



			(Pathology)
NAME	: Mrs. DARSHIKHA GARG		
GE/ GENDER	: 30 YRS/FEMALE	PATIENT ID	: 1721477
OLLECTED BY	: SURJESH	REG. NO./LAB NO.	: 012501110020
EFERRED BY	:	<b>REGISTRATION DATE</b>	: 11/Jan/2025 11:22 AM
ARCODE NO.	: 01523748	COLLECTION DATE	: 11/Jan/2025 11:26AM
LIENT CODE.	: KOS DIAGNOSTIC LAB	<b>REPORTING DATE</b>	: 11/Jan/2025 12:10PM
LIENT ADDRESS	: 6349/1, NICHOLSON ROAI	D, AMBALA CANTT	
'est Name		Value Unit	Biological Reference interval
	CLIN	ICAL CHEMISTRY/BIOCHEMIST CALCIUM	'RY
		0.07	8.50 - 10.60
CALCIUM: SERUM by ARSENAZO III, SPE	CTROPHOTOMETRY	9.87 mg/dL	8.30 - 10.00

1. Due to the absence or impaired function of the parathyroid glands or impaired vitamin-D synthesis.

2. Chronic renal failure is also frequently associated with hypocalcemia due to decreased vitamin-D synthesis as well as hyperphosphatemia and skeletal resistance to the action of parathyroid hormone (PTH).

3. NOTE: A characteristic symptom of hypocalcemia is latent or manifest tetany and osteomalacia.

## HYPERCALCEMIA (INCREASE CALCIUM LEVELS) CAUSES:-

1. Increased mobilization of calcium from the skeletal system or increased intestinal absorption.

2.Primary hyperparathyroidism (pHPT)

3.Bone metastasis of carcinoma of the breast, prostate, thyroid gland, or lung

NOTE:-Severe hypercalcemia may result in cardiac arrhythmia.



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.



TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



	Dr. Vinay Chopra		Chopra	
	MD (Pathology & Microbiology)	) MD	Dr. Yugam Chopra MD (Pathology)	
	Chairman & Consultant Patholo	ogist CEO & Consultant	Pathologist	
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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CAN	TT		
Test Name	Value	Unit	<b>Biological Reference interval</b>	
	ENDO	OCRINOLOGY		
	FREE TH	IYROXINE (FT4)		
FREE THYROXINE		ng/dL	0.70 - 1.50	
by ECLIA (ELECTROCH	HEMILUMINESCENCE IMMUNOASSAY)	iig/ uii	0.10 1.00	
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		YUGAM CHOPRA		
200 Star 200 Star				
SCOLD SHOLL		NSULTANT PATHOLOGIST		
126-22	MBBS, MD (PATHOLOGY & MICROBIOLOGY) MB	BS , MD (PATHOLOGY)		

