



Client: MG
Name : Mrs.TANIYA PAUL
Age/Gender: 46 YRS/FEMALE
Ref.By : Dr. J. BASU MD
Refer Lab:

Lab No. : 012205250235
Registered on: 25/May/2022
Sample Rec: 25-May-2022
Reported on: 25-May-2022
Barcode No: 0105250235

HAEMATOLOGY

Test Name	Result	Unit	Status	Ref. Range	Method
Complete Haemogram					
Haemoglobin	10.3 ✓	gm/dl	L	11.0-15.0	Cell Counter
Total Leucocyte Count(TLC)	9.1 ✓	10 ³ /cumm	N	4.0-11.0	Cell Counter
RBC Count	3.5	m/cumm	N	3.5-6.5	Cell Counter
Differential Leucocyte Count					
Polymorphs	65	%	N	40-75	Microscopy
Lymphocytes	30	%	N	20.0-45.0	Microscopy
Eosinophils	02	%	N	1.0-4.0	Microscopy
Monocytes	03	%	N	02.0-10.0	Microscopy
Basophils	00	%	N	00.0-02.0	Microscopy
PCV	31.6	%	L	35.0-54.0	El
MCV	90.29	fL		80.0-100.0	El
MCH	29.4	pg		27.0-32.0	Calculated
MCHC	32.6	gm/dL		32.0-35.0	Calculated
Platelet Count	325.0 ✓	10 ³ /cumm	N	150-450	Microscopic
RDW-CV	13.0	%	N	7.4-14.0	Calculated
ESR	40	mm/1st hr	H	0 - 15	
Peripheral Smear					

RED BLOOD CELLS are mainly normocytic & mild hypochromic.(Anisocytosis +)

TOTAL LEUCOCYTE COUNT are normal in total population.PLATELETS are adequate in number and normal in morphology.

*** End Of Report ***

Note : * Scope of NABL accreditation

Abbreviation N = Normal, L = Low, H = High Printed By: ABHIJIT JANA

Checked By

Dr. R. K. Mondal
M.B.B.S, MD(Path)
Consultant Pathologist

Dr. S.K.Das
PHD(Biochemistry)
Consultant Biochemist

Dr. Sudipta Bhattacharyya
DVD, M.D (Path)
Lab Director

Unit I : 255/5A, N.S.C. Bose Road (Naktala), Kolkata - 47, Tel : +91 80133 42542
Unit II : 237, N. S. C. Bose Road, Kolkata - 700 047, Tel : +91 33 2471 3817, Tel : +91 81002 23300
Unit III : GDC Glorius Shopping Complex, Near Bagnan Bus Stand, Bagnan, Howrah - 711 312,
Tel : +91 84799 19100 / 44 / 66 / 88, E-mail : genixbagnan@gmail.com



Client:	MG	Lab No. :	012205250235
Name :	Mrs.TANIYA PAUL	Registered on:	25/May/2022
Age/Gender:	46 YRS/FEMALE	Sample Rec:	25-May-2022
Ref.By :	Dr. J. BASU MD	Reported on:	25-May-2022
Refer Lab:		Barcode No:	0105250235



BIOCHEMISTRY

Test Name	Result	Unit	Status	Ref. Range	Method
Blood Glucose Fasting	117 ✓	mg/dL	H	60 - 110	G-POD.
Creatinine, Serum	0.63	mg/dl	N	0.55-1.30	J.Kinetic

*** End Of Report ***

Note : * Scope of NABL accreditation

Abbreviation N = Normal, L = Low, H = High Printed By: ABHIJIT JANA



Checked By

Dr. R. K. Mondal
M.B.B.S, MD(Path)
Consultant Pathologist

Dr. S.K.Das
PHD(Biochemistry)
Consultant Biochemist

Dr. Sudipta Bhattacharyya
DVD, M.D (Path)
Lab Director



Client: MG
Name : Mrs.TANIYA PAUL
Age/Gender: 46 YRS/FEMALE
Ref.By : Dr. J. BASU MD
Refer Lab:

