

## Vijaya Diagnostic Centre

3-6-16 & 17, Street No. 19, Himayatnagar, Hyderabad - 500 029

Sample Collection : 11/02/2020 08:26 : 11/02/2020 08:21 Regn Date

Email : info@vijayadiagnostic.com : 11/02/2020 18:39 Name : MRS. UMA SAMBU RANI Print Date www.vijayadiagnostic.com / Female

: 59204177 Regn No Age / Sex : 52 Years

: Dr. SOUTH CENTRAL LABORATORY TEST REPORT Ref By Regn Centre : Manikonda - 59 Ref no.

Sample Type : Serum

T3,T4 & TSH

TEST NAME **RESULT** <u>UNIT</u> BIOLOGICAL REFERENCE INTERVAL

ng/mL Total T3 8.3 Method: Chemiluminescence Immuno Assay (CLIA) 17.3  $\mu g/dL$ 

0.60 - 1.81 ng/mL Total T4

> Infants :  $6.0 - 13.2 \,\mu\text{g/dL}$ Children:  $5.5 - 12.1 \mu g/dL$ Adolescents :  $5.5 - 11.1 \mu g/dL$ 0.017  $\mu IU/mL$ Adults :  $4.5 - 10.9 \,\mu\text{g/dL}$

Method: Chemiluminescence Immuno Assay (CLIA) Pregnancy: 6.4 -10.7 µg/dL

TSH ULTRASENSITIVE

Infants :  $0.87 - 6.15 \mu IU/mL$  $Children: 0.67 \text{ - } 4.16 \; \mu IU/mL$ Adolescents :  $0.48 - 4.17 \mu IU/mL$ Adults:  $0.55 - 4.78 \mu IU/mL$ 

Pregnancy:

1st Trimester :  $0.3 - 4.5 \mu IU/mL$ 2nd Trimester : 0.5 -  $4.6~\mu IU/mL$ 3rd Trimester :  $0.8 - 5.2 \mu IU/mL$ 

Method: Chemiluminescence Immuno Assay (CLIA)

Comments / Interpretation:



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#### LABORATORY TEST REPORT

- Patient preparation is particularly important for hormone studies, results of which may be markedly affected by many factors such as stress, position, fasting state, time of the day, preceding diet and drug therapy.
- The levels of T3 helps in the diagnosis of T3 Thyrotoxicosis and monitoring the course of hyperthyroidism.
- T3 is not recommended for diagnosis of hypothyroidism as decreased values have minimal clinical significance.
- Values below the lower limits can be caused by a number of conditions including non-thyroidal illness, acute and chronic stress and hypothyroidism.
- Elevated level of T4 are seen in hyperthyroidism, pregnancy, euthyroid patients with increased serum Thyroxine Binding Globulin.
- Decreased levels are noted in hypothyroidism, hypoproteinemia, euthyroid sick syndrome, decrease in Thyroxine Binding Globulin.
- TSH levels are increased in primary hypothyroidism, insufficient thyroid hormone replacement therapy, Hashimotos thyroiditis, use of amphetamines, dopamine antagonists, iodine containing agents, lithium and iodine induced or deficiency goiter.
- Decreased levels of TSH may be seen in Graves Disease, Toxic multinodular Goitre, Thyroiditis, Excessive treatment with thyroid hormone replacement and central Hypothyroidism.

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DR.BIKASH K CHAUDHURY

Certificate # MC-2657

Brandhurd

CONSULTANT BIOCHEMIST



Regn Date Name

Regn No

: 11/02/2020

: 59204177

# Vijaya Diagnostic Centre

3-6-16 & 17, Street No. 19, Himayatnagar, Hyderabad - 500 029

Sample Collection : 11/02/2020 08:26

DR.SHASHIKANTH

CONSULTANT PATHOLOGIST

Print Date : 11/02#2020 info@i369 adiagnostic.com

Age / Sex : 52 Years www.ediagediagnostic.com

Ref By : Dr. SOUTH CENTRAL RATIONAL TEST REPORT Regn Centre : Manikonda - 59

Sample Type : Whole Blood - EDTA

08:21

: MRS. UMA SAMBU RANI

HAEMOGLOBIN (Hb)

TEST NAME RESULT BIOLOGICAL REFERENCE INTERVAL

Haemoglobin : 14.0 12.0 - 15.0 g/dL

Photometric measurement

S. Company

Certificate # MC-2657

\*592041 6 NABL Accredited

Released Date

Page 4 of



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#### LABORATORY TEST REPORT

Regn Date : 11/02/2020 08:21 Sample Collection : 11/02/2020 08:26 Name : MRS. UMA SAMBU RANI Print Date : 11/02/2020 18:39 Regn No : 59204177 Age / Sex : 52 Years / Female Ref By : Dr. SOUTH CENTRAL RAILWAY Regn Centre : Manikonda - 59

Sample Type : Serum Ref no.

TEST NAME

Serum Status Triglycerides

LIPID PROFILE (LP)

RESULT **BIOLOGICAL REFERENCE INTERVAL** 

Clear

Method: GPO - POD

250

Total Cholesterol

Borderline high: 150-199 mg/dL

High: 200-499 mg/dL Very high: >/= 500 mg/dL

Normal: < 150 mg/dL

Method: CHOD - POD

LDL Cholesterol. 199

Desirable Level: < 200 mg/dL Borderline: 200 - 239 mg/dL

Undesirable: >/= 240 mg/dL

Method: Calculation 111 : < 100 mg/dL Optimal

Near Optimal: 100 - 129 mg/dL HDL Cholesterol

Borderline High: 130 - 159 mg/dL : 160 - 189 mg/dL High

Method: Elimination-Catalase/CHOD - POD : > 189 mg/dL

Very High

**VLDL** 

Method: Calculation

22 Desirable Level: > 60 mg/dL Optimal: 40 - 60 Total Cholesterol/HDL Cholesterol Ratio

mg/dL Undesirable: < 40 mg/dL

Method: Calculation 33 < 30 mg/dL

LDL Cholesterol/HDL Cholesterol Ratio

Low Risk 7.1 : 3.3 - 4.4

Average Risk : 4.5 - 7.1 Method: Calculation Moderate Risk: 7.2 - 11.0

Comments / Interpretation: 4.05 Desirable Level: 0.5 - 3.0

Borderline Risk: 3.0 - 6.0

High Risk

<sup>-</sup> Lipid profile is a panel of blood tests that serves as an initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases.



### LABORATORY TEST REPORT



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Page 4 of 4