

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 *00463*

TEST REPORT

Patient's Name

: Vatsal D Patel

Referred by Date

: C/o. Dynatech Systems

Mo.

: 22/05/2024 15:15

Ref. No. : 463

: 28 Years Age

Sex : Male

LIPID PROFILE

Test Name	Result	Units	Biological Reference Interval
Serum Cholesterol:	132.82	mg / dl	Desirable level/low risk : < 200 Borderline level/moderate risk : 200-239 Elevated level/ high risk : > 240
Serum Triglyceride :	<u>176.57</u>	mg / dl	Normal : <150 Borderline high :150-400 High : 400-1000
S. HDL Cholesterol:	42.32	mg / dl	Desirable level/low risk : >80 Borderline level/moderate risk : 35-80 Elevated level/ high risk : <35
S. LDL Cholesterol :	55.186	mg / dl	Desirable level/low risk : <130 Borderline level/moderate risk : 130-159 Elevated level/ high risk : >160
S. VLDL Cholesterol:	35.314	mg / dl	Upto 34
Total Lipids:	642.21	mg / dl	400 - 700
Chol./HDL Ratio :	3.1		
LDL/HDL Ratio :	1.3		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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Dr. M.P. Patel





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ELECTROLYTES

Test Name	Result	Units	Biological Reference Interval
Serum Sodium :	136.85	mmol /L	[137 - 145]
Serum Potassium :	3.9	mmol/L	[3.5 - 5.1]
Serum Chlorides:	98.00	mmol/L	[98 - 107]

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M.D. Pathologist

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FASTING BLOOD SUGAR

Test Name

Result

Units

Biological Reference Interval

Fasting blood sugar:

73.14

mg/dl

Non Diabetic: 70 - 109

Impaired: 110 - 125

Diabetic: 126

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<u>S.G.P.T</u>

Test Name Result Units Biological Reference Interval

S.G.P.T: 30.18 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 Refe	rence Interval
Serum creatinine :	0.86	mg/dl	0.4 - 1.5	
Estimated GFR MALE :	112.545633769	112.545633769189		[> 60]
Estimated GFR FEMALE:	83.5088602567	7379	ml/min/1.73m	[> 60]

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



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

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HEMOGRAM

Test Name		Result	Units	Biological Reference Interval
Hemoglobin:		14.4	g/dl	[13.0-18.0]
Total RBC Count:		5.38	mill/cmm	[4.7-6.0]
Total WBC Count:		5700	/cmm	[4000-10000]
Platelet Count:		294000	/cmm	150000-450000
Blood Indices				
P.C.V:		42.3	%	[42-52]
M.C.V.:		78.62	femtolitre	[78-100]
M.C.H. :		26.77	pg	[27-31]
M.C.H.C.:		34	g/dl	[32-36]
R.D.W.:		16.4	%	[11.5-14.0]
Differential WBC Co	<u>ount</u>	Expected value Abs	olute Count	Expected value
Polymorphs:	68	[60 - 70]%	3876	1600 - 7000
Lymphocytes:	25	[20 - 40]%	1425	800 - 4000
Eosinophils:	02	[1 - 4]%	114	00-450
Monocytes:	05	[2 - 6]%	285	200 - 1000
Basophils:	00	[0 - 1]%	0	0 - 100

Smear Study

RBCs: RBCs are normocytic, normochromic. WBCs: WBCs series show within normal limits. 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:	0.92	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:

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

CHEMICAL EXAMINATION:

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

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

Pus Cells - 2-4 /H.P.F /H.P.F. Red Cells - Absent **Epithelial Cells** - 1-2 /H.P.F.

Casts - Absent Crystals - Absent Yeast Cells - Absent Trichomonas Vag. - Absent Bacteria - Absent

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