Lab No. : 012205250235
Registered on: 25/May/2022
Sample Rec: 25-May-2022
Reported on: 25-May-2022
Barcode No: 0105250235



BIOCHEMISTRY

Test Name	Result	Unit	Status	Ref. Range	Method
Liver Function Test					
Bilirubin (Total), Serum	0.46	mg/dl	N	0.10 - 1.20	DCA Method
Bilirubin (Direct), Serum	0.13	mg/dl	N	0.0-0.20	DCA Method
Bilirubin (Indirect), Serum	0.33	mg/dl	N	0.10-1.10	Calculated
SGOT (AST), Serum	18.0	U/L	N	<37	IFCC Method
SGPT (ALT), Serum	23.0	U/L	N	<45	IFCC Method
Alk.Phosphatase, Serum	76.0	U/L	N	35.0 - 105.0	IFCC Method
T.Protein, Serum	7.90	gm/dl	N	6.60 - 8.80	Biuret
Albumin, Serum	4.50	gm/dL	N	3.50 - 5.20	BCG Dye Method
Globulin, Serum	3.40	gm/dl	N	2.00-3.50	Calculated
A/G Ratio, Serum	1.32	g/dL	N	1.0 - 2.10	Calculated

*** End Of Report ***

Note : * Scope of NABL accreditation

Abbreviation N = Normal, L = Low, H = High Printed By: ABHIJIT JANA

Checked By

Dr. R. K. Mondal
M.B.B.S, MD(Path)
Consultant Pathologist

Dr. S.K.Das
PHD(Biochemistry)
Consultant Biochemist

Dr. Sudipta Bhattacharyya
DVD, M.D (Path)
Lab Director



Client: MG
Name : Mrs.TANIYA PAUL
Age/Gender: 46 YRS/FEMALE
Ref.By : Dr. J. BASU MD
Refer Lab:

Lab No. : 012205250235
Registered on: 25/May/2022
Sample Rec: 25-May-2022
Reported on: 25-May-2022
Barcode No: 0105250235

BIOCHEMISTRY

Test Name	Result	Unit	Status	Ref. Range	Method
Lipid Profile					
Total Cholesterol, Serum	152	mg/dL	N	Desirable 200 mg/dL Borderline high risk 200 - 239 mg/dL High risk >240 mg/dL	COD-POD
Triglycerides, Serum	143	mg/dL	N	Desirable: 200 mg/dL Borderline high risk 200 - 399 mg/dL High risk>400 mg/dL	
HDL Cholesterol, Serum	43	mg/dL		> 35	HDL-Direct
LDL Cholesterol, Serum	80	mg/dL		Desirable:130 mg/dL Borderline high risk 130 - 159 mg/dL High risk>160 mg/dL	Homogenous
VLDL Cholesterol, Serum	29	mg/dL	N	0.0-33.0	LDL-Direct
Total / HDL Cholesterol Ratio , Serum	3.53			Low Risk 3.3-4.4 Average Risk 4.4-7.1 Moderate Risk 7.1-11.0 High Risk >11.0	Homogenous
LDL / HDL Ratio, Serum	1.87			0.0 - 3.5	Calculated

*** End Of Report ***

Note : * Scope of NABL accreditation

Abbreviation N = Normal, L = Low, H = High Printed By: ABHIJIT JANA

Checked By

Dr. R. K. Mondal
M.B.B.S, MD(Path)
Consultant Pathologist

Dr. S.K.Das
PHD(Biochemistry)
Consultant Biochemist

Dr. Sudipta Bhattacharyya
DVD, M.D (Path)
Lab Director

Unit I : 255/5A, N.S.C. Bose Road (Naktala), Kolkata - 47, Tel : +91 80133 42542
Unit II : 237, N. S. C. Bose Road, Kolkata - 700 047, Tel : +91 33 2471 3817, Tel : +91 81002 23300
Unit III : GDC Glorius Shopping Complex, Near Baghna Bus Stand, Baghna, Howrah - 711 312,
Tel : +91 84799 19100 / 44 / 66 / 88, E-mail : genixbaghna@gmail.com



