American Insitute of Pathology and Laboratory Sciences Private Limited.
The Palm Downtown,
2nd Floor, SCO, 09, SAS Nagar
New Chandigarh - 140 901
Punjab
Tel:7680992578, 7680992892 | www.ampath.com

AMPATH ACCURATE DIAGNOSTICS. AMERICAN STANDARDS.
In collaboration with
UPMC LIFE CHANGING MEDICINE

LABORATORY REPORT

PATIENT INFORMATION
Mrs. SUSHIL KUMARI

AGE	: 47Y
GENDER	: Female
PRIORITY	: Routine
OP / IP / DG #	:

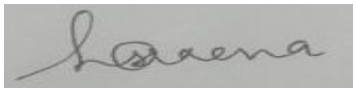
REFERRED BY
SELF
SYSMED DIAGNOSTICS ZIRAKPUR
Lab MR #: 5455110

SPECIMEN INFORMATION

SAMPLE TYPE	: **Fluoride Plasma - F**
ORDER REQ. NO	: OREQ-ACD-22-106471
LAB ORDER. NO	: 2214895979
COLLECTED ON	: 29-Jan-2022 13:17
RECEIVED ON	: 29-Jan-2022 13:17
REPORT STATUS	: **Completed**

BIOCHEMISTRY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
BODY CHECK - NKS				
Glucose - Fasting (Hexokinase)	83		mg/dL	Gestational : < 92 Normal : 70 -100 Prediabetic: 100 - 125 Diabetic: >=126



Dr. Himanshu Saxena
Consultant
29-Jan-2022 14:21

Checked by Mrs. Poonam Kadara Supervisor
Supervisor

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SPECIMEN INFORMATION

SAMPLE TYPE	: **Serum**
ORDER REQ. NO	: OREQ-ACD-22-106471
LAB ORDER. NO	: 2214895979
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BIOCHEMISTRY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
BODY CHECK - NKS				
Calcium - Serum (NM-BAPTA)	9.00		mg/dL	8.6 - 10.0
Protein Total, Serum (Biuret Method)	7.3		g/dL	6.4-8.3
Cholesterol Total - Serum (Enzymatic colorimetric)	197		mg/dL	<200 No risk 200-239 Moderate risk >240 High risk
Aspartate Aminotransferase (AST/SGOT) (IFCC kinetic)	**45**	H	U/L	<31
Alanine aminotransferase - (ALT / SGPT) (Kinetic IFCC)	32		U/L	<33
Urea (Kinetic, Urease)	25		mg/dL	16 - 38
Uric acid (Uricase)	5.5		mg/dL	2.4-5.7
BUN/Creatinine Ratio				
Blood Urea Nitrogen, BUN - Serum (Calculation)	11.67		mg/dL	7-19
Creatinine (Modified Jaffe Kinetic)	0.70		mg/dL	< 0.90
BUN/Creatinine Ratio (Calculation)	16.67			10:1 to 20:1
TSH, Thyroid Stimulating Hormone (ECLIA)	2.750		µlU/mL	Women (Non pregnant):0.27-4.2 Pregnant women 1st trimester: 0.1-2.5 2nd trimester: 0.2-3.0 3rd trimester: 0.3-3.0

Test Observations:

The following potential sources of variation should be considered while interpreting thyroid hormone results:
1. Circadian variation in TSH secretion: peak levels are seen between 2-4 am. Minimum levels seen between 6-10 am. This variation may be as much as 50% thus, influence of sampling time needs to be considered for clinical interpretation.
2. Total T3 and T4 levels are seen to have physiological rise during pregnancy and in patients on steroid treatment
3. Circulating forms of T3 and T4 are mostly reversibly bound with Thyroxine binding globulins (TBG), and to a lesser extent with albumin and Thyroid binding Pre-Albumin. Thus the conditions in which TBG and protein levels alter such as chronic liver disorders, pregnancy, excess of estrogens, androgens, anabolic steroids and glucocorticoids may cause misleading total T3, total T4 and TSH interpretations.
4. T4 may be normal in the presence of hyperthyroidism under the following conditions : T3 thyrotoxicosis, Hypoproteinemia related reduced binding, in presence of drugs (eg Phenytoin, Salicylates etc)
5. Neonates and infants have higher levels of T4 due to increased concentration of TBG
6. TSH levels may be normal in central hypothyroidism, recent rapid correction of hypothyroidism or hyperthyroidism, pregnancy, phenytoin therapy etc.
7. TSH values of <0.03 uIU/mL must be clinically correlated to evaluate the presence of a rare TSH variant in certain individuals which is undetected by conventional methods.
8. Presence of Autoimmune disorders may lead to spurious results of thyroid hormones
9. Various drugs can lead to interference in test results
It is recommended to evaluate unbound fractions, that is free T3 (fT3) and free T4 (fT4) for clinic-pathologic correlation, as these are the metabolically active forms.

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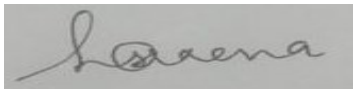

Dr. Himanshu Saxena
Consultant
29-Jan-2022 18:13

Checked by Mrs. Poonam Kadara Supervisor
Supervisor

-----End of Report-----