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<b>NAME</b>	: Mrs. SHAKUNTILA	<b>PATIENT ID</b>	: 1647707
<b>AGE/ GENDER</b>	: 78 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012410190041
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 19/Oct/2024 11:50 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 19/Oct/2024 11:57AM
<b>BARCODE NO.</b>	: 01519186	<b>REPORTING DATE</b>	: 19/Oct/2024 01:13PM
<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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### ENDOCRINOLOGY

#### THYROID FUNCTION TEST: TOTAL

TRIIODOTHYRONINE (T3): SERUM	0.869	ng/mL	0.35 - 1.93
by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)			
THYROXINE (T4): SERUM	6.44	µgm/dL	4.87 - 12.60
by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)			
THYROID STIMULATING HORMONE (TSH): SERUM	3.245	µIU/mL	0.35 - 5.50
by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)			

3rd GENERATION, ULTRA SENSITIVE

#### 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 triiodothyronine (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 (e.g.: phenytoin, salicylates).
3. Serum T4 levels 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 hypothyroidism, 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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6 - 12 Months	0.74 - 2.40	6 - 12 Months	7.10 - 16.16
1 - 10 Years	0.92 - 2.28	1 - 10 Years	6.00 - 13.80
11- 19 Years	0.35 - 1.93	11 - 19 Years	4.87- 13.20
> 20 years (Adults)	0.35 - 1.93	> 20 Years (Adults)	4.87 - 12.60
RECOMMENDATIONS OF TSH LEVELS DURING PREGNANCY ( $\mu$ U/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, iodine 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 goiter & 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 and 2nd Trimester



  
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## CLINICAL PATHOLOGY

### URINE ROUTINE & MICROSCOPIC EXAMINATION

#### PHYSICAL EXAMINATION


QUANTITY RECIEVED	10	ml	
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
COLOUR	AMBER YELLOW		PALE YELLOW
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
TRANSPARANCY	TURBID		CLEAR
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
SPECIFIC GRAVITY	1.01		1.002 - 1.030
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			


#### CHEMICAL EXAMINATION

REACTION	ACIDIC		
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
PROTEIN	1+		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
SUGAR	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
pH	<=5.0		5.0 - 7.5
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
BILIRUBIN	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
NITRITE	Positive		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.			
UROBILINOGEN	Normal	EU/dL	0.2 - 1.0
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
KETONE BODIES	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
BLOOD	TRACE		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
ASCORBIC ACID	NEGATIVE (-ve)		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			

#### MICROSCOPIC EXAMINATION



  
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Test Name	Value	Unit	Biological Reference interval
RED BLOOD CELLS (RBCs) <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	1-3	/HPF	0 - 3
PUS CELLS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	FULL FEILD	/HPF	0 - 5
EPITHELIAL CELLS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	3-4	/HPF	ABSENT
CRYSTALS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
CASTS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
BACTERIA <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
OTHERS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
TRICHOMONAS VAGINALIS (PROTOZOA) <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	ABSENT		ABSENT



  
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Test Name	Value	Unit	Biological Reference interval
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## MICROBIOLOGY

### CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: URINE


#### CULTURE AND SUSCEPTIBILITY: URINE


DATE OF SAMPLE	19-10-2024
SPECIMEN SOURCE	URINE
INCUBATION PERIOD	48 HOURS
by AUTOMATED BROTH CULTURE	
GRAM STAIN	GRAM NEGATIVE (-ve)
by MICROSCOPY	
CULTURE	POSITIVE (+ve)
by AUTOMATED BROTH CULTURE	
ORGANISM	ESCHERICHIA COLI (E.COLI)
by AUTOMATED BROTH CULTURE	

#### AEROBIC SUSCEPTIBILITY: URINE

AMOXICILLIN+CLAVULANIC ACID	SENSITIVE
by AUTOMATED BROTH MICRოდILUTION, CLSI	
Concentration: 8/4 µg/mL	
AMPICILLIN	SENSITIVE
by AUTOMATED BROTH MICRოდILUTION, CLSI	
Concentration: 8 µg/mL	
AMPICILLIN+SULBACTAM	SENSITIVE
by AUTOMATED BROTH MICRოდILUTION, CLSI	
Concentration: 8/4 µg/mL	
CHLORAMPHENICOL	SENSITIVE
by AUTOMATED BROTH MICRოდILUTION, CLSI	
Concentration: 8 µg/mL	
CIPROFLOXACIN	SENSITIVE
by AUTOMATED BROTH MICRოდILUTION, CLSI	
Concentration: 1 µg/mL	
DOXYCYCLINE	SENSITIVE



