

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

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

NAME	: Mrs. RAJNI BHASIN	PATIENT ID	: 1750829
AGE/ GENDER	: 58 YRS/FEMALE	REG. NO./LAB NO.	: 012502090035
COLLECTED BY	:	REGISTRATION DATE	: 09/Feb/2025 11:08 AM
REFERRED BY	:	COLLECTION DATE	: 09/Feb/2025 11:10AM
BARCODE NO.	: 01525214	REPORTING DATE	: 09/Feb/2025 12:17PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE FASTING (F)

GLUCOSE FASTING (F): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)	107.44^H	mg/dL	NORMAL: < 100.0 PREDIABETIC: 100.0 - 125.0 DIABETIC: > OR = 126.0
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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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BARCODE NO.	: 01525214	REPORTING DATE	: 09/Feb/2025 12:43PM
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ENDOCRINOLOGY

THYROID FUNCTION TEST: FREE

FREE TRIIODOTHYRONINE (FT3): SERUM <i>by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)</i>	3.23	pg/mL	1.60 - 3.90
FREE THYROXINE (FT4): SERUM <i>by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)</i>	1.14	ng/dL	0.70 - 1.50
THYROID STIMULATING HORMONE (TSH): SERUM <i>by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)</i>	1.39	μIU/mL	0.35 - 5.50

3rd GENERATION, ULTRA SENSITIVE

INTERPRETATION:

1. FT3 & FT4 are metabolic active form of thyroid hormones and correlate much better with clinical condition of the patient as compared to Total T4 levels. High FT3 & FT4 with normal TSH Levels and abnormal thyroid function (Total Thyroid) can occasionally be seen in cases of PERIPHERAL THYROID HORMONE RESISTANCE

2. 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.

INCREASED TSH LEVELS:

1. Primary hypothyroidism is accompanied by depressed serum FT3 & FT4 values and elevated serum TSH levels. 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. Hashimoto's thyroiditis

4. DRUGS: Amphetamines, idonie containing agents & dopamine antagonist.

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

DECREASED TSH LEVELS:

1. Primary hyperthyroidism is accompanied by elevated serum FT3 & FT4 values along with depressed TSH 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.

8. Pregnancy: 1st Trimester

NOTE:

1. High FT3 levels accompanied by normal FT4 levels and depressed TSH levels may be seen T3 thyrotoxicosis, central hypothyroidism occurs due to pituitary or thalamic malfunction

2. Secondary & Tertiary hypothyroidism, this relatively rare but important condition is indicated by presence of low serum FT3 and FT4 levels, in conjugation with TSH levels that are paradoxically either low/normal or are not elevated to levels that are expected.

*** End Of Report ***





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