

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

NAME : Dr. GULVEER CHADHA  
AGE/ GENDER : 84 YRS/Male  
COLLECTED BY : SURJESH  
REFERRED BY :  
BARCODE NO. : 01522909  
CLIENT CODE. : KOS DIAGNOSTIC LAB  
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1707305  
REG. NO./LAB NO. : 012412240005  
REGISTRATION DATE : 24/Dec/2024 10:06 AM  
COLLECTION DATE : 24/Dec/2024 10:21AM  
REPORTING DATE : 24/Dec/2024 11:56AM

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

CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE FASTING (F)

|  |       |       |   |
|--|-------|-------|---|
| GLUCOSE FASTING (F): PLASMA<br>by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD) | 91.23 | mg/dL | NORMAL: < 100.0<br>PREDIABETIC: 100.0 - 125.0<br>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.



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**CHOLESTEROL: SERUM**

|  |        |       |  |
|--|--------|-------|--|
| <b>CHOLESTEROL TOTAL: SERUM</b><br><i>by CHOLESTEROL OXIDASE PAP</i> | 183.69 | mg/dL | OPTIMAL: < 200.0<br>BORDERLINE HIGH: 200.0 - 239.0<br>HIGH CHOLESTEROL: > OR = 240.0 |
|--|--------|-------|--|

**INTERPRETATION:**

| NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014) | CHOLESTEROL IN ADULTS (mg/dL) | CHOLESTEROL IN ADULTS (mg/dL) |
|---|-------------------------------|-------------------------------|
| DESIRABLE   | < 200.0                       | < 170.0                       |
| BORDERLINE HIGH                                       | 200.0 – 239.0                 | 171.0 – 199.0                 |
| HIGH  | >= 240.0                      | >= 200.0                      |

**NOTE:**

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- As per National Lipid association - 2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.



  
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## ENDOCRINOLOGY

### THYROID STIMULATING HORMONE (TSH)

THYROID STIMULATING HORMONE (TSH): SERUM **8.615<sup>H</sup>**  $\mu$ IU/mL 0.35 - 5.50

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





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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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