



# BIOGENE LABS

WHERE SCIENCE MEETS INNOVATION

BIOGENE LABS INDIA PVT. LTD.

239 P, Tupudana Industrial Area, Tupudana Ranchi

## REPORT

Name	: Mr. RAKENDER KUMAR SINGH	Sample ID	: A4115297
Age/Gender	: 39 Years/Male	Reg. No	: 0232408080023
Referred by	: SELF	Client Code	: BGLJHK040
Referring Customer	:	Collected On	: 08-Aug-2024 10:30 AM
Sample Type	: Plasma-NaF(F)	Registered On	: 08-Aug-2024 12:45 PM
Client Address	: Ranchi Lab, tipudana Ranchi	Reported On	: 08-Aug-2024 02:44 PM
		Report Status	: Final Report



### CLINICAL BIOCHEMISTRY

### HEALTH CHECK PROFILE V

Test Name	Results	Units	Bio. Ref. Interval	Method
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Glucose Fasting (F) 208.60 mg/dL 70-100 GOD / POD Method

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	Fasting Plasma Glucose(mg/dL)	2hrs Plasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	> = 126	> = 200	> = 6.5	>=200(with symptoms)

Reference: Diabetes care 2018:41(suppl.1):S13-S27

\*\*\* End Of Report \*\*\*

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Dr. Kanchan Kumari  
MD (Pathology)  
Reg. No. JCMR 6045



## REPORT

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Referred by	: SELF	Client Code	: BGLJHK040
Referring Customer	:	Collected On	: 08-Aug-2024 10:30 AM
Sample Type	: Whole Blood EDTA, Urine	Registered On	: 09-Aug-2024 08:43 AM
Client Address	: Ranchi Lab, tipudana Ranchi	Reported On	: 09-Aug-2024 10:57 AM
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### CLINICAL BIOCHEMISTRY

### HEALTH CHECK PROFILE V

Test Name	Results	Units	Bio. Ref. Interval	Method
Glycated Hemoglobin (HbA1c)	9.31	%	Non Diabetic:4.5-5.7 Pre diabetic: 5.8-6.4 Diabetic:>= 6.5	HPLC
Mean Plasma Glucose	220.50	mg/dL	90 - 120 mg/dl : Good Control 121 - 150 mg/dl : Fair Control 151 - 180 mg/dl : Unsatisfactory Control > 180 mg/dl : Poor Control	Calculated

#### Reference range for Known Diabetics-

Below 6.5%	Good Control
6.5% - 7%	Fair Control
7.0% - 8%	Unsatisfactory Control
>8%	Poor Control
:Goal of therapy:<7.0	Therapeutic goals for glycemic control
:Action suggested:>8.0	

#### Interpretation:

- Glycated hemoglobins (GHb), also called glycohemoglobins, are substances formed when glucose binds to hemoglobin, and occur in amounts proportional to the concentration of serum glucose. Since red blood cells survive an average of 120 days, the measurement of GHb provides an index of a person's average blood glucose concentration (glycemia) during the preceding 2-3 months. Normally, only 4% to 6% of hemoglobin is bound to glucose, while elevated glycohemoglobin levels are seen in diabetes and other hyperglycemic states
- Mean Plasma Glucose(MPG):This Is Mathematical Calculations Where Glycated Hb Can Be Approximately Correlated With Daily Mean Plasma Glucose Level.
- Mean Plasma Glucose (mg/dL) =  $28.7 \times A1C - 46.7$  (As per American Association of Diabetics).



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### HEALTH CHECK PROFILE V

Test Name	Results	Units	Bio. Ref. Interval	Method
Microalbumin-Urine	47.74	mg/L	<30	PETINIA

#### Interpretation:

- This test looks for a protein called albumin in a urine sample.
- People with diabetes have an increased risk of kidney damage. The "filters" in the kidneys, called nephrons, slowly thicken and become scarred over time. The nephrons begin to leak protein into the urine. This kidney damage can also happen years before any diabetes symptoms begin. In the early stages of kidney problems, blood tests that measure kidney function are usually normal.
- If you have diabetes, you should have this test each year. The test checks for signs of early kidney problems.
- If this test shows that you are starting to have a kidney problem, you can get treatment before the problem gets worse. People with severe kidney damage may need dialysis. They may eventually need a new kidney (kidney transplant).

