



Vijaya Diagnostic Centre

3-6-16 & 17, Street No. 19, Himayatnagar, Hyderabad - 500 029

Email : info@vijayadiagnostic.com

LABORATORY TEST REPORT

Regn Date : 18/07/2022 07:54:18

Sample Collection : 18/07/2022 08:06

Name : MR. K RUSHIKESH REDDY

Released Date : 20/07/2022 17:13

Regn No : 482219642

Print Date : 26/09/2022 11:22

Ref By : Dr. MURALI HARISH

Age / Sex : 23 Years / Male

Sample Type :: Citrate Plasma

Regn Centre : Nandyal - 48

Ref no. :



MC-2657

PROTEIN C

TEST NAME

RESULT

BIOLOGICAL REFERENCE INTERVAL

Protein C Activity

: 20%

70 - 130 %

Method : Chromogenic

Clinical Significance :

1. Protein C is vit K dependent enzyme which is a key component in the anticoagulant systems.
2. Protein C deficiency may be inherited or acquired and is associated with variable risk of thrombosis.

Comments :

1. Higher heparin levels may lead to an over estimation of the Protein-C levels.
2. Lupus anticoagulants and/or anti phospholipid antibodies if present in the plasma being tested, may interfere with the assay.
3. Thrombin inhibitors present in the sample to be tested may lead to an over estimation of protein-C level.

D. Srinivas

DR.DANTAM SRINIVAS
CONSULTANT PATHOLOGIST



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Age / Sex : 23 Years / Male

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Ref no. :



MC-2657

PROTEIN S

TEST NAME

RESULT

BIOLOGICAL REFERENCE INTERVAL

Protein S Activity

: 22%

55 - 140 %

Method : Electromechanical clot detection

Clinical Significance :

1. Protein S is Vit K dependent glyco protein, which plays an essential role in the protein C anticoagulant systems.
2. Protein S deficiency may be inherited or acquired and increase the risk of thrombotic events such as deep vein thrombosis, pulmonary embolism, or thrombophlebitis.

Comments :

1. Higher heparin levels may lead to an over estimation of the Protein-S levels.
2. Lupus anticoagulants and/or anti phospholipid antibodies if present in the plasma being tested, may interfere with the assay.
3. Thrombin inhibitors present in the sample to be tested may lead to an over estimation of Protein-S level.

D. Srinivas

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LABORATORY TEST REPORT

Regn Date : 18/07/2022 07:54:18
Name : **MR. K RUSHIKESH REDDY**
Regn No : **482219642**
Ref By : Dr. MURALI HARISH
Sample Type :: Serum

Sample Collection : 18/07/2022 08:06
Released Date : 19/07/2022 10:36
Print Date : 26/09/2022 11:22
Age / Sex : **23 Years / Male**
Regn Centre : Nandyal - 48
Ref no. :



MC-2657

HOMOCYSTEINE SERUM

TEST NAME

RESULT

BIOLOGICAL REFERENCE INTERVAL

Homocysteine

: **50.09**

3.7 - 13.9 $\mu\text{mol/L}$

Method : Chemiluminescence Immuno Assay (CLIA)

Comments / Interpretation :

- Homocysteine levels are increased in Vitamin B12 deficiency, Vitamin B6 deficiency, folate deficiency, hypothyroidism, chronic renal failure.
- Elevated levels are used as an independent risk of coronary / cerebral vascular disease.

Sujana .

DR.SUJANA REDDY M
CONSULTANT BIOCHEMIST



Vijaya Diagnostic Centre

Plot No:192,Near Nagarjuna Junior College,Padmavathi Nagar,Nandyal-518501.

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LABORATORY TEST REPORT

Regn Date : 18/07/2022 07:54:18
Name : MR. K RUSHIKESH REDDY
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Ref By : Dr. MURALI HARISH
Sample Type :: Serum

Sample Collection : 18/07/2022 08:06
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Age / Sex : 23 Years / Male
Regn Centre : Nandyal - 48
Ref no. :

T3,T4 & TSH SERUM

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
T3 (TRIIODOTHYRONINE) <i>Method : Chemiluminescence Immuno Assay (CLIA)</i>	: 1.20	0.87 - 1.78 ng/mL
T4 (THYROXINE) <i>Method : Chemiluminescence Immuno Assay (CLIA)</i>	: 7.9	6.09 - 12.23 ug/dL
TSH	: 3.43	Adult : 0.35 - 5.50 Pediatric Range : Birth - 4 Days : 1.0 - 39 2 - 20 Weeks : 1.7 - 9.1 20- 2 Years : 0.7 - 6.4 Pregnancy : 1st trimester : 0.3 - 4.5 2nd trimester : 0.5 - 4.6 3rd trimester : 0.8 - 5.2

Method : Chemiluminescence Immuno Assay (CLIA)

Comments / Interpretation :

- Patient preparation is particularly important for hormone studies, results of which may markedly effected by many factors such as stress, position, fasting state, time of the day, preceding diet and drug therapy.
- The levels of T3 helps in the diagnosis of T3 Thyrotoxicosis and monitoring the course of hyperthyroidism.
- T3 is not recommended for diagnosis of hypothyroidism as decreased values have minimal clinical significance.
- Values below the lower limits can be caused by a number of conditions including non-thyroidal illness, acute and chronic stress and hypothyroidism.
- Elevated level of T4 are seen in hyperthyroidism, pregnancy, euthyroid patients with increased serum TBG.
- Decreased levels are noted in hypothyroidism, hypoproteinemia, euthyroid sick syndrome, decrease in TBG.
- TSH control biosynthesis and release of thyroid hormones T3 & T4.
- TSH levels are increased in primary hypothyroidism, insufficient thyroid hormone replacement therapy, Hashimotos thyroiditis, use of amphetamines, dopamine antagonists, iodine containing agents, lithium and iodine induced or deficiency goiter.
- Decrease in TSH levels are seen in Toxic multinodular goiter, thyroid adenoma, Graves disease, thyroiditis, extrathyroidal thyroid hormone source, over replacement of thyroid hormone in treatment of hypothyroidism, secondary hypothyroidism, severe dehydration, first trimester of pregnancy.

DR.CHALLA SUKUMAR
CONSULTANT PATHOLOGIST