

Dr. Vinay Chopra  
MD (Pathology & Microbiology)  
Chairman & Consultant Pathologist

Dr. Yugam Chopra  
MD (Pathology)  
CEO & Consultant Pathologist

**NAME** : Mrs. MAMTA RASTOGI  
**AGE/ GENDER** : 62 YRS/FEMALE  
**COLLECTED BY** :  
**REFERRED BY** :  
**BARCODE NO.** : 01512554  
**CLIENT CODE.** : KOS DIAGNOSTIC LAB  
**CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT

**PATIENT ID** : 1539014  
**REG. NO./LAB NO.** : 012407050015  
**REGISTRATION DATE** : 05/Jul/2024 08:48 AM  
**COLLECTION DATE** : 05/Jul/2024 08:51AM  
**REPORTING DATE** : 05/Jul/2024 05:11PM

| Test Name | Value | Unit | Biological Reference interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

### CLINICAL CHEMISTRY/BIOCHEMISTRY

#### GLUCOSE FASTING (F) AND POST PRANDIAL (PP)

|                                                                                 |                     |       |                                                                          |
|---------------------------------------------------------------------------------|---------------------|-------|--------------------------------------------------------------------------|
| GLUCOSE FASTING (F): PLASMA<br>by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)        | 170.96 <sup>H</sup> | mg/dL | NORMAL: < 100.0<br>PREDIABETIC: 100.0 - 125.0<br>DIABETIC: > OR = 126.0  |
| GLUCOSE POST PRANDIAL (PP): PLASMA<br>by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD) | 117.76              | mg/dL | NORMAL: < 140.00<br>PREDIABETIC: 140.0 - 200.0<br>DIABETIC: > OR = 200.0 |

#### INTERPRETATION:

##### IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A fasting plasma glucose below 100 mg/dL and post-prandial plasma glucose level below 140 mg/dl is considered normal.
2. A fasting plasma glucose level between 100 - 125 mg/dl and post-prandial plasma glucose level between 140 – 200 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.
3. A fasting plasma glucose level of above 125 mg/dL and post-prandial plasma glucose level above 200 mg/dL is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients. A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.

RECHECKED.



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| <b>BARCODE NO.</b>    | : 01512554                             | <b>REPORTING DATE</b>    | : 05/Jul/2024 10:07AM  |
| <b>CLIENT CODE.</b>   | : KOS DIAGNOSTIC LAB                   |                          |                        |
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### ENDOCRINOLOGY

#### THYROID STIMULATING HORMONE (TSH)

THYROID STIMULATING HORMONE (TSH): SERUM 3.298  $\mu$ IU/mL 0.35 - 5.50

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

3rd GENERATION, ULTRASENSITIVE

#### INTERPRETATION:

| AGE                 | REFERENCE RANGE ( $\mu$ IU/mL) |
|---------------------|--------------------------------|
| 0 – 5 DAYS          | 0.70 – 15.20                   |
| 6 Days – 2 Months   | 0.70 – 11.00                   |
| 3 – 11 Months       | 0.70 – 8.40                    |
| 1 – 5 Years         | 0.70 – 7.00                    |
| 6 – 10 Years        | 0.60 – 5.50                    |
| 11 - 15             | 0.50 – 5.50                    |
| > 20 Years (Adults) | 0.27 – 5.50                    |
| <b>PREGNANCY</b>    |                                |
| 1st Trimester       | 0.10 - 3.00                    |
| 2nd Trimester       | 0.20 - 3.00                    |
| 3rd Trimester       | 0.30 - 4.10                    |

**NOTE:-TSH levels are subjected to circadian variation, reaching peak levels between 2-4 a.m and at a minimum between 6-10 pm. The variation is of the order of 50 %. Hence time of the day has influence on the measured serum TSH concentration.**

**USE:-** TSH controls biosynthesis and release of thyroid hormones T4 & T3. It is a sensitive measure of thyroid function, especially useful in early or subclinical hypothyroidism, before the patient develops any clinical findings or goitre or any other thyroid function abnormality.

#### INCREASED LEVELS:

- 1.Primary or untreated hypothyroidism, may vary from 3 times to more than 100 times normal depending on degree of hypofunction.
- 2.Hypothyroid patients receiving insufficient thyroid replacement therapy.
- 3.Hashimotos thyroiditis.
- 4.DRUGS: Amphetamines, Iodine containing agents and dopamine antagonist.
- 5.Neonatal period, increase in 1st 2-3 days of life due to post-natal surge.

#### DECREASED LEVELS:

- 1.Toxic multi-nodular goitre & Thyroiditis.
- 2.Over replacement of thyroid hormone in treatment of hypothyroidism.
- 3.Autonomously functioning Thyroid adenoma
- 4.Secondary pituitary or hypothalamic hypothyroidism
- 5.Acute psychiatric illness
- 6.Severe dehydration.





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7.DRUGS: Glucocorticoids, Dopamine, Levodopa, T4 replacement therapy, Anti-thyroid drugs for thyrotoxicosis.

8.Pregnancy: 1st and 2nd Trimester

**LIMITATIONS:**

- 1.TSH may be normal in central hypothyroidism, recent rapid correction of hyperthyroidism or hypothyroidism, pregnancy, phenytoin therapy.
- 2.Autoimmune disorders may produce spurious results.

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



  
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