Client: MG
Name : Mrs.TANIYA PAUL
Age/Gender: 46 YRS/FEMALE
Ref.By : Dr. J. BASU MD
Refer Lab:

Lab No. : 012205250235
Registered on: 25/May/2022
Sample Rec: 25-May-2022
Reported on: 25-May-2022
Barcode No: 0105250235

PDF Attached

BIOCHEMISTRY

Test Name	Result	Unit	Status	Ref. Range	Method
HbA1c (Glycated Haemoglobin)					
HbA1c (Glycated Haemoglobin)	7.80	%	H	0.0-6.0	HPLC-GOLD STD ON G8 TOSOH
Glycosylated Hb.-HbA1C(IFCC)	61.74				
Estimated Average Blood Glucose (EAG)	177.16				

Introduction: Haemoglobin A1c In the blood stream are the red blood cells, which are made of a molecule, haemoglobin. Glucose sticks to the haemoglobin to make a 'glycosylated haemoglobin molecule, called haemoglobinA1c or HbA1c. The more glucose in the blood, the more haemoglobin A1c or HbA1c will be present in the blood. HbA1C is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 days life span of the red blood cell , but within this 120 days. Recent glycemia has the largest influence on the HbA1c value .Clinical Studies suggest that a patient in stable control will have 50 % of their HbA1c formed in the month before sampling , 25 % in the before that , and the remaing 25 % in months two to four.

Underlying Principle: In the normal 120-day life span of the RBC, glucose molecules join haemoglobin, forming glycosylated haemoglobin. In individuals with poorly controlled diabetes, increases in the quantities of this glycosylated haemoglobin are noted. Once a haemoglobin molecule is glycosylated, it remains that way. A buildup of glycosylated haemoglobin within the red cell reflects the average level of glucose to which the cell has been exposed during its life cycle. Measuring glycosylated haemoglobin assesses the effectiveness of therapy by monitoring long-term serum glucose regulation. HbA1c levels depend on the blood glucose concentration. That is, the higher the glucose concentration in blood, the higher of the level of HbA1c; and is not influenced by daily fluctuation in the blood glucose concentration but reflects the average levels over the prior two or three months. Therefore, HbA1c is a useful indicator of how well the blood glucose level has been controlled in the recent past and may be used to monitor the effects of diet, exercise and drug therapy on blood glucose in diabetic patients.

Healthy HbA1c levels: Target HbA1c levels may vary from person to person. A general range for HbA1c level is:

- Between 4 % and 6% shows normal non diabetic range.
- Between 6 % and 7 % shows well controlled diabetic range.
- Between 7 % and 8% indicates unsatisfactory control.
- Above 8% indicates poor control and need treatment by doctor.

*** End Of Report ***

Checked By

Dr. R. K. Mondal
M.B.B.S, MD(Path)
Consultant Pathologist

Dr. S.K.Das
PHD(Biochemistry)
Consultant Biochemist

Dr. Sudipta Bhattacharya
DVD, M.D (Path)
Lab Director

Adviser :

Dr. (Prof.) Sabitri Sanyal
D.G.O, Ph.D MED. Path
Ex. Prof. & Head of Pathology, C.M.C



www.genixdiag.net

GENIX
Laboratory & Diagnostic Centre
A SYSTEM GIVEN REFERRAL PATH LAB

Chromatogram Report

HL072368 VAR V05.28 70102 2022-05-25 17:10:50

ID 0105250235

Sample No. 05250016 SL 0002 - 06

Patient ID

Name

Comment

$$\text{CALIB} \quad Y = 1.2086X + 0.6099$$

Name	%	Time	Area
A1A	0.5	0.24	6.63
A1B	0.7	0.31	9.98
F	0.8	0.37	10.77
LA1C+	1.8	0.48	24.85
SA1C	7.8	0.59	80.94
AO	91.0	0.89	1237.90

