SERUM LDL The small dense LDL test can be used to determine cardiovascular risk in individuals with metabolic syndrome or established/progressing coronary artery disease, individuals with triglyceride levels between 70 and 140 mg/dL, as well as individuals with a diet high in trans-fat or carbohydrates. Elevated sdLDL levels are associated with metabolic syndrome and an 'atherogenic lipoprotein profile', and are a strong, independent predictor of cardiovascular disease. Elevated levels of LDL arise from multiple sources. A major factor is sedentary lifestyle with a diet high in saturated fat. Insulin-resistance and pre-diabetes have also been implicated, as has genetic predisposition. Measurement of sdLDL allows the clinician to get a more comprehensive picture of lipid risk factors and tailor treatment accordingly. Reducing LDL levels will reduce the risk of CVD and MI.



DIAGNOSTIC REPORT



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Recommendations:

Results of Lipids should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.

NON FASTING LIPID PROFILE includes Total Cholesterol, HDL Cholesterol and calculated non-HDL Cholesterol. It does not include triglycerides and may be best used in patients for whom fasting is difficult.

****End Of Report****

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Dr. Aakash, MD, Path
Consultant Pathologist

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