

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

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

<b>NAME</b>	: Mr. SWARAN KANTA	<b>PATIENT ID</b>	: 1702160
<b>AGE/ GENDER</b>	: 60 YRS/MALE	<b>REG. NO./LAB NO.</b>	: 012412180005
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 18/Dec/2024 08:12 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 18/Dec/2024 08:15AM
<b>BARCODE NO.</b>	: 01522604	<b>REPORTING DATE</b>	: 18/Dec/2024 10:38AM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
-----------	-------	------	-------------------------------

**CLINICAL CHEMISTRY/BIOCHEMISTRY**

**GLUCOSE FASTING (F)**

GLUCOSE FASTING (F): PLASMA <i>by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)</i>	<b>116.83<sup>H</sup></b>	mg/dL	NORMAL: < 100.0 PREDIABETIC: 100.0 - 125.0 DIABETIC: > OR = 126.0
---	---------------------------	-------	---

**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 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.



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

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



TEST PERFORMED AT: KOS DIAGNOSTIC LAB, AMBALA CANTT.

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

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

<b>NAME</b>	: Mr. SWARAN KANTA	<b>PATIENT ID</b>	: 1702160
<b>AGE/ GENDER</b>	: 60 YRS/MALE	<b>REG. NO./LAB NO.</b>	: 012412180005
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 18/Dec/2024 08:08 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 18/Dec/2024 08:15AM
<b>BARCODE NO.</b>	: 01522604	<b>REPORTING DATE</b>	: 18/Dec/2024 10:58AM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
-----------	-------	------	-------------------------------

**URIC ACID**

URIC ACID: SERUM	5.55	mg/dL	3.60 - 7.70
<i>by URICASE - OXIDASE PEROXIDASE</i>			

**INTERPRETATION:-**

1. GOUT occurs when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint.  
 2. Uric Acid is the end product of purine metabolism . Uric acid is excreted to a large degree by the kidneys and to a smaller degree in the intestinal tract by microbial degradation.

**INCREASED:-**

**(A).DUE TO INCREASED PRODUCTION:-**

1. Idiopathic primary gout.
2. Excessive dietary purines (organ meats, legumes, anchovies, etc).
3. Cytolytic treatment of malignancies especially leukemias & lymphomas.
4. Polycythemai vera & myeloid metaplasia.
5. Psoriasis.
6. Sickle cell anaemia etc.

**(B).DUE TO DECREASED EXCRETION (BY KIDNEYS)**

1. Alcohol ingestion.
2. Thiazide diuretics.
3. Lactic acidosis.
4. Aspirin ingestion (less than 2 grams per day ).
5. Diabetic ketoacidosis or starvation.
6. Renal failure due to any cause etc.

**DECREASED:-**

**(A).DUE TO DIETARY DEFICIENCY**

1. Dietary deficiency of Zinc, Iron and molybdenum.
2. Fanconi syndrome & Wilsons disease.
3. Multiple sclerosis .
4. Syndrome of inappropriate antidiuretic hormone (SIADH) secretion & low purine diet etc.

**(B).DUE TO INCREASED EXCRETION**

1. Drugs:-Probenecid , sulphipyrazone, aspirin doses (more than 4 grams per day), corticosteroids and ACTH, anti-coagulants and estrogens etc.



*Chopra*

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

*Chopra*

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



TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

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

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

<b>NAME</b>	: Mr. SWARAN KANTA	<b>PATIENT ID</b>	: 1702160
<b>AGE/ GENDER</b>	: 60 YRS/MALE	<b>REG. NO./LAB NO.</b>	: 012412180005
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 18/Dec/2024 08:08 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 18/Dec/2024 08:15AM
<b>BARCODE NO.</b>	: 01522604	<b>REPORTING DATE</b>	: 18/Dec/2024 10:38AM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
-----------	-------	------	-------------------------------

**ENDOCRINOLOGY**

**THYROID FUNCTION TEST: TOTAL**

TRIIODOTHYRONINE (T3): SERUM <i>by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)</i>	0.96	ng/mL	0.35 - 1.93
THYROXINE (T4): SERUM <i>by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)</i>	8.9	µg/dL	4.87 - 12.60
THYROID STIMULATING HORMONE (TSH): SERUM <i>by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)</i> 3rd GENERATION, ULTRASENSITIVE	1.913	µIU/mL	0.35 - 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 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:-**

- 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.
- 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).
- 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.
- 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
6 - 12 Months	0.74 - 2.40	6 - 12 Months	7.10 – 16.16	6 – 12 Months	0.70 - 7.00



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

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



TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

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

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

<b>NAME</b>	: Mr. SWARAN KANTA	<b>PATIENT ID</b>	: 1702160
<b>AGE/ GENDER</b>	: 60 YRS/MALE	<b>REG. NO./LAB NO.</b>	: 012412180005
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 18/Dec/2024 08:08 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 18/Dec/2024 08:15AM
<b>BARCODE NO.</b>	: 01522604	<b>REPORTING DATE</b>	: 18/Dec/2024 10:38AM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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 ( $\mu$ IU/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

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



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

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