H-V0

H-V1

H-V2

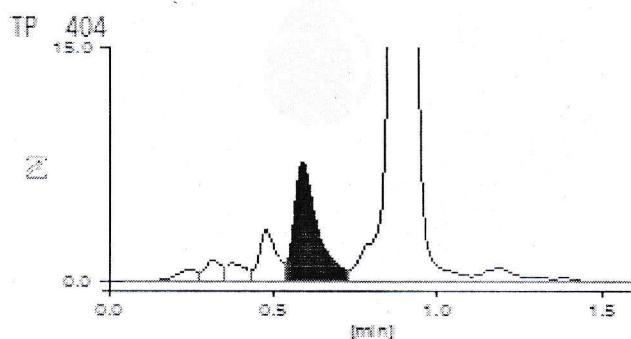
Total Area 1371.07

HbA1c 7.8 %

IFCC 62 μmol/mol

HbA1 9.0 %

HbF 0.8 %



G8

TOSOH AUTOMATED
GLYCOHEMOGLOBIN ANALYZER
HLC - 723



*Control level				
Excellent			I Fair	II
25-05-2022 17:37:00 TOSOH	< 4.0	4.0 - 6.5	6.5 - 7.0	7.0 - 8.0

GENIX

* Ref. American Diabetes Association



Client: MG
Name : Mrs.TANIYA PAUL
Age/Gender: 46 YRS/FEMALE
Ref.By : Dr. J. BASU MD
Refer Lab:

Lab No. : 012205250235
Registered on: 25/May/2022
Sample Rec: 25-May-2022
Reported on: 25-May-2022
Barcode No: 0105250235



SEROLOGY

Test Name	Result	Unit	Status	Ref. Range	Method
ACTIVATED PARTIAL THROMBOPLASTIN TIME					
APTT Test	28.00	Sec		0 - 40 Sec	Electro Mechanical clot detection
APTT Control	24.00	Sec			Electro Mechanical clot Detection

Comment:

The common causes of a prolonged APTT:

1. Disseminated intravascular coagulation.
2. Liver disease.
3. Massive transfusion with stored blood.
4. Administration of heparin or contamination with heparin.
5. A circulating anticoagulant.
6. Deficiency of a coagulation factor other than factor VII.

APTT is also moderately prolonged in patients on oral anticoagulant drugs and in the presence of Vitamin K deficiency.

*** End Of Report ***

Note : * Scope of NABL accreditation

Abbreviation N = Normal, L = Low, H = High Printed By: ABHIJIT JANA

Checked By

Dr. R. K. Mondal
M.B.B.S, MD(Path)
Consultant Pathologist

Dr. S.K.Das
PHD(Biochemistry)
Consultant Biochemist


Dr. Sudipta Bhattacharyya
DVD, M.D (Path)
Lab Director



Client: MG
Name : Mrs.TANIYA PAUL
Age/Gender: 46 YRS/FEMALE
Ref.By : Dr. J. BASU MD
Refer Lab:

Lab No. : 012205250235
Registered on: 25/May/2022
Sample Rec: 25-May-2022
Reported on: 25-May-2022
Barcode No: 0105250235



SEROLOGY

Test Name	Result	Unit	Status	Ref. Range	Method
PROTHROMBIN TIME WITH INR					
Patient Time	16.00	Sec		12.0 - 20.0	Clot Based
Control Time	13.00	Sec		12.0 - 20.0	Clot Based
International Normalised Ratio (INR)	1.25				
P Time Index	81.25				
Ratio	1.23				

REAGENT USED:- P.T (Uniplastin reagent with ISI - 1.00- (Tulip)

INTERPRETATION:

1. PROLONGED PT

The most common causes of prolonged one-stage PTs are as follows:

- a. Administration of oral anticoagulant drugs(Vitamin K antagonists)
- b. Liver disease , particularly obstructive.
- c. Vitamin K deficiency.
- d. Disseminated intravascular coagulation.
- e. Rarely, a previously undiagnosed factor VII, X, V or Prothrombin deficiency defect.
- f. Thrombocytopenia, hyperthyroidism, Vitamin K deficiency & excess dose of anticoagulants.

