

(A Unit of KOS Healthcare)



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

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

NAME : Mr. ASHOK CHHABRA

AGE/ GENDER : 79 YRS/MALE **PATIENT ID** : 1581940

COLLECTED BY :012408160012 : SURJESH REG. NO./LAB NO.

REFERRED BY **REGISTRATION DATE** : 16/Aug/2024 09:21 AM BARCODE NO. :01515131 **COLLECTION DATE** : 16/Aug/2024 09:41AM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 16/Aug/2024 10:05AM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit **Biological Reference interval**

> **HAEMATOLOGY HAEMOGLOBIN (HB)**

HAEMOGLOBIN (HB) 10.8^L qm/dL 12.0 - 17.0

by CALORIMETRIC

INTERPRETATION:-

Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the bodys tissues and returns carbon dioxide from the tissues back to the lungs.

A low hemoglobin level is referred to as ANEMIA or low red blood count.

ANEMIA (DECRESED HAEMOGLOBIN):

1) Loss of blood (traumatic injury, surgery, bleeding, colon cancer or stomach ulcer)

2) Nutritional deficiency (iron, vitamin B12, folate)

3) Bone marrow problems (replacement of bone marrow by cancer)

4) Suppression by red blood cell synthesis by chemotherapy drugs

5) Kidney failure

6) Abnormal hemoglobin structure (sickle cell anemia or thalassemia).

POLYCYTHEMIA (INCREASED HAEMOGLOBIN):

- 1) People in higher altitudes (Physiological)
- 2) Smoking (Secondary Polycythemia)
- 3) Dehydration produces a falsely rise in hemoglobin due to increased haemoconcentration
- 4) Advanced lung disease (for example, emphysema)
- 5) Certain tumors
- 6) A disorder of the bone marrow known as polycythemia rubra vera,
- 7) Abuse of the drug erythropoetin (Epogen) by athletes for blood doping purposes (increasing the amount of oxygen available to the body by chemically raising the production of red blood cells).

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY)

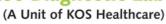


KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana KOS Molecular Lab: IInd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt - 133 001, Haryana

CLIENT CODE.



KOS Diagnostic Lab





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

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: 16/Aug/2024 10:43AM

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CLINICAL CHEMISTRY/BIOCHEMISTRY

REPORTING DATE

UREA

UREA: SERUM 69.78^H mg/dL 10.00 - 50.00

by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)

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CREATININE

CREATININE: SERUM 1.74^H mg/dL 0.40 - 1.40 by ENZYMATIC, SPECTROPHOTOMETRY



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ENDOCRINOLOGY

THYROID STIMULATING HORMONE (TSH)

THYROID STIMULATING HORMONE (TSH): SERUM 0.898 μIU/mL 0.35 - 5.50

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

3rd GENERATION, ULTRASENSITIVE

INTERPRETATION:

AGE	REFFERENCE RANGE (μIU/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
PRE	GNANCY
1st Trimester	0.10 - 3.00
2nd Trimester	0.20 - 3.00
3rd Trimester	0.30 - 4.10

NOTE:-TSH levels are subjected to circardian 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 harmones 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 harmone in treatment of hypothyroidism.
- 3. Autonomously functioning Thyroid adenoma
- 4. Secondary pituatary or hypothalmic 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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