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### CLINICAL BIOCHEMISTRY

### HEALTH CHECK PROFILE V

Test Name	Results	Units	Bio. Ref. Interval	Method
<b>Lipid Profile</b>				
Cholesterol Total	173	mg/dL	Desirable < 200~Borderline High 200 -239~ High ≥ 240	CECO HPO
Triglycerides-TGL	202	mg/dL	< 150-Normal 150-199 Boderline High 200-499 High ≥=500 Very High	Enzymatic Colorimetric
Cholesterol-HDL	40	mg/dL	40-60	Accelerator Selective Detergent
Cholesterol-LDL	93	mg/dL	Near optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High ≥190	Calculated
Cholesterol- VLDL	40.34	mg/dL	< 30	Calculated
Non HDL Cholesterol	132.9	mg/dL	< 130	Calculated
LDL:HDL Ratio	2.31	%	0-3.5	Calculated
Total Cholesterol/HDL Cholesterol Ratio	4.31	Ratio	Low Risk: 3.3 - 4.4 Average Risk: 4.5 - 7.0 Moderate Risk: 7.1 - 11.0 High Risk: ≥=11	Calculated

The National Cholesterol Education program's third Adult Treatment Panel (ATPIII) has issued its recommendations on evaluating and treating lipid disorders for primary and secondary.

NCEP Recommendations	Cholesterol Total in (mg/dL)	Triglycerides in (mg/dL)	LDL Cholesterol in (mg/dL)	Non HDL Cholesterol in (mg/dL)
Desireable	Adult: < 200	< 150	Adult:<100	<130
Above Optimal	-----	-----	100-129	130 - 159
Borderline High	Adult: 200-239	150-199	Adult: 130-159	160 - 189
High	Adult:>or=240	200-499	Adult:160-189	190 - 219
Very High	-----	>or=500	Adult: >or=190	≥=220

**Note:** LDL cholesterol cannot be calculated if triglyceride is >400 mg/dL (Friedewald's formula). Calculated values not provided for LDL and VLDL. Estimation of LDL Cholesterol by direct method is recommended when Triglyceride >400 mg/dL.

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### HEALTH CHECK PROFILE V

Test Name	Results	Units	Bio. Ref. Interval	Method
<b>Kidney Profile</b>				
Blood Urea Nitrogen (BUN)	8.4	mg/dL	6.0-20.0	Urease UV
Creatinine	0.81	mg/dL	0.70-1.30	Picrate Method
Sodium	139.0	mmol/L	136-145	ISE Direct
Potassium	4.23	mmol/L	3.5-5.5	ISE Direct
Chloride	100.4	mmol/L	98-108	ISE Direct
Glomerular Filtration Rate (GFR)	111.93	mL/min	Refer to Interpretation.	Calculated(MDRD Equation)
Uric Acid	5.20	mg/dL	2.6-6.0	Uricase
Calcium	9.10	mg/dL	8.1-10.4	Arsenazo III
Phosphorus(PO4)	3.34	mg/dL	2.5-4.9	Molybdate UV
Urea	18	mg/dL	15-39	Urease Colorimetric
BUN / Creatinine Ratio	10.38	Ratio	10:1 to 20:1	Calculated
Urea / Creatinine Ratio	22.22	Ratio	20-35	Calculated

#### Reference range(eGFR):

Age(Years)	Average eGFR((mL/min/1.73 m2 )	Age(Years)	Average eGFR((mL/min/1.73 m2 )
20-29	116	50-59	93
30-39	107	60-69	85
40-49	99	>=70	75

**Chronic kidney disease:** < 60 mL/min/1.73 m2    **Kidney failure:** <15 mL/min/1.73 m2

#### Interpretation:

The kidneys, located in the retroperitoneal space in the abdomen, are vital for patient health. They process several hundred liters of fluid a day and remove around two liters of waste products from the bloodstream. The volume of fluid that passes through the kidneys each minute is closely linked to cardiac output. The kidneys maintain the body's balance of water and concentration of minerals such as sodium, potassium, and phosphorus in blood and remove waste by-products from the blood after digestion, muscle activity and exposure to chemicals or medications. They also produce renin which helps regulate blood pressure, produce erythropoietin which stimulates red blood cell production, and produce an active form of vitamin D, needed for bone health.

