

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

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

**NAME** : B/O DEEPSHIKA  
**AGE/ GENDER** : 3 DAYS(S)/Male  
**COLLECTED BY** :  
**REFERRED BY** :  
**BARCODE NO.** : 01517366  
**CLIENT CODE.** : KOS DIAGNOSTIC LAB  
**CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT

**PATIENT ID** : 1620019  
**REG. NO./LAB NO.** : 012409200073  
**REGISTRATION DATE** : 20/Sep/2024 07:57 PM  
**COLLECTION DATE** : 21/Sep/2024 09:32AM  
**REPORTING DATE** : 21/Sep/2024 09:48AM

Test Name	Value	Unit	Biological Reference interval
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### HAEMATOLOGY

#### BLOOD GROUP (ABO) AND RH FACTOR TYPING

ABO GROUP  
by SLIDE AGGLUTINATION  
RH FACTOR TYPE  
by SLIDE AGGLUTINATION

O  
POSITIVE



DR.VINAY CHOPRA  
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**REG. NO./LAB NO.** : 012409200073  
**REGISTRATION DATE** : 21/Sep/2024 09:30 AM  
**COLLECTION DATE** : 21/Sep/2024 09:32AM  
**REPORTING DATE** : 21/Sep/2024 12:25PM


Test Name	Value	Unit	Biological Reference interval
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**CLINICAL CHEMISTRY/BIOCHEMISTRY**

**BILIRUBIN TOTAL**

<b>BILIRUBIN TOTAL: SERUM</b> by DIAZOTIZATION, SPECTROPHOTOMETRY	11.05 <sup>H</sup>	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
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<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 21/Sep/2024 09:32AM
<b>BARCODE NO.</b>	: 01517366	<b>REPORTING DATE</b>	: 21/Sep/2024 11:27AM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
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### ENDOCRINOLOGY

#### THYROID STIMULATING HORMONE (TSH)

THYROID STIMULATING HORMONE (TSH): SERUM 6.807  $\mu$ IU/mL 2.43 - 24.3

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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