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

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

NAME	**: Dog JOY**		
AGE/ GENDER	: 6 YRS/Male	**PATIENT ID**	: 1606615
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012409090039**
REFERRED BY	:	**REGISTRATION DATE**	: 09/Sep/2024 11:05 AM
BARCODE NO.	: 01516628	**COLLECTION DATE**	: 09/Sep/2024 11:06AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 09/Sep/2024 12:12PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

SGOT/SGPT PROFILE

SGOT/AST: SERUM *by IFCC, WITHOUT PYRIDOXAL PHOSPHATE*	21.7	U/L	7.00 - 45.00
SGPT/ALT: SERUM *by IFCC, WITHOUT PYRIDOXAL PHOSPHATE*	33.7	U/L	0.00 - 49.00
SGOT/SGPT RATIO *by CALCULATED, SPECTROPHOTOMETRY*	0.64		

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)

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

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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

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

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

NAME	**: Dog JOY**		
AGE/ GENDER	: 6 YRS/Male	**PATIENT ID**	: 1606615
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012409090039**
REFERRED BY	:	**REGISTRATION DATE**	: 09/Sep/2024 11:05 AM
BARCODE NO.	: 01516628	**COLLECTION DATE**	: 09/Sep/2024 11:06AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 09/Sep/2024 12:12PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
UREA			
UREA: SERUM *by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)*	25.58	mg/dL	10.00 - 50.00

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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

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

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

NAME	**: Dog JOY**		
AGE/ GENDER	: 6 YRS/Male	**PATIENT ID**	: 1606615
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012409090039**
REFERRED BY	:	**REGISTRATION DATE**	: 09/Sep/2024 11:05 AM
BARCODE NO.	: 01516628	**COLLECTION DATE**	: 09/Sep/2024 11:06AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 09/Sep/2024 12:12PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
CREATININE			
CREATININE: SERUM *by ENZYMATIC, SPECTROPHOTOMETRY*	1.37	mg/dL	0.40 - 1.40

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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

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

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

NAME	**: Dog JOY**		
AGE/ GENDER	: 6 YRS/Male	**PATIENT ID**	: 1606615
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012409090039**
REFERRED BY	:	**REGISTRATION DATE**	: 09/Sep/2024 11:05 AM
BARCODE NO.	: 01516628	**COLLECTION DATE**	: 09/Sep/2024 11:06AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 09/Sep/2024 01:34PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

ENDOCRINOLOGY

THYROID FUNCTION TEST: TOTAL

TRIIODOTHYRONINE (T3): SERUM *by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)*	1.083	ng/mL	0.35 - 2.28
THYROXINE (T4): SERUM ***by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)***	**1.25[L]**	**µgm/dL**	**6.00 - 13.80**
THYROID STIMULATING HORMONE (TSH): SERUM ***by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)*** **3rd GENERATION, ULTRASENSITIVE**	**< 0.010[L]**	**µIU/mL**	**0.60 - 5.50**

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**

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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

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

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

NAME	**: Dog JOY**		
AGE/ GENDER	: 6 YRS/Male	**PATIENT ID**	: 1606615
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012409090039**
REFERRED BY	:	**REGISTRATION DATE**	: 09/Sep/2024 11:05 AM
BARCODE NO.	: 01516628	**COLLECTION DATE**	: 09/Sep/2024 11:06AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 09/Sep/2024 01:34PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name			Value	Unit	Biological Reference interval
3 - 6 Months	0.51 - 2.52	3 - 6 Months	6.75 – 17.04	3 Days – 6 Months	0.70 - 8.40
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

*** End Of Report ***

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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