



Name : **MRS. GEETHA**
Age/Gender : **42YEARS/FEMALE**
Sample Type : **SERUM**
Reff By : **DR.SELF**
TypedBy : Tanveer Fathima

Bill Number : **M2796**
Bill Date : 01-Jul-2024 10:48 AM
Sample Collection : 01-Jul-2024 10:58 AM
Sample Received : 01-Jul-2024 10:59 AM
Reporting Date : 01-Jul-2024 08:49 PM

CLINICAL BIOCHEMISTRY

RENAL FUNCTION TEST (RFT)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
Blood Urea (Method: Urease-GLDH)	39	mg/dl	13 - 45
Serum Creatinine (Method: Alkaline Picrate)	0.9	mg/dl	Male: 0.9 - 1.4 Female: 0.9 - 1.3
Serum Calcium (Method: Arsenazo)	10.5	mg/dl	8.6 - 10.3
Serum Uric Acid (Method: Uricase)	5.6	mg/dl	Male: 3.6 - 7.7 Female: 2.5 - 6.8
Serum Electrolytes			
Sodium (Na) (Method: Alkaline Picrate)	142	mmol/L	135 - 145
Potassium (K) (Method: I S E-Direct)	4.6	mmol/L	3.5-5.3
Chloride (CL) (Method: I S E)	104	mmol/L	98 - 107

Sugessted Clinical Correlation If necesarry Kindly Discuss.

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

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THYROID STIMULATING HORMONE (TSH)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
THYROID STIMULATING HORMONE (TSH) (Method: CLIA)	11.6	uIU/ml	Adults : 0.35 - 4.90 1st trimester : 0.05 - 3.70 2nd trimester : 0.31 - 4.35 3rd trimester : 0.41 - 5.18 0 - 4 days : 1.0 - 9.7 5 - 30 days : 1.7 - 9.1 1 month - 12 year : 0.64 - 6.27 13 - 20 year : 0.55 - 4.78

Method: CLIA

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

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RHEUMATOID FACTOR IGM ANTIBODY

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
Rheumatoid Factor IgM (Method: ELISA)	5.30	U/ml	Negative :< 1.0 Positive: >1.0

INTERPRETATION :

Rheumatoid arthritis (RA) is a chronic inflammatory disease of unknown etiology. Rheumatoid arthritis is a systemic disease characterized by chronic proliferation and inflammation of joint cartilage and supporting structures.

RA is mainly defined by clinical criteria, in which systematic pathogenetic studies have been hampered by doubts about the presence of common pathogenetic mechanisms and the relative lack of unique laboratory findings. IgG rheumatoid factor has been reported to be present in sera of patients with rheumatoid arthritis both with and without IgM rheumatoid factor activity. Rheumatoid factors are IgA, IgG and IgM immunoglobulins with antibody activity directed against antigenic sites on the Fc portion of IgG molecules.

Please Correlate With Clinical Findings If Necessary Discuss.

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ANTI STREPTOLYSIN O (ASO) TITRE

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
ASO TITRE	137.44	IU/mL	Upto 200

Method: *Immunoturbidimetry*

Sugessted Clinical Correlation If necesarry Kindly Discuss.

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SERUM CALCIUM

INVESTIGATION

RESULT

UNITS

NORMAL RANGE

SERUM CALCIUM
(Method: Arsenazo)

10.5

mg/dl

8.4 - 11.5

Method: Arsenazo

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25-Hydroxy Vitamin D Total (D2 & D3)

INVESTIGATION

RESULT

UNITS

NORMAL RANGE

Vitamin D Total 25,OH (D2 & D3)
(Method: CLIA)

18.9

ng/ml

Deficiency : Less than 20.0
Insufficiency: 21 - 29
Sufficiency : 30 - 100
Toxicity : > 100

Interpretation:

- Vitamin D is a steroid hormone involved in the intestinal absorption of calcium and the regulation of calcium homeostasis. Vitamin D is essential for the formation and maintenance of strong, healthy bones.
- Vitamin D deficiency can result from inadequate exposure to the sun, inadequate alimentary intake, decreased absorption, abnormal metabolism, or vitamin D resistance.
- In addition to rickets in children, recently, many chronic diseases such as cancer, high blood pressure, osteoporosis, and several autoimmune diseases have been linked to vitamin D deficiency

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

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