



Name : **MRS. SUMALATHA**  
Age/Gender : **24YEARS/FEMALE**  
Sample Type : **SERUM**  
Reff By :  
TypedBy : Bharat Saini

Bill Number : **M754**  
Bill Date : 26-Apr-2024 12:13 PM  
Sample Collection : 26-Apr-2024 12:31 PM  
Sample Received : 26-Apr-2024 12:31 PM  
Reporting Date : 26-Apr-2024 08:29 PM

### THYROID PROFILE ( TFT )

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE ( T3 ) (Method: CLIA)	0.96	ng/ml	0.87 - 1.78
TOTAL THYROXINE ( T4 ) (Method: CLIA)	5.5	ug/dL	4.82 - 11.72
THYROID STIMULATING HORMONE (TSH) (Method: CLIA)	<b>8.54</b>	uIU/mL	0.34 - 5.60

#### Pregnancy Reference Ranges for TSH:

1st Trimester : 0.10 - 2.50

2nd Trimester : 0.20 - 3.0

3rd Trimester : 0.20 - 3.0

(Ref: Guidelines of American Association for the diagnosis and management of Thyroid Disease during pregnancy and Postpartum, Thyroid, 2011,21:1-46).

Primary malfunction of the thyroid gland may result in excessive (Hyper) or below normal (Hypo) release of T3 or T4. In Addition, as thyroid function is directly affected by TSH. Diagnostically, T3 concentration in serum changes faster and more markedly than T4, the T3 level is also an excellent indicator of the ability of the thyroid to respond to both stimulatory and suppressive tests. Under conditions of strong thyroid stimulation, the T3 level offers a good. 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. A TSH level between 6-12 mIU/L with normal T4 may represent subclinical or compensated Hypothyroidism. Suppressed TSH may be seen in elderly patients who do not have thyrotoxicosis (Since the T3 is low or normal). TSH may also be suppressed in depression.

\*A synchronous diurnal rhythm is found in serum TSH with low levels in the day time and higher levels at night. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH Concentrations.

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



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Authorized Signatory



LAB INCHARGE



Name : **MRS. SUMALATHA**  
Age/Gender : **24YEARS/FEMALE**  
Sample Type : **WB EDTA**  
Reff By :  
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### Glycosylated Haemoglobin (HbA1c)

#### **INVESTIGATION**

#### **RESULT**

#### **UNITS**

#### **NORMAL RANGE**

GLYCATED HAEMOGLOBIN (HBA1C)  
(Method: HPLC)

6.0

%

Below 6.0% - Normal value  
6.0 - 7.0 % Good control  
7.0 - 8.0 % Fair Control  
8.0 - 10.0 % Unsatisfactory Control  
> 10.0 % Poor Control

AVERAGE BLOOD GLUCOSE  
(Method: Calculated)

125.50

mg/dl

90 - 120 mg/dl - Excellent control  
121 - 150 mg/dl - Good Control  
151 - 180 mg/dl - Average Control  
181 - 210 mg/dl - Action Suggeste  
> 211 mg/dl - Panic Value.

#### **INTERPRETATION:**

- Monitor diabetic patients compliance with therapeutic regime and long term blood glucose level control.
- It is useful in evaluating the initial 1 - 2 months of diabetic control in a newly pregnant diabetic female.
- In differentiating stress induced transient glucose intolerance from true diabetic.
- It also confirms discrepancies between blood glucose self monitoring results produced by the patients and actual degree of overall control.
- Increased in chronic renal failure, iron deficiency anemia, splenectomy, and alcohol.
- Decreased in shortened RBC life span in presence of HbS, HbC after transfusion, pregnancy etc.
- Average Blood Glucose value is calculated from HBA1C value and it indicates Average Blood Sugar level over past three months.

Suggested Clinical Correlation If necessary Kindly Discuss.

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

**Authorized Signatory**



**LAB INCHARGE**



Name : **MRS. SUMALATHA**  
Age/Gender : **24YEARS/FEMALE**  
Sample Type : **Fluoride Plasma**  
Reff By :  
TypedBy : Bharat Saini

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### **FASTING BLOOD SUGAR ( FBS )**

<b>INVESTIGATION</b>	<b>RESULT</b>	<b>UNITS</b>	<b>NORMAL RANGE</b>
FASTING BLOOD SUGAR (Method: GOD/POD)	86	mg/dl	70 - 110
POST LUNCH BLOOD SUGAR (Method: GOD/POD)	129	mg/dl	80 - 160

#### **NOTE:**

The discordant post prandial blood glucose levels are observed in some of the conditions related to defective absorption,insufficient dietary intake,endocrine disorders,hypoglycemic drug overdose and reactive hypoglycemia etc...

Sugessted Clinical Correlation If necesarry Kindly Discuss.

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

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Sample Type : **Fluoride Plasma**  
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**POST LUNCH BLOOD SUGAR ( PLBS )**

<b>INVESTIGATION</b>	<b>RESULT</b>	<b>UNITS</b>	<b>NORMAL RANGE</b>
POST-LUNCH BLOOD SUGAR (Method: GOD/POD)	129	mg/dl	80 - 160

Sugessted Clinical Correlation If necesarry Kindly Discuss.

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

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LAB INCHARGE



Name : **MRS. SUMALATHA**  
Age/Gender : **24YEARS/FEMALE**  
Sample Type : **URINE**  
Reff By :  
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### CUE(COMPLETE URINE EXAMINATION)

<b>INVESTIGATION</b>	<b>RESULT</b>	<b>NORMAL RANGE</b>
BILE PIGMENT	NEGATIVE	NEGATIVE
OTHERS	NIL	NIL
CASTS	NIL	NIL
CRYSTALS	NIL	NIL
EPETHILIAL CELLS	3 - 4 / HPF	0 - 5 / HPF
RBC	NIL	NIL
<b><u>MICROSCOPIC EXAMINATION</u></b>		
PUS CELLS	2 - 3 / HPF	0 - 5 / HPF
KETONE BODIES	NEGATIVE	NEGATIVE
UROBILINOGEN	NEGATIVE	NEGATIVE
<b><u>PHYSICAL EXAMINATION</u></b>		
QUANTITY	20 ml	
BILE SALT	NEGATIVE	NEGATIVE
SUGAR	NIL	NIL
<b><u>CHEMICAL EXAMINATION</u></b>		
ALBUMIN	TRACE	NEGATIVE
SPECIFIC GRAVITY	<b>1.015</b>	1.005 - 1.030
REACTION ( PH )	6.0	4.6 - 8.0
APPEARANCE	SLIGHTLY TURBID	



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COLOUR

PALE YELLOW

**Method:** Multi Reagent Strip / Chemical / Microscopy

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**DEPARTMENT OF RADIOLOGY**

**X - RAY L SPINE AP/LAT**

**FINDINGS :**

Alignment of lumbosacral spine is normal.

Vertebral bodies are normal in shape & density.

Posterior arch elements appear normal.

Intervertebral discs show normal height.

Pre & paravertebral soft tissues are normal.

Both sacroiliac joints are normal to the extent seen.

**IMPRESSION : NO SIGNIFICANT RADIOGRAPHIC ABNORMALITY.**



**Dr.Sukumar.,MDRD**  
Consultant Radiologist

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



**Dr. DIVESH SARVAIYA DMRD**