Dr. M.P. Patel M.D. (Patho)

LifeLine Pathology Laboratory

Vishal Patel
M.Sc (Chemistry)
P.G.DMLT

Sanket Patel
M.Sc (Microbiology)
P.G.DMLT

5, Patel Chember, Near Scope CT Scan, Opp. HDFC Bank, Mansa Mo.: 8866364 222
108, Shri Shakti Complex, Pethapur Cross To Pethapur Village Road, Pethapur, Gandhinagar Mo.: 63527 78001

00452

TEST REPORT

Patient's Name	: **Rahul M Parikh**	Ref. No.	: 452
Referred by	: C/o. Dynatech Systems	Age	: 28 Years
Date	: 21/05/2024 15:15	Sex	: Male
Mo.	:		

LIPID PROFILE

Test Name	Result	Units	Biological Reference Interval
Serum Cholesterol :	157.02	mg / dl	Desirable level/low risk : < 200 Borderline level/moderate risk : 200-239 Elevated level/ high risk : > 240
Serum Triglyceride :	93.29	mg / dl	Normal : <150 Borderline high :150-400 High : 400-1000
S. HDL Cholesterol :	41.01	mg / dl	Desirable level/low risk : >80 Borderline level/moderate risk : 35-80 Elevated level/ high risk : <35
S. LDL Cholesterol :	18.658	mg / dl	Desirable level/low risk : <130 Borderline level/moderate risk : 130-159 Elevated level/ high risk : >160
S. VLDL Cholesterol :	18.658	mg / dl	Upto 34
Total Lipids :	528.636	mg / dl	400 - 700
Chol./HDL Ratio :	3.8		
LDL/HDL Ratio :	0.5		Desirable level/low risk : 0.5-3.0 Borderline level/moderate risk : 3.0-6.0 Elevated level/ high risk : >6.0

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ELECTROLYTES

Test Name	Result	Units	Biological Reference Interval
Serum Sodium :	139.87	mmol /L	[137 - 145]
Serum Potassium :	3.9	mmol/L	[3.5 - 5.1]
Serum Chlorides :	102.32	mmol/L	[98 - 107]

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FASTING BLOOD SUGAR

Test Name	Result	Units	Biological Reference Interval
Fasting blood sugar :	102.40	mg/dl	Non Diabetic: 70 - 109 Impaired : 110 - 125 Diabetic: 126

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S.G.P.T

Test Name	Result	Units	Biological Reference Interval
S.G.P.T :	24.44	U/L	0 - 40

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ERYTHROCYTE SEDIMENTATION RATE (ESR)

Test Name	Result	Units	Biological Reference Interval
After 1 hour :	6.00	mm	1 - 7

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CREATININE

Test Name	Result	Units	Biological Reference Interval
Serum creatinine :	0.88	mg/dl	0.4 - 1.5
Estimated GFR MALE :	109.599067785396		ml/min/1.73m [> 60]
Estimated GFR FEMALE:	81.3225082967639		ml/min/1.73m [> 60]

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HEMOGRAM

Test Name		Result	Units	Biological Reference Interval
Hemoglobin :		13.9	g/dl	[13.0-18.0]
Total RBC Count :		5.0	mill/cmm	[4.7-6.0]
Total WBC Count :		5400	/cmm	[4000-10000]
Platelet Count :		217000	/cmm	150000-450000
Blood Indices				
P.C.V :		40.8	%	[42-52]
M.C.V. :		81.6	femtolitre	[78-100]
M.C.H. :		27.8	pg	[27-31]
M.C.H.C. :		34.1	g/dl	[32-36]
R.D.W. :		16.0	%	[11.5-14.0]
Differential WBC Count		**Expected value**	**Absolute Count**	**Expected value**
Polymorphs :	**44**	[60 - 70]%	2376	1600 - 7000
Lymphocytes :	**48**	[20 - 40]%	2592	800 - 4000
Eosinophils :	01	[1 - 4]%	54	00-450
Monocytes :	07	[2 - 6]%	378	200 - 1000
Basophils :	00	[0 - 1]%	0	0 - 100

Smear Study

RBCs :	RBCs are normocytic,normochromic.
WBCs :	**WBCs series shows relative lymphocytosis.**
Platelets :	Platelets are adequate in number.
PS For MP :	No any parasites seen.

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TSH

Test Name	Result	Units	Biological Reference Interval
Serum TSH :	1.53	µIU/ml	[0.34-5.60]

Note :
1. In patients receiving high dose Biotin theraphy (>5mg/day) the specimen should be collected for at least 8 hours after the last biotin administation.
2. Sodium heparin therapy interferes with this assay hence sampling from these pateints is not recommended.
3. Rarely high titers of antibodies to Strepatavidin and Rutbenium may also interfere with tha assauy.

Comments:
TSH Receptor stimulating antibodies are most closly associalted with disease pathogenesis in all formsof Autoimmune thyrotoxiclosis (Graves disease), Hashitoxicosis & Neontatal Thyroloxisosis . These antibodies may be detected before autoimmune thyrotixicosis becomes biochemically or clinically manifest. Since tretments for Graves disease are not aimed at underlying disease process but deal with ablation of thyriod tissue. these antibodies may persist even after apparent clinical. This is specially relavent in pregnant women with Graves disease trated with thyroid ablative therapy who continue to produce thyroid receptor antibodies which can cross the placental barrier and cause neonatal thyrotoxicosis.

Uses:
- Differential diagnosis of etiology of Thyrotoxicosis in patients with ambiguous clinical fingings non diagnostic thyroid redio-isotope scans & in pregnant of breast fedding females where thyroid radio-isotope scans are contraindicated.
- Diagnosis of clincally suspected Graves disease (Extra thyroidal mainifestation of Graves disease Encocrine Exophathalmus, Pretibial Myxedama , thyroid acropachy) in patients with normal thyroid fuction tests.
- Determining risk of Neontal Thyrotoxicosis in a pregnant femals with active of past history of Graves disease.
- Differential diagnosis of Gestational Thyrotxicosis versus first trimester manifestation of receurrence of Graves disease.
- Assessing the risk of Graves disease relapse after antithyroid therapy.

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URINE EXAMINATION

PHYSICAL EXAMINATION:

Volume	- 20 ml
Colour	- Pale Yellow
Blood	- Absent
Appearance	- Clear
Deposit	- Absent

CHEMICAL EXAMINATION:

Sp. Gravity	- 1.020
Protein	- Absent
Glucose	- Absent
Ketone	- Absent
Urobilinogens	- Absent
Bile Salts	- Absent
Bile Pigments	- Absent
Reaction	- Acidic

MICROSCOPIC EXAMINATION: [After centrifugation at 2000 r.p.m. for 5 minutes]

Pus Cells	- 1-2	/H.P.F
Red Cells	- Absent	/H.P.F.
Epithelial Cells	- Occ.	/H.P.F.
Casts	- Occ.	
Crystals	- Absent	
Yeast Cells	- Absent	
Trichomonas Vag.	- Absent	
Bacteria	- Absent	

NOTE: Done by Urometer 120 (Abott)

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