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	Dr. Vinay Ch MD (Pathology & Chairman & Cor		Dr. Yugam MD (I CEO & Consultant F	Pathology)
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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD,	AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interva
	ATING HORMONE (TSH): SERI		<b>G HORMONE (TSI</b> μIU/mL	<b>H)</b> 0.35 - 5.50
by CMIA (CHEMILUMIN 3rd GENERATION, ULT	ATING HORMONE (TSH): SERI	UM 2.345		
by CMIA (CHEMILUMIN 3rd GENERATION, ULT	ATING HORMONE (TSH): SERI iescent microparticle immunoa rasensitive	UM 2.345	µIU/mL	0.35 - 5.50
by CMIA (CHEMILUMIN Brd GENERATION, ULT	ATING HORMONE (TSH): SERI	UM 2.345		0.35 - 5.50
by CMIA (CHEMILUMIN Brd GENERATION, ULT	ATING HORMONE (TSH): SERI iescent microparticle immunoa rasensitive AGE	UM 2.345	µIU/mL	0.35 - 5.50
by CMIA (CHEMILUMIN 3rd GENERATION, ULT	ATING HORMONE (TSH): SERI IESCENT MICROPARTICLE IMMUNOA RASENSITIVE AGE 0 – 5 DAYS	UM 2.345	µIU/mL <u>REFFERENCE RANGE (µ</u> 0.70 – 15.20	0.35 - 5.50
by CMIA (CHEMILUMIN 3rd GENERATION, ULT	ATING HORMONE (TSH): SERI IESCENT MICROPARTICLE IMMUNOA RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months	UM 2.345	μΙU/mL <b>REFFERENCE RANGE (μ</b> 0.70 – 15.20 0.70 – 11.00 0.70 – 8.40 0.70 – 7.00	0.35 - 5.50
by CMIA (CHEMILUMIN 3rd GENERATION, ULT	ATING HORMONE (TSH): SERI IESCENT MICROPARTICLE IMMUNOA RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years 6 – 10 Years	UM 2.345	μΙU/mL <b>REFFERENCE RANGE (μ</b> 0.70 – 15.20 0.70 – 11.00 0.70 – 8.40 0.70 – 7.00 0.60 – 5.50	0.35 - 5.50
by CMIA (CHEMILUMIN Brd GENERATION, ULT <u>INTERPRETATION:</u>	ATING HORMONE (TSH): SERI IESCENT MICROPARTICLE IMMUNOA RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years 6 – 10 Years 11 - 15	UM 2.345	μΙU/mL <b>REFFERENCE RANGE (μ</b> 0.70 – 15.20 0.70 – 11.00 0.70 – 8.40 0.70 – 7.00 0.60 – 5.50 0.50 – 5.50	0.35 - 5.50
by CMIA (CHEMILUMIN Brd GENERATION, ULT <u>INTERPRETATION:</u>	ATING HORMONE (TSH): SERI IESCENT MICROPARTICLE IMMUNOA RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years 6 – 10 Years	UM 2.345 SSAY)	μΙU/mL <b>REFFERENCE RANGE (μ</b> 0.70 – 15.20 0.70 – 11.00 0.70 – 8.40 0.70 – 7.00 0.60 – 5.50	0.35 - 5.50
by CMIA (CHEMILUMIN Brd GENERATION, ULT <u>INTERPRETATION:</u>	ATING HORMONE (TSH): SERI IESCENT MICROPARTICLE IMMUNOA RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years 6 – 10 Years 11 - 15 > 20 Years (Adults)	UM 2.345	μΙU/mL <b>REFFERENCE RANGE (μ</b> 0.70 – 15.20 0.70 – 11.00 0.70 – 8.40 0.70 – 7.00 0.60 – 5.50 0.50 – 5.50 0.27 – 5.50	0.35 - 5.50
by CMIA (CHEMILUMIN 3rd GENERATION, ULT <u>INTERPRETATION:</u>	ATING HORMONE (TSH): SERI JESCENT MICROPARTICLE IMMUNOA RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years 6 – 10 Years 11 - 15 > 20 Years (Adults) 1st Trimester	UM 2.345 SSAY)	μΙU/mL <b>REFFERENCE RANGE (μ</b> 0.70 – 15.20 0.70 – 11.00 0.70 – 8.40 0.70 – 7.00 0.60 – 5.50 0.50 – 5.50 0.27 – 5.50 0.10 - 3.00	0.35 - 5.50
by CMIA (CHEMILUMIN 3rd GENERATION, ULT <u>INTERPRETATION:</u>	ATING HORMONE (TSH): SERI IESCENT MICROPARTICLE IMMUNOA RASENSITIVE AGE 0 – 5 DAYS 6 Days – 2 Months 3 – 11 Months 1 – 5 Years 6 – 10 Years 11 - 15 > 20 Years (Adults)	UM 2.345 SSAY)	μΙU/mL <b>REFFERENCE RANGE (μ</b> 0.70 – 15.20 0.70 – 11.00 0.70 – 8.40 0.70 – 7.00 0.60 – 5.50 0.50 – 5.50 0.27 – 5.50	0.35 - 5.50

**KOS Diagnostic Lab** 

(A Unit of KOS Healthcare)

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 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.

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.
- 4.DRUGS: Amphetamines, lodine containing agents and dopamine antagonist.

## 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.

8. Pregnancy: 1st and 2nd Trimester

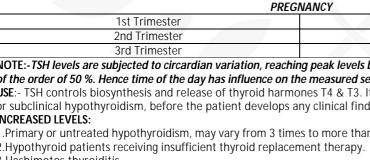


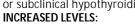


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- 3. Hashimotos thyroiditis.
- 5.Neonatal period, increase in 1st 2-3 days of life due to post-natal surge







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## 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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