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### HEALTH CHECK PROFILE V

Test Name	Results	Units	Bio. Ref. Interval	Method
<b>Liver Function Test (LFT)</b>				
Bilirubin(Total)	1.00	mg/dL	0.0-1.00	DPD
Bilirubin (Direct)	0.33	mg/dL	0.0 - 0.3	Modified Malloy-Evelyn
Bilirubin (Indirect)	0.67	mg/dL	0.2-0.8	Calculated
Aspartate Aminotransferase (AST/SGOT)	47	U/L	15-37	IFCC without (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	80	U/L	16-63	IFCC without (P-5-P)
Alkaline Phosphatase(ALP)	147	U/L	40-129	IFCC
Gamma Glutamyl Transferase (GGT)	47.3	U/L	15-85	IFCC
Protein - Total	6.88	g/dL	6.4-8.2	Biuret
Albumin	4.14	g/dL	3.4-5.00	Bromo cresol purple (BCP)
Globulin	2.74	g/dL	2.0-3.5	Calculated
A:G Ratio	1.51	%	1.0-2.1	Calculated
AST/ALT Ratio	0.59	Ratio	<1	Calculated

- The liver serves several essential functions that support a person's overall health and well-being. It removes toxins from the blood, metabolizes fats and proteins, and regulates blood clotting
- **Alanine Aminotransferase(ALT)** is an enzyme found in liver and kidneys cells. ALT helps create energy for liver cells. Damaged liver cells release ALT into the bloodstream, which can elevate ALT levels in the blood.
- **Aspartate Aminotransferase (AST)** is an enzyme in the liver and muscles that helps metabolizes amino acids. Similarly to ALT, elevated AST levels may be a sign of liver damage or liver disease.
- **Alkaline phosphate (ALP)** is an enzyme present in the blood. ALP contributes to numerous vital bodily functions, such as supplying nutrients to the liver, promoting bone growth, and metabolizing fat in the intestines.
- **Gamma-glutamyl Transpeptidase (GGTP)** is an enzyme that occurs primarily in the liver, but it is also present in the kidneys, pancreas, gallbladder, and spleen. Higher than normal concentrations of GGTP in the blood may indicate alcohol-related liver damage. Elevated GGTP levels can also increase the risk of developing certain types of cancer.
- **Bilirubin** is a waste product that forms when the liver breaks down red blood cells. Bilirubin exits the body as bile in stool. High levels of bilirubin can cause jaundice - a condition in which the skin and whites of the eyes turn yellow- and may indicate liver damage.
- **Albumin** is a protein that the liver produces. The liver releases albumin into the bloodstream, where it helps fight infections and transport vitamins, hormones, and enzymes throughout the body. Liver damage can cause abnormally low albumin levels.

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### CLINICAL BIOCHEMISTRY

### HEALTH CHECK PROFILE V

Test Name	Results	Units	Bio. Ref. Interval	Method
<b>Iron Profile-I</b>				
Iron(Fe)	191	µg/dL	65-175	Ferrozine
Unsaturated iron binding capacity (UIBC)	120.6	µg/dL	155 – 300	Calculated
Total Iron Binding Capacity (TIBC)	312	µg/dL	250-450	Ferene
Transferrin	218.18	mg/dL	215-365	Calculated
Iron Saturation((% Transferrin Saturation)	61.35	%	20-50	Calculated

