



Dr. Saraswat's Pathology

7/199, Anand Bazar, (Opp. Hallet Hospital), Swaroop Nagar, Kanpur • Ph. : 9839031141, 0512-2550219, 3249669

113/2B, Friends Colony, Swaroop Nagar, Kanpur (Main Branch)

Consultant Pathologist :

Dr. PRAVEEN SARASWAT

M.B.B.S., M.D., (Pathology)

E-mail : info@saraswatpathology.com

Web Site : www.saraswatpathology.com

Booking No. : COL200609004

Booking Date : 09/06/2020

Patient : MS. SHALINI LOHIA

Sample Date : 09/06/2020

Sex/Age : Female / 49 yrs

Report Date : 09/06/2020

Referred by : DR. PRIYANKA BHARGAVA, MS

Center : HOME COLLECTION

Corporate : GENERAL

| <u>Test</u> | <u>Observed Value</u> | <u>Units</u> | <u>Ref. Range</u> |
|---|-----------------------|--------------|-------------------|
| <u>HAEMATOLOGY</u> | | | |
| <u>C.B.C (COMPLETE BLOOD COUNT)*</u> | | | |
| <u>HAEMOGLOBIN *</u> | 12.2 | Gm.% | 12 - 15 |
| Automated (whole blood) | | | |
| <u>T.L.C. *</u> | 6,800 | /cub.mm. | 4000 - 10000 |
| Automated (whole blood) | | | |
| <u>NEUTROPHILS</u> | 60 | % | 40 - 80 |
| <u>LYMPHOCYTES</u> | 33 | % | 20 - 40 |
| <u>EOSINOPHILS</u> | 04 | % | 1 - 6 |
| <u>MONOCYTES</u> | 03 | % | 2 - 10 |
| <u>ABNORMAL IMMATURE CELLS</u> | 00 | % | |
| <u>PLATELET COUNT</u> | 3.08 Lacs | /cub.mm. | 150000 - 450000 |
| Rechecked by manual method (whole blood) | | | |
| <u>GBP (GENERAL BLOOD PICTURE)</u> | | | |
| RBC are normocytic-normochromic. WBC picture is as mentioned above. | | | |
| Platelets are adequate. No immature cells seen. | | | |

BIOCHEMISTRY

| | | | |
|---|------|-------|--|
| <u>FASTING PLASMA GLUCOSE *</u> | 115 | mg/dl | Normal : < 110 Impaired Glucose Tolerance: 110-125 |
| GOD POD, Plasma | | | |
| <u>IONIZED CALCIUM *</u> | 4.30 | mg/dl | 4.0 - 5.2 |
| I.S.E. (Serum) | | | |
| <u>HbA1c</u> | | | |
| <u>GLYCOSYLATED HB (HbA1c) *</u> | 5.2 | % | Action Suggested : > 8.0 Goal : < 7.0 Non diabetic level : < 6.0 |
| <u>MEAN BLOOD GLUCOSE (MBG)</u> | 87 | mg.% | |

Page 1 of 6

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Dr. Shivali Budhiraja
M.D. (Path)

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Praveen

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HPLC, BIORAD, USA

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SPECIAL TESTS

IRON PROFILE

SR. IRON *

53.7

micro Gm/dl

41 - 132

T.I.B.C.

370

micro Gm/dl

259 - 388

% SATURATION INDEX

14.5

%

23 - 43

Calculated.

FERRITIN *

374.2

ng/ml

12 - 150

ELECTROCHEMILUMINESCENCE IMMUNOASSAY, ECLIA

SPECIAL TESTS (ELISA)

THYROID PROFILE

FREE T3 *

4.06

p.mol/L

3 - 8.3

FREE T4 *

18.16

p.mol/L

9 - 20

T.S.H. *

2.66

micro-U/ml

0.25 - 5

ELECTROCHEMILUMINESCENCE IMMUNOASSAY, ECLIA

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INTERPRETATION:-

FT3 (FREE TRIIODOTHYRONINE) IS ONE OF THE THYROID HORMONES WHICH REGULATE METABOLISM. DETERMINATION OF THIS HORMONE CONCENTRATION IS IMPORTANT FOR THE DIAGNOSTIC DIFFERENTIATION OF EUTHYROID, HYPERTHYROID AND HYPOTHYROID STATES. THE MAJOR PROTION OF TOTAL T3 IS BOUND TO TRANSPORT PROTEINS (TBG, PREALBUMIN & ALBUMIN). FT3 IS THE PHYSIOLOGICALLY ACTIVE FORM OF TOTAL T3. SO DETERMINATION OF FT3 HAS THE ADVANTAGE OF BEING INDEPENDENT OF CHANGES IN CONCENTRATION OF BINDING PROTEINS, THEREFORE DETERMINATION OF T-UP TAKE OR TBG IS NOT REQUIRED.