2. SHORTENED PT

- a. Shortening of P.T may occur due to inhibitor of coumarin action (Barbiturates, Rifampicin, estryamine, Antithistaminics, Vitamin K, Isoeugenol, Colchicine & many others) or missed/inadequate dosage of anticoagulants.
- b. Acute inflammatory conditions may shorten P.T by several seconds due to increase in fibrinogen content of plasma.
- c. Intake of food/drinks within one hour (before or after) of oral anticoagulant drug ingestion, affects P.T results greatly, due to interference with drug absorption.

*** End Of Report ***

Note : * Scope of NABL accreditation

Abbreviation N = Normal, L = Low, H = High Printed By: ABHIJIT JANA

Checked By

Dr. R. K. Mondal
M.B.B.S, MD(Path)
Consultant Pathologist

Dr. S.K.Das
PHD(Biochemistry)
Consultant Biochemist


Dr. Sudipta Bhattacharyya
DVD, M.D (Path)
Lab Director

Unit I : 255/5A, N.S.C. Bose Road (Nakatala), Kolkata - 47, Tel : +91 80133 42542
Unit II : 237, N. S. C. Bose Road, Kolkata - 700 047, Tel : +91 33 2471 3817, Tel : +91 81002 23300
Unit III : GDC Glorius Shopping Complex, Near Bagnan Bus Stand, Bagnan, Howrah - 711 312,
Tel : +91 84799 19100 / 44 / 66 / 88, E-mail : genixbagnan@gmail.com



Client: MG
Name : Mrs.TANIYA PAUL
Age/Gender: 46 YRS/FEMALE
Ref.By : Dr. J. BASU MD
Refer Lab:

Lab No. : 012205250235
Registered on: 25/May/2022
Sample Rec: 25-May-2022
Reported on: 25-May-2022
Barcode No: 0105250235

SEROLOGY

Test Name	Result	Unit	Status	Ref. Range	Method
HBsAg Quantitative	0.51	IU/mL	N	Non Reactive:<1.0 Reactive:=>1.0	ELISA/CLIA

The value should be read in conjunction with the clinical picture and other relevant parameters.

Note:-1. Reactive results suggest Acute/ Chronic infection / Carrier state. All Reactive results should be confirmed by Neutralization test (HBsAg confirmatory test)

2. Discrepant results may be observed during pregnancy, patients receiving mouse monoclonal antibodies for diagnosis or therapy & mutant forms of HBsAg
3. For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers for diagnosis of the Acute OR Chronic infection.
4. For heparinized patients, draw specimen prior to heparin therapy as presence of fibrin leads to erroneous results.

Comments
Hepatitis B Virus (HBV) is a member of the Hepadnavirus family causing infections of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2% normal adolescents and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than six months indicates development of carrier state or suspected HBV infection and monitor the status of infected individuals.

To evaluate the efficacy of antiviral drugs. For Prenatal Screening of pregnant Women. All reactive must be confirmed by neutralization procedure to rule out false positives due to interfering substances.

Further Investigations like- HBV DNA Qualitative and Quantitative/Viral Load Assay (Real Time PCR) and various hepatitis B markers are advised in all Hepatitis B (HBsAg) reactive cases.

Co-infection: About 10% of patients with chronic hepatitis B also are co-infected chronically with hepatitis C virus (HCV). The two viruses interfere with each other and one usually predominates.

Patients infected with both viruses are at higher risk for complications of liver disease.

If the patient is positive for Hepatitis B then screening for Hepatitis C virus is strongly recommended.

