

PKR JAIN HEALTHCARE INSTITUTE NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

■ 0171-2532620, 8222896961 **■** pkrjainhealthcare@gmail.com

NAME : Mrs. RANJI

AGE/ GENDER : 30 YRS/FEMALE **PATIENT ID** : 1621947

COLLECTED BY : 122409230003 REG. NO./LAB NO.

REFERRED BY **REGISTRATION DATE** : 23/Sep/2024 08:50 AM BARCODE NO. : 12504868 **COLLECTION DATE** : 23/Sep/2024 08:56AM CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE REPORTING DATE : 23/Sep/2024 10:51AM

CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

Test Name Value Unit **Biological Reference interval**

> **HAEMATOLOGY HAEMOGLOBIN (HB)**

HAEMOGLOBIN (HB) 10.8^L qm/dL 12.0 - 16.0

by CALORIMETRIC

INTERPRETATION:-

Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the bodys tissues and returns carbon dioxide from the tissues back to the lungs.

A low hemoglobin level is referred to as ANEMIA or low red blood count.

ANEMIA (DECRESED HAEMOGLOBIN):

1) Loss of blood (traumatic injury, surgery, bleeding, colon cancer or stomach ulcer)

2) Nutritional deficiency (iron, vitamin B12, folate)

- 3) Bone marrow problems (replacement of bone marrow by cancer)
- 4) Suppression by red blood cell synthesis by chemotherapy drugs

5) Kidney failure

6) Abnormal hemoglobin structure (sickle cell anemia or thalassemia).

POLYCYTHEMIA (INCREASED HAEMOGLOBIN):

- 1) People in higher altitudes (Physiological)
- 2) Smoking (Secondary Polycythemia)
- 3) Dehydration produces a falsely rise in hemoglobin due to increased haemoconcentration
- 4) Advanced lung disease (for example, emphysema)
- 5) Certain tumors
- 6) A disorder of the bone marrow known as polycythemia rubra vera,
- 7) Abuse of the drug erythropoetin (Epogen) by athletes for blood doping purposes (increasing the amount of oxygen available to the body by chemically raising the production of red blood cells).

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD



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Test Name Value Unit **Biological Reference interval**

ENDOCRINOLOGY

THYROID FUNCTION TEST: TOTAL

TRIIODOTHYRONINE (T3): SERUM 1.32 ng/mL 0.35 - 1.93

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

THYROXINE (T4): SERUM 8.41 4.87 - 12.60 μgm/dL

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

THYROID STIMULATING HORMONE (TSH): SERUM 16.9^H 0.35 - 5.50μIU/mL

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

3rd GENERATION, ULTRASENSITIVE

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 trilodothyronine (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	Т3	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:-

- 1. 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
- 2. 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 (eg: phenytoin, salicylates).
- 3. Serum T4 levles in neonates and infants are higher than values in the normal adult, due to the increased concentration of TBG in neonate serum.
- 4. TSH may be normal in central hypothyroidism, recent rapid correction of hyperthyroidism or hypothroidism, 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	



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Test Name		Value	Unit		Biological Reference interval		
6 - 12 Months	0.74 - 2.40	6 - 12 Months	7.10 – 16.16	6 – 12 Months	0.70 - 7.00		
1 - 10 Years	0.92 - 2.28	1 - 10 Years	6.00 - 13.80	1 – 10 Years	0.60 - 5.50		
11- 19 Years	0.35 - 1.93	11 - 19 Years	4.87- 13.20	11 – 19 Years	0.50 - 5.50		
> 20 years (Adults)	0.35 - 1.93	> 20 Years (Adults)	4.87 - 12.60	> 20 Years (Adults)	0.35-5.50		
RECOMMENDATIONS OF TSH LEVELS DURING PREGNANCY (μΙυ/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, 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.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

*** End Of Report ***



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