FT4 : THE THYROID HORMONE THYROXINE (T4) IS PHYSIOLOGICALLY PART OF THE REGULATING CIRCUIT OF THE THYROID GLAND AND HAS AN EFFECT ON GENERAL METABOLISM. THE MAJOR FRACTION OF TOTAL THYROXINE IS BOUND TO TRANSPORT PROTEINS (TBG, PREALBUMIN, AND ALBUMIN). THE FREE THYROXINE (FT4) IS PHYSIOLOGICALLY ACTIVE THYROXINE COMPONENT. FT4 IS MEASURED WITH TSH WHEN THYROID FUNCTION DISORDER ARE SUSPECTED OR IN CASE OF MONITORING THYROSUPPRESSIVE THERAPY. THE DETERMINATION OF FT4 HAS THE ADVANTAGE OF BEING INDEPENDENT OF CHANGES IN THE CONCENTRATIONS AND BINDING PROPERTIES OF THE BINDING PROTEINS.

TSH : THYROID-STIMULATING HORMONE (TSH, THYROTROPIN) - A GLYCOPROTEIN, IS FORMED BY ANTERIOR PITUITARY AND IS SUBJECT TO A CIRCARDIAN SECRETION SEQUENCE. THE DETERMINATION OF TSH SERVES AS THE INITIAL TEST IN THYROID DIAGNOSTICS. EVEN VERY SLIGHT CHANGES IN THE CONCENTRATION OF FREE THYROID HORMONES BRING ABOUT MUCH GREATER OPPOSITE CHANGES IN THE TSH LEVEL. THERE FORE, TSH IS A VERY SENSITIVE AND SPECIFIC PARAMETER FOR ASSESSING THYROID FUNCTION.

L.H. *

16.62

m.IU/ml

Males : upto 15

Females :

Follicular phase : 1 - 7

Mid cycle peak : 6 - 73

Luteal phase : 0.5 - 10

Post Minopause : 12 - 58

Page 3 of 6

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ELECTROCHEMILUMINESCENCE IMMUNOASSAY, ECLIA

INTERPRETATION:

L.H. (lutinizing hormone) together with FSH belongs to the gonadotropin family. L.H. & F.S.H regulate and stimulate the growth and function of the gonads (ovaries & testes). In women the gonadotropins act within the hypothalamus-pituitary-ovary regulating circuit to control the menstrual cycle.

L.H. & F.S.H are released in pulses from the gonadotropic cells of anterior pituitary and pass via the blood stream to the ovaries. Here the gonadotropins stimulate the growth and maturation of the follicle and hence the biosynthesis of estrogens and progesterones. The highest L.H. concentrations occur during the mid-cycle peak and induce ovulation & formation of corpus luteum, the principal product of which is progesterone. In the leydig cells of testes, L.H. stimulates production of testosterone. The determination of L.H. in conjunction with FSH is utilized for the following indications : congenital diseases with chromosome aberrations, polycystic ovaries (PCO), clarifying the causes of amenorrhea, menopausal syndrome and suspected Leyding cell insufficiency.

F.S.H. *

17.41

m.IU/ml

Males : 10 - 40

Females:-

Follicular phase : 3 - 6

Mid cycle peak : 4 - 18

Luteal phase : 2 - 8

Post menopause : 19 - 130

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ELECTROCHEMILUMINESCENCE IMMUNOASSAY, ECLIA.

INTERPRETATION:-

FSH (follicle stimulating hormone) together with LH belong to the gonadotropin family. FSH & LH regulate and stimulate the growth and function of the gonads (ovaries & testes). In women the gonadotropins act within hypothalamus-pituitary-ovary regulating circuit to control menstrual cycle. FSH & LH are released in pulses from the gonadotropic cells of the anterior pituitary. In the ovaries FSH with LH stimulates the growth and maturation of the follicle & hence also the biosynthesis of estrogens. The FSH level shows a peak at mid-cycle although this is less marked than with LH. Due to changes in ovarian function and reduced estrogen secretion, high FSH concentrations occur during menopause. In men, FSH serves to induce spermatogonium development. The determination of FSH with LH is utilized for following indications : congenital diseases with chromosome aberrations, polycystic ovaries (PCO), causes of amenorrhea, & menopausal syndrome. Depressed gonadotropin levels in men occur in azospermia.

PROLACTIN *

1.36

ng/ml

1 - 20

ELECTROCHEMILUMINESCENCE IMMUNOASSAY, ECLIA.

INTERPRETATION:-

Prolactin is synthesized in the anterior pituitary and is secreted in episodes. Prolactin appears in serum in three different forms. The biologically and immunologically active monomeric (Little) form predominates. Both dimeric (big) and tetrameric (big-big) forms constitute less than 20% of total prolactin and are biologically inactive. This assay measures mainly active monomeric form and is not affected by esp. tetrameric forms. The target organ for prolactin is mammary gland. High concentrations of prolactin have an inhibiting action on steroidogenesis of the ovaries and on hypophyseal gonadotropin secretion. Hyperprolactinemia (in men & women) is the main cause of fertility disorders. The determination of prolactin is utilized in the diagnosis of anovular cycles, hyperprolactinemic amenorrhea & galactorrhea, gynecomastia and azospermia.

VITAMIN B12

1129

pg/ml

191 - 663

Electrochemiluminescence (ECLIA)

VITAMIN D3-25 HYDROXY

69.08

ng/ml

30 - 74

Electrochemiluminescence (ECLIA)

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End of Report

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