  
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Test Name	Value	Unit	Biological Reference interval
<b>by AUTOMATED BROTH MICRODILUTION, CLSI</b> Concentration: 4 µg/mL			
<b>NALIDIXIC ACID</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	RESISTANT		
<b>GENTAMICIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	SENSITIVE		
<b>NITROFURATOIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	INTERMEDIATE		
<b>NORFLOXACIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	SENSITIVE		
<b>MINOCYCLINE</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	SENSITIVE		
<b>TOBRAMYCIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	SENSITIVE		
<b>AMIKACIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	SENSITIVE		
<b>AZETREONAM</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	SENSITIVE		
<b>CEFAZOLIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	SENSITIVE		



  
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Test Name	Value	Unit	Biological Reference interval
CEFIXIME <i>by AUTOMATED BROTH MICRოდILUTION, CLSI</i>	INTERMEDIATE		
CEFOXITIN <i>by AUTOMATED BROTH MICRოდILUTION, CLSI</i> Concentration: 8 µg/mL	SENSITIVE		
CEFTAZIDIME <i>by AUTOMATED BROTH MICRოდILUTION, CLSI</i> Concentration: 4 µg/mL	SENSITIVE		
CEFTRIAXONE <i>by AUTOMATED BROTH MICRოდILUTION, CLSI</i>	SENSITIVE		
FOSFOMYCIN <i>by AUTOMATED BROTH MICRოდILUTION, CLSI</i> Concentration: 64 µg/mL	SENSITIVE		
LEVOFLOXACIN <i>by AUTOMATED BROTH MICRოდILUTION, CLSI</i> Concentration: 2 µg/mL	SENSITIVE		
NETLIMICIN SULPHATE <i>by AUTOMATED BROTH MICRოდILUTION, CLSI</i> Concentration: 8 µg/mL	SENSITIVE		
PIPERACILLIN+TAZOBACTAM <i>by AUTOMATED BROTH MICRოდILUTION, CLSI</i> Concentration: 16/4 µg/mL	SENSITIVE		
TICARCILLIN+CLAVULANIC ACID <i>by AUTOMATED BROTH MICRოდILUTION, CLSI</i> Concentration: 16/2 µg/mL	SENSITIVE		
TRIMETHOPRIM+SULPHAMETHAZOLE <i>by AUTOMATED BROTH MICRოდILUTION, CLSI</i> Concentration: 2/38 µg/mL	RESISTANT		
CEFIPIME <i>by AUTOMATED BROTH MICRოდILUTION, CLSI</i>	SENSITIVE		



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Test Name	Value	Unit	Biological Reference interval
Concentration: 2 µg/mL			
<b>DORIPENEM</b> by AUTOMATED BROTH MICRODILUTION, CLSI	SENSITIVE		
Concentration: 1 µg/mL			
<b>IMIPINEM</b> by AUTOMATED BROTH MICRODILUTION, CLSI	SENSITIVE		
Concentration: 1 µg/mL			
<b>MEROPENEM</b> by AUTOMATED BROTH MICRODILUTION, CLSI	SENSITIVE		
Concentration: 1 µg/mL			
<b>COLISTIN</b> by AUTOMATED BROTH MICRODILUTION, CLSI	SENSITIVE		
Concentration: 0.06 µg/mL			

#### INTERPRETATION:

1. In urine culture and sensitivity, presence of more than 100,000 organism per mL in midstream sample of urine is considered clinically significant. However in symptomatic patients, a smaller number of bacteria (100 to 10000/mL) may signify infection.
2. Colony count of 100 to 10000/ mL indicate infection, if isolate from specimen obtained by suprapubic aspiration or "in-and-out" catheterization or from patients with indwelling catheters.

#### SUSCEPTIBILITY:

1. A test interpreted as **SENSITIVE** implies that infection due to isolate may be appropriately treated with the dosage of an antimicrobial agent recommended for that type of infection and infecting species, unless otherwise indicated..
2. A test interpreted as **INTERMEDIATE** implies that the "infection due to the isolate may be appropriately treated in body sites where the drugs are physiologically concentrated or when a high dosage of drug can be used".
3. A test interpreted as **RESISTANT** implies that the "isolates are not inhibited by the usually achievable concentration of the agents with normal dosage, schedule and/or fall in the range where specific microbial resistance mechanism are likely (e.g. beta-lactamases), and clinical efficacy has not been reliable in treatment studies.

#### CAUTION:

Conditions which can cause a false Negative culture:

1. Patient is on antibiotics. Please repeat culture post therapy.
2. Anaerobic bacterial infection.
3. Fastidious aerobic bacteria which are not able to grow on routine culture media.
4. Besides all these factors, at least in 25-40 % of cases there is no direct correlation between in vivo clinical picture.
5. Renal tuberculosis to be confirmed by AFB studies.

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



  
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