*** End Of Report ***

Note : * Scope of NABL accreditation

Abbreviation N = Normal, L = Low, H = High Printed By: ABHIJIT JANNA

Checked By

Dr. R. K. Mondal
M.B.B.S, MD(Path)
Consultant Pathologist

Dr. S.K.Das
PHD(Biochemistry)
Consultant Biochemist

Dr. Sudipta Bhattacharya
DVD, M.D (Path)
Lab Director

Unit I : 255/5A, N.S.C. Bose Road (Naktala), Kolkata - 47, Tel : +91 80133 42542
Unit II : 237, N. S. C. Bose Road, Kolkata - 700 047, Tel : +91 33 2471 3817, Tel : +91 81002 23300
Unit III : GDC Glorius Shopping Complex, Near Bagnan Bus Stand, Bagnan, Howrah - 711 312,
Tel : +91 84799 19100 / 44 / 66 / 88, E-mail : genixbagnan@gmail.com



Client: MG
Name : Mrs.TANIYA PAUL
Age/Gender: 46 YRS/FEMALE
Ref.By : Dr. J. BASU MD
Refer Lab:

Lab No. : 012205250235
Registered on: 25/May/2022
Sample Rec: 25-May-2022
Reported on: 25-May-2022
Barcode No: 0105250235

SEROLOGY

Test Name	Result	Unit	Status	Ref. Range	Method
ANTI HEPATITIS C-VIRUS	0.42	S/CO	N	Non Reactive<1.0 Reactive=> 1.0	ELISA/CLIA

Interpretation Non-Reactive

Comments

- # Hepatitis C is an infection of the liver caused by the hepatitis C virus (HCV).
- # The presence of anti-HCV indicates that an individual may have been infected with HCV, and/or # may be capable of transmitting HCV infection.
- # Although majority of infected individuals may be asymptomatic, HCV infection may develop into chronic hepatitis, cirrhosis with increased risk of hepatocellular carcinoma.
- # If the test for HCV antibody is positive, additional testing is recommended to confirm the diagnosis with other confirmatory test
- # Recombinant immunoblot assay (RIBA) or molecular tests such as HCV RNA Quantitative/Viral Load Assay (Real Time RT PCR) are a few additional tests which are advised to confirm the diagnosis. Further, HCV genotyping identifies the specific genotype of HCV from 1-6 involved in infection

Hcv accounts for about 95% of hepatitis infections in recipients of blood transfusion and 50% of cases of sporadic nonb hepatitis. Hcv commonly gives origin to asymptomatic hepatitis and chronicity develops in a high number of cases, sometimes evolving in sever forms of illness, as patient determinants of the viral proteins are detected in patients infected with hcv, early in the course of infection and in patients upon reactivation of viral replication in hepatocytes.

Checked By

Dr. R. K. Mondal
M.B.B.S, MD(Path)
Consultant Pathologist

Dr. S.K.Das
PHD(Biochemistry)
Consultant Biochemist


Dr. Sudipta Bhattacharyya
DVD, M.D (Path)
Lab Director



Client: MG
Name : Mrs.TANIYA PAUL
Age/Gender: 46 YRS/FEMALE
Ref.By : Dr. J. BASU MD
Refer Lab:

Lab No. : 012205250235
Registered on: 25/May/2022
Sample Rec: 25-May-2022
Reported on: 25-May-2022
Barcode No: 0105250235

Test Name	Result	Unit	Status	Ref. Range	Method
HIV I&II Antibody Quantative	0.23	Index Value N	Non-Reactive	<1.0 Reactive >1.0	ELISA/CLIA

Interpretation

REFERENCE VALUES:-

NON REACTIVE : < 1.0

PROVISIONALY REACTIVE : >=1.00

NOTE : - HIV Ag/Ab combo assay is a chemiluminescent microparticle immunoassay(CMIA) for the simultaneous detection of HIV p24 antigen and antibodies to HIV-1/HIV-2 in serum or plasma

- HIV Ag/Ab combo assay is used
 - as an aid in diagnosis of HIV-1/HIV-2 INFECTION.
 - for dection of HIV positively in donated blood or plasma
- HIV Ag/Ab combo uses anti HIV p24 in the reagent to detect HIV p24 antigen prior to seroconversion and thereby improving early detection of HIV infection.
- A non reactive results implies that no antibodies to HIV-I or HIV-II have been detected in the sample by this mehtod. This means that either the patient has not been exposed to HIV-1 or HIV-2 infection or the sample has been tested during WINDOW PHASE(before the development of detectable level of antibodies)
- As false positive result can occur due to certain cross-reacting antibodies,all positive cases are advised a repeat test using another methodology.
- Suppemental test like Western Blot and confirmation by molecular technique(RT-PCR) is mandatory before pronouncing the patient positive for HIV-I/II.