#### Interpretation:

- Serum transferrin (and TIBC) high, serum iron low, saturation low. Usual causes of depleted iron stores include blood loss, inadequate dietary iron. RBCs in moderately severe iron deficiency are hypochromic and microcytic. Stainable marrow iron is absent. Serum ferritin decrease is the earliest indicator of iron deficiency if inflammation is absent.
- Anemia of chronic disease:** Serum transferrin (and TIBC) low to normal, serum iron low, saturation low or normal. Transferrin decreases with many inflammatory diseases. With chronic disease there is a block in movement to and utilization of iron by marrow. This leads to low serum iron and decreased erythropoiesis. Examples include acute and chronic infections, malignancy and renal failure.
- Sideroblastic Anemia:** Serum transferrin (and TIBC) normal to low, serum iron normal to high, saturation high.
- Hemolytic Anemia:** Serum transferrin (and TIBC) normal to low, serum iron high, saturation high.
- Hemochromatosis:** Serum transferrin (and TIBC) slightly low, serum iron high, saturation very high.
- Protein depletion:** Serum transferrin (and TIBC) may be low, serum iron normal or low (if patient also is iron deficient). This may occur as a result of malnutrition, liver disease, renal disease.
- Liver disease:** Serum transferrin variable; with acute viral hepatitis, high along with serum iron and ferritin. With chronic liver disease (eg, cirrhosis), transferrin may be low. Patients who have cirrhosis and portacaval shunting have saturated TIBC/transferrin as well as high ferritin.

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Referring Customer	:	Collected On	: 08-Aug-2024 10:30 AM
Sample Type	: Urine	Registered On	: 08-Aug-2024 12:45 PM
Client Address	: Ranchi Lab, tipudana Ranchi	Reported On	: 08-Aug-2024 03:34 PM
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### CLINICAL PATHOLOGY

#### HEALTH CHECK PROFILE V

Test Name	Results	Units	Bio. Ref. Interval	Method
<b>Complete Urine Analysis (CUE)</b>				
<b>Physical Examination</b>				
Colour	Pale Yellow		Straw to light amber	
Appearance	Clear		Clear	
<b>Chemical Examination</b>				
Glucose	Present (+)		Negative	Strip Reflectance (GODPOD) Benedicts
Protein	Absent		Negative	Error of indicators principle
Ketone Bodies	Negative		Negative	Strip Reflectance -Sodium nitroprusside
Specific Gravity	1.030		1.005 - 1.030	pKa change
Blood	Negative		Negative	Strip Reflectance (Diazonium )
Reaction (pH)	5.0		5.0 - 8.5	Double indicator Principle
Bilirubin (Bile)	Negative		Negative	Azo-coupling reaction
Urobilinogen	Normal		Normal	Reagent strip Reflectance - Modified Ehrlichs Reaction
Nitrites	Negative		Negative	Strip Reflectance (Diazonium)
<b>Microscopic Examination</b>				
PUS(WBC) Cells	00 - 02	/HPF	1-2	Microscopy
R.B.C	Nil	/HPF	0-2	Microscopy
Epithelial Cells	01 - 02	/HPF	1-2	Microscopy
Casts	Absent		Absent	Microscopy
Crystals	Absent			
Bacteria	Nil		Nil	
Others	Nil			

#### Glucose:

Moderate amounts of ketone bodies (40mg/dL or greater) may decrease color development in urine containing small amounts of glucose (75-125 mg/dl). However, such concentration of ketone



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### CLINICAL PATHOLOGY

### HEALTH CHECK PROFILE V

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<p>simultaneously with such glucose concentration is metabolically improbable in screening. The reactivity of the glucose test decreases as the SG and/or ascorbic acid of the urine increases. Reactivity may also vary with temperature.</p> <p><b>Bilirubin:</b> Reactions may occur with urine containing large doses of chlorpromazine or rafampen that might be mistaken for positive bilirubin. 3 Indican (indoxyl sulfate) and metabolites of Cortez may cause false positive or atypical color; ascorbic acid (25mg/dL or greater) may cause false negative results.</p> <p><b>Ketone:</b> Color reaction that could be interpreted as "positive" may be obtained with urine specimens containing MESNA or large amounts of phenylketones or L-dopa metabolites.</p> <p><b>Specific Gravity:</b> The chemical nature of the specific gravity test may cause slightly different results from those obtained with the specific gravity methods when elevated amounts of certain urine constituents are present. Highly buffered alkaline urine may cause low readings relative to other methods. Elevated specific gravity readings may be obtained in the presence of moderate quantities (100-750 mg/dl) of protein</p> <p><b>Blood:</b> The sensitivity of the blood test is reduced in urine with high specific gravity and/or high ascorbic acid content. Microbial peroxidase, associated with urinary tract infection may cause false positive reactions.</p> <p><b>pH:</b> If proper procedure is not followed and excess urine remains on the strip, a phenomenon known as "running over" may occur, in which the acid buffer from the protein reagent area run onto the pH area, causing a false lowering in the pH result.</p> <p><b>Protein:</b> False positive results may be obtained with highly alkaline urine. Contamination of the urine specimen with quarternary ammonium compounds may also produce false positive results.</p> <p><b>Urobilinogen:</b> The test area will react with interfering substances known to react with Ehrlich's reagent, such as porphobilinogen and p-aminosalicylic acid. 3 This test is not a reliable method for the detection of porphobilinogen. Drugs containing azo-dyes (Cortez) may give a masking golden color. The absence of urobilinogen cannot be determined with this test</p> <p><b>Nitrite:</b> The pink color is not quantitative in relation to the number of bacteria present. Any degree of pink coloration should be interpreted as a positive nitrite test suggestive of 105 or more organisms/ml. There are occasional urinary tract infections from organisms, which do not contain reductase to convert nitrate to nitrite.</p> <p><b>Leukocytes:</b> Highly colored urine and the presence of the drugs cephalixin (Cortez) and gentamicin have been found to interfere with this test. High urinary protein of 500 mg/dl or above diminishes the intensity of the reaction color. Elevated glucose concentration or high specific gravity may cause decreased results.</p>				

