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NAME	**: Mr. ASHMIT**		
AGE/ GENDER	: 25 YRS/MALE	**PATIENT ID**	: 1597159
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Test Name	Value	Unit	Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE FASTING (F)

GLUCOSE FASTING (F): PLASMA *by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)*	**114.86^{H}**	**mg/dL**	**NORMAL: < 100.0** **PREDIABETIC: 100.0 - 125.0** **DIABETIC: > 0R = 126.0**

INTERPRETATION

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A fasting plasma glucose level below 100 mg/dl is considered normal.
2. A fasting plasma glucose level between 100 - 125 mg/dl is considered as glucose intolerant or prediabetic. 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 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.

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Test Name	Value	Unit	Biological Reference interval

CHOLESTEROL: SERUM

CHOLESTEROL TOTAL: SERUM *by CHOLESTEROL OXIDASE PAP*	187.11	mg/dL	OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.0

INTERPRETATION:

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	CHOLESTEROL IN ADULTS (mg/dL)	CHOLESTEROL IN ADULTS (mg/dL)
DESIRABLE	< 200.0	< 170.0
BORDERLINE HIGH	200.0 – 239.0	171.0 – 199.0
HIGH	>= 240.0	>= 200.0

NOTE:
1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
2. As per National Lipid association - 2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

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LIVER FUNCTION TEST (COMPLETE)

Test Name	Value	Unit	Biological Reference interval
BILIRUBIN TOTAL: SERUM *by DIAZOTIZATION, SPECTROPHOTOMETRY*	1.02	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (CONJUGATED): SERUM *by DIAZO MODIFIED, SPECTROPHOTOMETRY*	0.28	mg/dL	0.00 - 0.40
BILIRUBIN INDIRECT (UNCONJUGATED): SERUM *by CALCULATED, SPECTROPHOTOMETRY*	0.74	mg/dL	0.10 - 1.00
SGOT/AST: SERUM *by IFCC, WITHOUT PYRIDOXAL PHOSPHATE*	42.1	U/L	7.00 - 45.00
SGPT/ALT: SERUM ***by IFCC, WITHOUT PYRIDOXAL PHOSPHATE***	**126.8^{H}**	**U/L**	**0.00 - 49.00**
AST/ALT RATIO: SERUM *by CALCULATED, SPECTROPHOTOMETRY*	0.33	RATIO	0.00 - 46.00
ALKALINE PHOSPHATASE: SERUM *by PARA NITROPHENYL PHOSPHATASE BY AMINO METHYL PROPANOL*	91.25	U/L	40.0 - 130.0
GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM ***by SZASZ, SPECTROPHTOMETRY***	**76.03^{H}**	**U/L**	**0.00 - 55.0**
TOTAL PROTEINS: SERUM *by BIURET, SPECTROPHOTOMETRY*	7.21	gm/dL	6.20 - 8.00
ALBUMIN: SERUM *by BROMOCRESOL GREEN*	3.84	gm/dL	3.50 - 5.50
GLOBULIN: SERUM *by CALCULATED, SPECTROPHOTOMETRY*	3.37	gm/dL	2.30 - 3.50
A : G RATIO: SERUM *by CALCULATED, SPECTROPHOTOMETRY*	1.14	RATIO	1.00 - 2.00

INTERPRETATION

NOTE:- **To be correlated in individuals having SGOT and SGPT values higher than Normal Referance Range.**
USE:- Differential diagnosis of diseases of hepatobiliary system and pancreas.

INCREASED:

DRUG HEPATOTOXICITY	> 2
ALCOHOLIC HEPATITIS	> 2 (Highly Suggestive)
CIRRHOSIS	1.4 - 2.0
INTRAHEPATIC CHOLESTATIS	> 1.5
HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS	> 1.3 (Slightly Increased)

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Test Name	Value	Unit	Biological Reference interval

DECREASED:

1. Acute Hepatitis due to virus, drugs, toxins (with AST increased 3 to 10 times upper limit of normal)
2. Extra Hepatic cholestatis: 0.8 (normal or slightly decreased).