Recommendations:-

1. Results to be clinically correlated.
2. Rarely false negativity/positivity may occur.

*** End Of Report ***

Note : * Scope of NABL accreditation

Abbreviation N = Normal, L = Low, H = High Printed By: ABHIJIT JANA

Checked By

Dr. R. K. Mondal
M.B.B.S, MD(Path)
Consultant Pathologist

Dr. S.K.Das
PHD(Biochemistry)
Consultant Biochemist


Dr. Sudipta Bhattacharyya
DVD, M.D (Path)
Lab Director

Unit I : 255/5A, N.S.C. Bose Road (Naktala), Kolkata - 47, Tel : +91 80133 42542
Unit II : 237, N. S. C. Bose Road, Kolkata - 700 047, Tel : +91 33 2471 3817, Tel : +91 81002 23300
Unit III : GDC Glorius Shopping Complex, Near Baghnaan Bus Stand, Baghnaan, Howrah - 711 312,
Tel : +91 84799 19100 / 44 / 66 / 88, E-mail : genixbaghnaan@gmail.com



Client: MG
Name : Mrs.TANIYA PAUL
 Age/Gender: 46 YRS/FEMALE
 Ref.By : Dr. J. BASU MD
 Refer Lab:-

Lab No. : 012205250235
 Registered on: 25/May/2022
 Sample Rec: 25-May-2022
 Reported on: 25-May-2022
 Barcode No: 0105250235

IMMUNOASSAY

Test Name	Result	Unit	Status	Ref. Range	Method
TSH (Thyroid Stimulating Hormone), Serum	2.26	μIU/ml	N	0.35 - 4.94	CLIA

INTERPRETATION:-

Reference Range Age Related

Age	Reference Range
0 - 1 day (Cord Blood)	1.0 - 17.40
2 days - 4 days	1.0 - 39.0
2 wks - 20 wks	1.70 - 9.10
5 months - 24 months	0.80 - 8.20
2 yrs - 21 yrs	0.70 - 5.70
Adults (> 21)	0.35 - 4.94

Reference Range For Pregnant Women

1 st Trimester	0.10 - 2.50
2 nd Trimester	0.20 - 3.0
3 rd Trimester	0.30 - 3.0

Increase in serum concentration of TSH is an early and sensitive indicator of decreased thyroid reserve and in conjunction with decreased T4 is diagnostic of primary hypothyroidism. In secondary and tertiary hypothyroidism concentration of T4 are usually low and TSH level are generally low or normal. An increase in T3 without an increase in T4 is frequently associated with recurrent thyrotoxicosis in previously treated patients. Graves disease, which is an autoimmune disorder, most often causes hyperthyroidism and older women may get another form of hyperthyroidism like toxic nodular goiter.

*** End Of Report ***

Note : * Scope of NABL accreditation

Abbreviation N = Normal, L = Low, H = High Printed By: ABHIJIT JANA



Checked By

Dr. R. K. Mondal
 M.B.B.S, MD(Path)
 Consultant Pathologist

Dr. S.K.Das
 PHD(Biochemistry)
 Consultant Biochemist

Dr. Sudipta Bhattacharyya
 DVD, M.D (Path)
 Lab Director

Unit I : 255/5A, N.S.C. Bose Road (Naktala), Kolkata - 47, Tel : +91 80133 42542
Unit II : 237, N. S. C. Bose Road, Kolkata - 700 047, Tel : +91 33 2471 3817, Tel : +91 81002 23300
Unit III : GDC Glorius Shopping Complex, Near Bagnan Bus Stand, Bagnan, Howrah - 711 312,
 Tel : +91 84799 19100 / 44 / 66 / 88, E-mail : genixbagnan@gmail.com