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### HAEMATOLOGY

#### HEALTH CHECK PROFILE V

Test Name	Results	Units	Bio. Ref. Interval	Method
<b>COMPLETE BLOOD COUNT (CBC)</b>				
Haemoglobin (Hb)	14.6	g/dL	13-17	CN free Colorimetry
RBC Count	5.03	10 <sup>12</sup> /L	4.5-5.5	Electric Impedance
Packed Cell Volume	43.80	%	40-50	Calculated
MCV	87.10	fl	83-101	Calculated
MCH	29.00	pg	27-32	Calculated
MCHC	33.20	g/dL	32.5-34.5	Calculated
RDW-CV	13.00	%	11.6-14.0	Calculated
Platelet Count (PLT)	267	10 <sup>9</sup> /L	150-410	Electric Impedance
Total WBC Count	7.54	10 <sup>9</sup> /L	4.0-10.0	Electric Impedance
<b>Differential Cell Count</b>				
Neutrophils	39.0	%	40-80	Flow cytometry / Microscopy
Absolute Neutrophils Count	2.94	10 <sup>9</sup> /L	2.0-7.0	Impedance
Lymphocytes	54.0	%	20-40	Flow cytometry / Microscopy
Absolute Lymphocyte Count	4.07	10 <sup>9</sup> /L	1.0-3.0	Impedance
Monocytes	4.0	%	2-10	Flow cytometry / Microscopy
Absolute Monocyte Count	0.30	10 <sup>9</sup> /L	0.2-1.0	Calculated
Eosinophil	3.0	%	1-6	Flow cytometry / Microscopy
Absolute Eosinophils Count	0.23	10 <sup>9</sup> /L	0.02-0.5	Calculated
Basophils	0.0	%	1-2	Flow cytometry / Microscopy
Absolute Basophil Count	0.0	10 <sup>9</sup> /L	0.02-0.10	Calculated
Band Forms	0.0	%	0.00-0.00	Microscopy
Metamyelocytes	0.0	%	0.00-0.00	Microscopy
Myelocytes	0.0	%	0.00-0.00	Microscopy
Blast Cells	0.0	%	0.00-0.00	Microscopy

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### HAEMATOLOGY

#### HEALTH CHECK PROFILE V

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#### Erythrocyte Sedimentation Rate (ESR)

Erythrocyte Sedimentation Rate (ESR)      16      mm/hr      10 or less      Westergren method

##### Comments :

ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.