PROGNOSTIC SIGNIFICANCE:

NORMAL	< 0.65
GOOD PROGNOSTIC SIGN	0.3 - 0.6
POOR PROGNOSTIC SIGN	1.2 - 1.6

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Test Name	Value	Unit	Biological Reference interval
CREATININE			
CREATININE: SERUM *by ENZYMATIC, SPECTROPHOTOMETRY*	1.05	mg/dL	0.40 - 1.40

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Test Name	Value	Unit	Biological Reference interval

ENDOCRINOLOGY

THYROID FUNCTION TEST: TOTAL

TRIIODOTHYRONINE (T3): SERUM *by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)*	0.804	ng/mL	0.35 - 1.93
THYROXINE (T4): SERUM *by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)*	8.87	µgm/dL	4.87 - 12.60
THYROID STIMULATING HORMONE (TSH): SERUM *by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)*	1.694	µIU/mL	0.35 - 5.50

3rd GENERATION, ULTRASENSITIVE

INTERPRETATION:

*TSH levels are subject 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 concentrations.*TSH stimulates the production and secretion of the metabolically active hormones, thyroxine (T4)and trilodothyronine (T3).Failure at any level of regulation of the hypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction(hyperthyroidism) of T4 and/or T3.

CLINICAL CONDITION	T3	T4	TSH
Primary Hypothyroidism:	Reduced	Reduced	Increased (Significantly)
Subclinical Hypothyroidism:	Normal or Low Normal	Normal or Low Normal	High
Primary Hyperthyroidism:	Increased	Increased	Reduced (at times undetectable)
Subclinical Hyperthyroidism:	Normal or High Normal	Normal or High Normal	Reduced

LIMITATIONS:-

1. T3 and T4 circulates in reversibly bound form with Thyroid binding globulins (TBG),and to a lesser extent albumin and Thyroid binding Pre Albumin so conditions in which TBG and protein levels alter such as pregnancy, excess estrogens, androgens, anabolic steroids and glucocorticoids may falsely affect the T3 and T4 levels and may cause false thyroid values for thyroid function tests.
2. Normal levels of T4 can also be seen in Hyperthyroid patients with :T3 Thyrotoxicosis, Decreased binding capacity due to hypoproteinemia or ingestion of certain drugs (eg: phenytoin , salicylates).
3. Serum T4 levles in neonates and infants are higher than values in the normal adult , due to the increased concentration of TBG in neonate serum.
4. TSH may be normal in central hypothyroidism , recent rapid correction of hyperthyroidism or hypothroidism , pregnancy , phenytoin therapy.

TRIIODOTHYRONINE (T3)		THYROXINE (T4)		THYROID STIMULATING HORMONE (TSH)	
Age	**Refferance Range (ng/mL)**	**Age**	**Refferance Range (µg/dL)**	**Age**	**Reference Range (µIU/mL)**
0 - 7 Days	**0.20 - 2.65**	**0 - 7 Days**	**5.90 – 18.58**	**0 - 7 Days**	**2.43 - 24.3**
7 Days - 3 Months	**0.36 - 2.59**	**7 Days - 3 Months**	**6.39 - 17.66**	**7 Days - 3 Months**	**0.58 - 11.00**
3 - 6 Months	**0.51 - 2.52**	**3 - 6 Months**	**6.75 – 17.04**	**3 Days – 6 Months**	**0.70 - 8.40**

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Test Name			Value	Unit	Biological Reference interval
6 - 12 Months	0.74 - 2.40	6 - 12 Months	7.10 – 16.16	6 – 12 Months	0.70 - 7.00
1 - 10 Years	0.92 - 2.28	1 - 10 Years	6.00 - 13.80	1 – 10 Years	0.60 - 5.50
11- 19 Years	0.35 - 1.93	11 - 19 Years	4.87- 13.20	11 – 19 Years	0.50 – 5.50
> 20 years (Adults)	0.35 - 1.93	> 20 Years (Adults)	4.87 - 12.60	> 20 Years (Adults)	0.35– 5.50
RECOMMENDATIONS OF TSH LEVELS DURING PREGNANCY (µIU/mL)					
1st Trimester			0.10 – 2.50		
2nd Trimester			0.20 – 3.00		
3rd Trimester			0.30 – 4.10		

INCREASED TSH LEVELS:

