Neuberg Labcore
CLINICAL LABORATORIES

LABORATORY REPORT

Name	: **GAUTAM SHAH**	Sex/Age	: **Male** / **62 Years**	Case ID	: **20300202278**
Ref. By	:	Dis. At	:	Pt. ID	:
Bill. Loc.	: Healthcare Laboratory			Pt. Loc	:

Reg Date and Time	: 08-Mar-2022 19:45	Sample Type	: Serum	Mobile No.	:
Sample Date and Time	: 08-Mar-2022 19:45	Sample Coll. By	: non	Ref Id1	: -
Report Date and Time	: 08-Mar-2022 20:39	Acc. Remarks		Ref Id2	:

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
Phosphorus Inorganic *Phosphomolybdate*	**3.65**	mg/dL	2.5 - 4.5	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Deven Desai
Consultant Pathologist
GMC No. G-12429

Dr. Bhumi Dalsania
M.D.
GMC No. G-19675

Dr. Bijal Shah
Consultant Pathologist
GMC No. G-11309

Printed On : 08-Mar-2022 20:39

Labcore Speciality Laboratory
Add. : Beside Swadia & Patel Surgical Hospital, New India Mills Compound, Jetalpur Road, Vadodara - 390020. **Phone** : 0265 - 2963364, 2963365
Email : labcorelab@gmail.com **For Home Visit :** 7624011254 / 9879651595 **Mon. to Sat. 8-00 am to 8-00 pm**

Neuberg Labcore
CLINICAL LABORATORIES

LABORATORY REPORT

Name	: **GAUTAM SHAH**	Sex/Age	: **Male** / **62 Years**	Case ID	: **20300202278**
Ref. By	:	Dis. At	:	Pt. ID	:
Bill. Loc.	: Healthcare Laboratory			Pt. Loc	:

Reg Date and Time	: 08-Mar-2022 19:45	Sample Type	: Serum	Mobile No.	:
Sample Date and Time	: 08-Mar-2022 19:45	Sample Coll. By	: non	Ref Id1	: -
Report Date and Time	: 08-Mar-2022 20:33	Acc. Remarks		Ref Id2	:

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
Para Thyroid Hormone Intact *ECLIA*	H **101.4**	pg/mL	15 - 65	

INTERPRETATIONS:

Useful for Diagnosis and differential diagnosis of hypercalcemia , Diagnosis of primary, secondary, and tertiary hyperparathyroidism, Diagnosis of hypoparathyroidism, Monitoring end-stage renal failure patients for possible renal osteodystrophy.
About 90% of the patients with primary hyperparathyroidism have elevated parathyroid hormone (PTH) levels. The remaining patients have normal (inappropriate for the elevated calcium level) PTH levels. About 40% of the patients with primary hyperparathyroidism have serum phosphorus levels <2.5 mg/dL and about 80% have serum phosphorus <3.0 mg/dL.
An (appropriately) low PTH level and high phosphorus level in a hypercalcemic patient suggests that the hypercalcemia is not caused by PTH or PTH-like substances.
An (appropriately) low PTH level with a low phosphorus level in a hypercalcemic patient suggests the diagnosis of paraneoplastic hypercalcemia caused by parathyroid related peptide (PTHRP), produced by many different tumor types.
A low or normal PTH in a patient with hypocalcemia suggests hypoparathyroidism, provided the serum magnesium level is normal. Low magnesium levels inhibit PTH release and action and can mimic hypoparathyroidism.
Low serum calcium and high PTH levels in a patient with normal renal function suggest resistance to PTH action(pseudohypoparathyroidism type 1a, 1b, 1c, or 2) or, very rarely, bio-ineffective PTH.

CAUTIONS:

Normal reference ranges may vary based on geographical locations of the populations studied. The carboxyl-terminal fragments (PTH-C) fragment 7-84, which accumulates in renal failure, shows substantial cross-reactivity in this assay. Healthy population reference ranges, therefore, do not apply in renal failure.
Parathyroid hormone (PTH) values should be interpreted in conjunction with serum calcium and phosphorus levels, and the overall clinical presentation and history of the patient.
Do not interpret an elevated PTH value with a normal serum calcium as necessarily indicative of primary hyperparathyroidism. It is possible that the elevation in PTH is due to secondary causes, the most likely being vitamin D deficiency.
In rare cases, interference due to extremely high titers of antibodies to ruthenium or streptavidin can occur.
As with all tests containing monoclonal mouse antibodies, erroneous findings may be obtained from specimens taken from patients who have been treated with monoclonal mouse antibodies or have received them for diagnostic purposes.
In patients receiving high dose (>5 mg/day) biotin therapy, the specimen should be collected at least 8 hours after the last biotin administration.

---------- End Of Report ----------

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Printed On : 08-Mar-2022 20:39

Dr. Deven Desai
Consultant Pathologist
GMC No. G-12429

Dr. Bhumi Dalsania
M.D.
GMC No. G-19675

Dr. Bijal Shah
Consultant Pathologist
GMC No. G-11309

Labcore Speciality Laboratory
Add. : Beside Swadia & Patel Surgical Hospital, New India Mills Compound, Jetalpur Road, Vadodara - 390020. **Phone** : 0265 - 2963364, 2963365
Email : labcorelab@gmail.com **For Home Visit :** 7624011254 / 9879651595 **Mon. to Sat. 8-00 am to 8-00 pm**