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### IMMUNOLOGY & SEROLOGY

### HEALTH CHECK PROFILE V

Test Name	Results	Units	Bio. Ref. Interval	Method
25 - Hydroxy Vitamin D3	13.4	ng/mL	<20.0-Deficiency 20.0-<30.0-Insufficiency 30.0-100.0-Sufficiency >100.0-Potential Intoxication	CLIA

#### Interpretation:

- Vitamin D helps your body absorb calcium and maintain strong bones throughout your entire life. Your body produces vitamin D when the sun's UV rays contact your skin. Other good sources of the vitamin include fish, eggs, and fortified dairy products. It's also available as a dietary supplement.
- Vitamin D must go through several processes in your body before your body can use it. The first transformation occurs in the liver. Here, your body converts vitamin D to a chemical known as 25-hydroxyvitamin D, also called calcidiol.
- The 25-hydroxy vitamin D test is the best way to monitor vitamin D levels. The amount of 25-hydroxyvitamin D in your blood is a good indication of how much vitamin D your body has. The test can determine if your vitamin D levels are too high or too low.
- The test is also known as the 25-OH vitamin D test and the calcidiol 25-hydroxycholecalciferol test. It can be an important indicator of osteoporosis (bone weakness) and rickets (bone malformation).

#### Those who are at high risk of having low levels of vitamin D include:

- people who don't get much exposure to the sun
- older adults
- people with obesity.
- dietary deficiency

#### Increased Levels:

- Vitamin D Intoxication



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# BIOGENE LABS

WHERE SCIENCE MEETS INNOVATION

BIOGENE LABS INDIA PVT. LTD.

10/59 D,Kirti Nagar, Industrial Area,New Delhi -110015

## REPORT

Name	: Mr. RAKENDER KUMAR SINGH	Sample ID	: A4115295
Age/Gender	: 39 Years/Male	Reg. No	: 0232408080023
Referred by	: SELF	Client Code	: BGLJHK040
Referring Customer	:	Collected On	: 08-Aug-2024 10:30 AM
Sample Type	: Serum	Registered On	: 09-Aug-2024 08:40 AM
Client Address	: Ranchi Lab, tipudana Ranchi	Reported On	: 09-Aug-2024 10:24 AM
		Report Status	: Final Report



### IMMUNOLOGY & SEROLOGY

### HEALTH CHECK PROFILE V

Test Name	Results	Units	Bio. Ref. Interval	Method
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**Vitamin- B12 (cyanocobalamin)**      **172**      pg/mL      211-911      CLIA

This test is most often done when other blood tests suggest a condition called megaloblastic anemia. Pernicious anemia is a form of megaloblastic anemia caused by poor vitamin B12 absorption. This can occur when the stomach makes less of the substance the body needs to properly absorb vitamin B12.

**Causes of vitamin B12 deficiency include:**Diseases that cause malabsorption

- Lack of intrinsic factor, a protein that helps the intestine absorb vitamin B12
- Above normal heat production (for example, with hyperthyroidism)

**An increased vitamin B12 level is uncommon in:**

- Liver disease (such as cirrhosis or hepatitis)
- Myeloproliferative disorders (for example, polycythemia vera and chronic myelogenous leukemia)

\*\*\* End Of Report \*\*\*

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Sample Type	: Serum	Registered On	: 09-Aug-2024 08:40 AM
Client Address	: Ranchi Lab, tipudana Ranchi	Reported On	: 09-Aug-2024 10:06 AM
		Report Status	: Final Report



### IMMUNOLOGY & SEROLOGY

#### HEALTH CHECK PROFILE V

Test Name	Results	Units	Bio. Ref. Interval	Method
<b>Thyroid Profile-I</b>				
T3 (Triiodothyronine)	143.00	ng/dL	70-204	CLIA
T4 (Thyroxine)	8.01	µg/dL	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.600	µIU/mL	0.35-5.5	CLIA

#### Pregnancy & Cord Blood

T3 (Triiodothyronine):	T4 (Thyroxine)	TSH (Thyroid Stimulating Hormone)
First Trimester : 0.81-1.90 ng/mL	15 to 40 weeks:9.1-14.0 µg/dL	First Trimester : 0.24-2.99 µIU/mL
Second&Third Trimester :1.00-2.60 ng/mL		Second Trimester: 0.46-2.95 µIU/mL
		Third Trimester : 0.43-2.78 µIU/mL
Cord Blood: 0.30-0.70 ng/mL	Cord Blood: 7.4-13.0 µg/dL	Cord Blood: : 2.3-13.2 µIU/mL

#### Interpretation:

- Thyroid gland is a butterfly-shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should.
- Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine (T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism.
- Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism.
- TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4.
- The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

\*\*\* End Of Report \*\*\*



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