

National Reference Lab: Sector-18, Block-E, Rohini, New Delhi - 110 085 Main Lab: 54, Eskay House, Hanuman Road, New Delhi - 110 001 Tel: 011 - 3040-3210, Fax: 011 - 3040-3204 E-mail: lalpathlabs@lalpathlabs.com Web: www.lalpathlabs.com

LPL - FPSC ARCHANA DIAGNOSTICS PITAM PURA SHOP NO-G-45, VARDHMAN FASHION MALL **ROAD NO-43, PITAMPURA, NEW DELHI**











Name Mr. ARVIND KUMAR SAHORE

Lab No. 139859693 Age: 51 Years

Ref By: Dr.G.C SINGHAL

Gender: Male Collected Received 12/3/2018 8:01:00AM 12/3/2018 8:27:44AM

Reported

: 12/3/2018 1:51:51PM

Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, FASTING (F), PLASMA (Hexokinase)	87.00	mg/dL	70.00 - 100.00
CHOLESTEROL, TOTAL, SERUM (Spectrophotometry)	154.00	mg/dL	<200.00

Interpretation

A/c Status

NCEP RECOMMENDATIONS	CHOLESTEROL IN mg/dL in adults	CHOLESTEROL IN mg/dL in children
Desirable level	< 200	< 170
Borderline High	200-239	171-199
High	>or = 240	>or = 200

Note

- 1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- 2. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

TSH, ULTRASENSITIVE, SERUM	63.958	uIU/mL	0.550 - 4.780
(CLIA)			

Note

- 1. TSH levels are subject to circadian variation, reaching peak levels between 2 4.a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
- 2. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals

Clinical Use

- Diagnose Hypothyroidism and Hyperthyroidism
- Monitor T4 replacement or T4 suppressive therapy
- Quantify TSH levels in the subnormal range

Increased Levels: Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent

Hyperthyroidism, Thyroid hormone resistance

Decreased Levels: Graves disease, Autonomous thyroid hormone secretion, TSH deficiency



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Dr Himangshu Mazumdar MD (Biochemistry)

MD (Biochemistry)

Consultant Biochemist - NRL

Dr. Nimmi Kansal MD (Biochemistry) HOD Biochem & IA - NRL

Ref By: Dr.G.C SINGHAL

-----End of report -----