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

DECREASED TSH 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.
7.DRUGS: Glucocorticoids, Dopamine, Levodopa, T4 replacement therapy, Anti-thyroid drugs for thyrotoxicosis.
8.Pregnancy: 1st and 2nd Trimester

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Test Name	Value	Unit	Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY

HERPES SIMPLEX VIRUS (HSV) - 1 ANTIBODIES IgG

HERPES SIMPLEX VIRUS (HSV) - 1 ANTIBODIES IgG *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	1.897	AU/mL	NEGATIVE: < 2.0 POSITIVE: > 2.0

INTERPRETATION:

1. Herpes Simplex Virus (HSV) is a widespread human pathogen with a tendency to induce lifelong latency in the sensory nerve ganglia, following the primary infection. Recurrent HSV infections are common due to endogeneous reactivation of the virus. Precipitating factors for recurrence can include exposure to sunlight, fever , local trauma, trigeminal nerve manipulation, menstruation and emotional stress. HSV-1 and HSV-2 are 2 serologically distinguishable types. Hsv-1 is primarily transmitted by contact with oral secretions and is usually associated with oral infections and lesions above waist. HSV-2, on the other hand, is primarily transmitted by contact with genital secretions and is associated with genital infections and lesions below the waist. However the correlation between HSV type and location of the lesion is not absolute. Transmission can occur from overtly infected persons as well as asymptomatic excretors. HSV is known to cause severe generalized and fatal infections in newborns and immunocompromised people.
2. Pregnant women who develop genital hrpes are two-three times more likely to have spontaneous abortions or deliver a premature infant that are pregnant non-infected women. Active virus excreation in genital secretionsof pregnant women may result in severe neonatal HSV infection that is associated with high morbidity and mortality rates if untreated.

TEST UTILITY:

HSV specific IgM becomes detectable aftr about 1 week of infection. Presence of IgM usually indicates recent or active recurrent infection. Specific IgG generally appears 2-3 after primary infection, but may fall in titer after a few months. Sero-conversion of HSV-specific IgG from negative to positive also suggests recent or active recurrent infection. However some patients with recurring disease may not show an increase in titer. Detection of IgG allows assessment of patients immune status and provide serological evidence of prior exposure to HSV. *TESTING PAIRED SERA TO DEMONSTRATE SEROCONVERSION IS RECOMMENDED FOR ACCURATE DIAGNOSIS OF RECENT (PRIMARY OR RECURRENT) HSV INFECTION.*

LIMITATIONS:

Due to high seroprevalence of various community-related infectious disease in the general Indian population, all results must be interpreted in context of the total clinical history and supplementary findings of other investigative procedure. Due to strong serological cross-reactivity between HSV-1 and HSV-2, antibodies produced in response to infection by one virus can cross react with other, through the response to the homologous, i.e, the infection virus is generally greater. For this reason, testing paired acute/covalescent specimens is useful to show change in antbody activity. Patients with intermediate results should be tested with another sample taken 1-2 weeks after the first, if clinically indicated.

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Test Name	Value	Unit	Biological Reference interval

HERPES SIMPLEX VIRUS (HSV) - 2 ANTIBODIES IgG

HERPES SIMPLEX VIRUS (HSV) - 2 ANTIBODIES IgG *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	0.85	AU/mL	NEGATIVE: < 2.0 POSITIVE: > 2.0

INTERPRETATION:

1. Herpes Simplex Virus (HSV) is a widespread human pathogen with a tendency to induce lifelong latency in the sensory nerve ganglia, following the primary infection. Recurrent HSV infections are common due to endogeneous reactivation of the virus. Precipitating factors for recurrence can include exposure to sunlight, fever , local trauma, trigeminal nerve manipulation, menstruation and emotional stress. HSV-1 and HSV-2 are 2 serologically distinguishable types. Hsv-1 is primarily transmitted by contact with oral secretions and is usually associated with oral infections and lesions above waist. HSV-2, on the other hand, is primarily transmitted by contact with genital secretions and is associated with genital infections and lesions below the waist. However the correlation between HSV type and location of the lesion is not absolute. Transmission can occur from overtly infected persons as well as asymptomatic excretors. HSV is known to cause severe generalized and fatal infections in newborns and immunocompromised people.
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