

### **KOS Diagnostic Lab**

(A Unit of KOS Healthcare)



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

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

NAME : Baby. KHANAK

**AGE/ GENDER** : 3 MONTH(S)/FEMALE **PATIENT ID** : 1810800

COLLECTED BY : SURJESH REG. NO./LAB NO. : 012503290044

 REFERRED BY
 : 29/Mar/2025 12:10 PM

 BARCODE NO.
 : 01527990
 COLLECTION DATE
 : 29/Mar/2025 12:17 PM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 29/Mar/2025 01:50 PM

**CLIENT ADDRESS**: 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

# CLINICAL CHEMISTRY/BIOCHEMISTRY BILIRUBIN TOTAL

BILIRUBIN TOTAL: SERUM 0.25 mg/dL INFANT: 0.20 - 8.00

by DIAZOTIZATION, SPECTROPHOTOMETRY ADULT: 0.00 - 1.20



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





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### **ENDOCRINOLOGY**

#### THYROID STIMULATING HORMONE (TSH)

THYROID STIMULATING HORMONE (TSH): SERUM 16.161H

μIU/mL 0.58 - 11.0

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

3rd GENERATION, ULTRASENSITIVE

#### **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
PRE	GNANCY
1st Trimester	0.10 - 3.00
2nd Trimester	0.20 - 3.00
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.

**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.
- 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 harmone in treatment of hypothyroidism.
- 3. Autonomously functioning Thyroid adenoma
- 4. Secondary pituatary or hypothalmic hypothyroidism
- 5. Acute psychiatric illness
- 6.Severe dehydration.



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

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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