NAME	: Mr. JASDEV SINGH			
AGE/ GENDER	: 66 YRS/MALE		PATIENT ID	: 1697964
COLLECTED BY	:		REG. NO./LAB NO.	: 012412130018
REFERRED BY	:		<b>REGISTRATION DATE</b>	: 13/Dec/2024 09:52 AM
BARCODE NO.	: 01522393		COLLECTION DATE	: 13/Dec/2024 09:54AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		<b>REPORTING DATE</b>	: 13/Dec/2024 10:22AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMB/	ALA CANT	Г	
Test Name		Value	Unit	<b>Biological Reference interval</b>
		HAEM	IATOLOGY	
	COMP	LETE B	LOOD COUNT (CBC)	
RED BLOOD CELLS	S (RBCS) COUNT AND INDICES			
HAEMOGLOBIN (H		14	gm/dL	12.0 - 17.0
RED BLOOD CELL (	RBC) COUNT	5.03 <sup>H</sup>	Millions/	/cmm 3.50 - 5.00
PACKED CELL VOL	UME (PCV) NUTOMATED HEMATOLOGY ANALYZER	42.8	%	40.0 - 54.0
	AR VOLUME (MCV) NUTOMATED HEMATOLOGY ANALYZER	85	fL	80.0 - 100.0
	AR HAEMOGLOBIN (MCH) NUTOMATED HEMATOLOGY ANALYZER	27.8	pg	27.0 - 34.0
	AR HEMOGLOBIN CONC. (MCHC)	32.7	g/dL	32.0 - 36.0
	UTION WIDTH (RDW-CV) NUTOMATED HEMATOLOGY ANALYZER	14.2	%	11.00 - 16.00
	UTION WIDTH (RDW-SD) NUTOMATED HEMATOLOGY ANALYZER	45	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED		16.9	RATIO	BETA THALASSEMIA TRAIT: - 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INI by CALCULATED	DEX	23.97	RATIO	BETA THALASSEMIA TRAIT:< 65.0 IRON DEFICIENCY ANEMIA: > 65.0
WHITE BLOOD CE				
FOTAL LEUCOCYTH	E COUNT (TLC) y by sf cube & microscopy	8340	/cmm	4000 - 11000
by AUTOMATED 6 PAI	BLOOD CELLS (nRBCS) rt hematology analyzer	NIL		0.00 - 20.00
	BLOOD CELLS (nRBCS) %	NIL	%	< 10 %



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Test Name		Value	Unit	Biological Reference interval
DIFFERENTIAL LE	UCOCYTE COUNT (DLC)			5
NEUTROPHILS	Y BY SF CUBE & MICROSCOPY	55	%	50 - 70
LYMPHOCYTES	Y BY SF CUBE & MICROSCOPY	28	%	20 - 40
EOSINOPHILS	Y BY SF CUBE & MICROSCOPY	11 <sup>H</sup>	%	1 - 6
MONOCYTES	Y BY SF CUBE & MICROSCOPY	6	%	2 - 12
BASOPHILS	Y BY SF CUBE & MICROSCOPY	0	%	0 - 1
	CYTES (WBC) COUNT			
ABSOLUTE NEUTR	OPHIL COUNT y by sf cube & microscopy	4587	/cmm	2000 - 7500
ABSOLUTE LYMPH by FLOW CYTOMETR	OCYTE COUNT y by sf cube & microscopy	2335	/cmm	800 - 4900
ABSOLUTE EOSINO	OPHIL COUNT y by sf cube & microscopy	917 <sup>H</sup>	/cmm	40 - 440
ABSOLUTE MONOC	CYTE COUNT y by sf cube & microscopy	500	/cmm	80 - 880
ABSOLUTE BASOP	HIL COUNT y by sf cube & microscopy	0	/cmm	0 - 110
PLATELETS AND (	OTHER PLATELET PREDICTIVE	MARKERS.		
PLATELET COUNT by hydro dynamic f	(PLT) FOCUSING, ELECTRICAL IMPEDENCE	184000	/cmm	150000 - 450000
PLATELETCRIT (PC by hydro dynamic f	CT) FOCUSING, ELECTRICAL IMPEDENCE	0.23	%	0.10 - 0.36
MEAN PLATELET V by hydro dynamic f	OLUME (MPV) FOCUSING, ELECTRICAL IMPEDENCE	12 <sup>H</sup>	fL	6.50 - 12.0
	CELL COUNT (P-LCC) FOCUSING, ELECTRICAL IMPEDENCE	77000	/cmm	30000 - 90000
	CELL RATIO (P-LCR) FOCUSING, ELECTRICAL IMPEDENCE	41.6	%	11.0 - 45.0
by HYDRO DYNAMIC F	BUTION WIDTH (PDW) FOCUSING, ELECTRICAL IMPEDENCE	16.8	%	15.0 - 17.0
TOTE. TEST CONDU	CILD ON EDIA WHOLE DLOOD			



NAME

: Mr. JASDEV SINGH

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Test Name	Value	Unit	<b>Biological Reference interval</b>



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CLIENT CODE.	: KOS DIAGNOSTIC LAB	<b>REPORTING DATE</b>	: 13/Dec/2024 01:27PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANT	Т	
Test Name	Value	Unit	Biological Reference interval
	CLINICAL CHEMI	STRY/BIOCHEMIST	RY
	GLUCOS	E FASTING (F)	
GLUCOSE FASTING by GLUCOSE OXIDAS	G (F): PLASMA 96.66 E - PEROXIDASE (GOD-POD)	mg/dL	NORMAL: < 100.0 PREDIABETIC: 100.0 - 125.0 DIABETIC: > 0R = 126.0
INTERPRETATION			

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 is the function of 75 cms of alwors) is recommended for all such patients.

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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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AM	IBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
		τ	UREA	
UREA: SERUM by UREASE - GLUTAN	IATE DEHYDROGENASE (GLDH)	28.34	mg/dL	10.00 - 50.00



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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD	, AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
		CREATIN	IINE	
CREATININE: SERUM by ENZYMATIC, SPECTROPHOTOMETRY		1.4	mg/dL	0.40 - 1.40

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## NAME : Mr. JASDEV SINGH **AGE/ GENDER** : 66 YRS/MALE **PATIENT ID** :1697964 **COLLECTED BY** :012412130018 REG. NO./LAB NO. **REFERRED BY REGISTRATION DATE** : 13/Dec/2024 09:52 AM **BARCODE NO.** :01522393 **COLLECTION DATE** :13/Dec/2024 09:54AM CLIENT CODE. : KOS DIAGNOSTIC LAB **REPORTING DATE** :13/Dec/2024 11:53AM **CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT Value Unit **Biological Reference interval** Test Name

## ENDOCRINOLOGY

## **THYROID STIMULATING HORMONE (TSH)**

THYROID STIMULATING HORMONE (TSH): SERUM by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY) 3rd GENERATION, ULTRASENSITIVE	3.456	µIU/mL	0.35 - 5.50		
INTERPRETATION:					
AGE		REFFERENCE RANGE (µIU/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			
PREGNANCY					

 3rd Trimester
 0.30 - 4.10

 NOTE:-TSH levels are subjected to circardian 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.

0.10 - 3.00

0.20 - 3.00

**USE**:- TSH controls biosynthesis and release of thyroid harmones 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.

1st Trimester

2nd Trimester

3.Hashimotos thyroiditis.

4.DRUGS: Amphetamines, lodine 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 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.



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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT

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Test Name	Value	Unit	<b>Biological Reference interval</b>

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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