

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

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

<b>NAME</b>	: Mrs. MEERA BUCAR	<b>PATIENT ID</b>	: 1636484
<b>AGE/ GENDER</b>	: 33 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012410070030
<b>COLLECTED BY</b>	: SURJESH	<b>REGISTRATION DATE</b>	: 07/Oct/2024 10:19 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 07/Oct/2024 10:31AM
<b>BARCODE NO.</b>	: 01518466	<b>REPORTING DATE</b>	: 07/Oct/2024 02:13PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

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

#### GLUCOSE TOLERANCE TEST MODIFIED (AFTER 75 GMS OF GLUCOSE)

GLUCOSE FASTING (F): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)	74.06	mg/dL	NORMAL: < 100.0 PREDIABETIC: 100.0 - 125.0 DIABETIC: > OR = 126.0
GLUCOSE AFTER 60 MINS: PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)	125.71	mg/dL	60.0 - 180.0
GLUCOSE AFTER 120 MINS: PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)	126.89	mg/dL	60.0 - 160.0

**Interpretation: (In accordance with the American diabetes association guidelines):**


This test is recommended for patients who have tested positive in the screening OGT (50 gram OGT) or in patients who are deemed to be at high risk of developing gestational diabetes. An 8-14 hour fasting is mandatory for initiation of this test.


For this test, a fasting sample is followed by two more samples drawn at 1 hour and 2 hours after ingestion of 75 grams of glucose.

The American diabetes group recommendations suggest that gestational diabetes be diagnosed when one or more of the plasma glucose values are:

Time	Unit	Blood Sugar level
Fasting	mg/dl	≥95
1 hour	mg/dl	≥180
2 hour	mg/dl	≥155



  
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<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
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Test Name	Value	Unit	Biological Reference interval
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## ENDOCRINOLOGY

### THYROID FUNCTION TEST: FREE

FREE TRIIODOTHYRONINE (FT3): SERUM	2.92	pg/mL	1.60 - 3.90
by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)			
FREE THYROXINE (FT4): SERUM	0.931	ng/dL	0.70 - 1.50
by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)			
THYROID STIMULATING HORMONE (TSH): SERUM	2.511	μIU/mL	0.35 - 5.50
by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)			

3rd GENERATION, ULTRASENSITIVE

#### INTERPRETATION:

1. FT3 & FT4 are metabolic active form of thyroid hormones and correlate much better with clinical condition of the patient as compared to Total T4 levels. High FT3 & FT4 with normal TSH Levels and abnormal thyroid function (Total Thyroid) can occasionally be seen in cases of PERIPHERAL THYROID HORMONE RESISTANCE

2. 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.

#### INCREASED TSH LEVELS:

1. Primary hypothyroidism is accompanied by depressed serum FT3 & FT4 values and elevated serum TSH levels. 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, idonine containing agents & dopamine antagonist.

5. Neonatal period, increase in 1st 2-3 days of life due to post-natal surge

#### DECREASED TSH LEVELS:

1. Primary hyperthyroidism is accompanied by elevated serum FT3 & FT4 values along with depressed TSH 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.

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

8. Pregnancy: 1st Trimester

#### NOTE:

1. High FT3 levels accompanied by normal FT4 levels and depressed TSH levels may be seen T3 thyrotoxicosis, central hypothyroidism occurs due to pituitary or thalamic malfunction

2. Secondary & Tertiary hypothyroidism, this relatively rare but important condition is indicated by presence of low serum FT3 and FT4 levels, in conjugation with TSH levels that are paradoxically either low/normal or are not elevated to levels that are expected.

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





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