

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

## A PIONEER DIAGNOSTIC CENTRE

**NAME** : Mrs. SIMRAN

AGE/ GENDER : 21 YRS/FEMALE **PATIENT ID** : 1549738

**COLLECTED BY** REG. NO./LAB NO. : 122411210018

REFERRED BY **REGISTRATION DATE** : 21/Nov/2024 02:38 PM BARCODE NO. : 12505771 **COLLECTION DATE** : 21/Nov/2024 03:14PM CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE REPORTING DATE : 21/Nov/2024 05:03PM

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

**Value** Unit **Biological Reference interval Test Name** 

### CLINICAL CHEMISTRY/BIOCHEMISTRY **CALCIUM**

CALCIUM: SERUM 10.35 8.50 - 10.60mg/dL

by ARSENAZO III, SPECTROPHOTOMETRY

#### **INTERPRETATION:-**

- 1. Serum calcium (total) estimation is used for the diagnosis and monitoring of a wide range of disorders including diseases of bone, kidney, parathyroid gland, or gastrointestinal tract.
- 2. Calcium levels may also reflect abnormal vitamin D or protein levels.
- 3. The calcium content of an adult is somewhat over 1 kg (about 2% of the body weight). Of this, 99% is present as calcium hydroxyapatite in bones and <1% is present in the extra-osseous intracellular space or extracellular space (ECS).
- 4. In serum, calcium is bound to a considerable extent to proteins (approximately 40%), 10% is in the form of inorganic complexes, and 50% is present as free or ionized calcium.

NOTE:-Calcium ions affect the contractility of the heart and the skeletal musculature, and are essential for the function of the nervous system. In addition, calcium ions play an important role in blood clotting and bone mineralization.

#### HYPOCALCEMIA (LOW CALCIUM LEVELS) CAUSES :-

- 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)



440 Dated 17.5.2012 u/s 80 G OF INCOME TAX ACT. PAN NO. AAAAP1600. REPORT ATTRACTS THE CONDITIONS PRINTED OVERLEAF (P.T.O.)





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

## A PIONEER DIAGNOSTIC CENTRE

**NAME** : Mrs. SIMRAN

**AGE/ GENDER** : 21 YRS/FEMALE **PATIENT ID** : 1549738

**COLLECTED BY** REG. NO./LAB NO. : 122411210018

REFERRED BY **REGISTRATION DATE** : 21/Nov/2024 02:38 PM BARCODE NO. : 12505771 **COLLECTION DATE** : 21/Nov/2024 03:14PM CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE REPORTING DATE : 21/Nov/2024 04:28PM

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

**Value** Unit **Biological Reference interval Test Name** 

## **ENDOCRINOLOGY** THYROID STIMULATING HORMONE (TSH)

THYROID STIMULATING HORMONE (TSH): SERUM 3.48 μIU/mL

0.35 - 5.50

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



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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



440 Dated 17.5.2012 u/s 80 G OF INCOME TAX ACT. PAN NO. AAAAP1600. REPORT ATTRACTS THE CONDITIONS PRINTED OVERLEAF (P.T.O.)





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

## A PIONEER DIAGNOSTIC CENTRE

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

: Mrs. SIMRAN NAME

**AGE/ GENDER** : 21 YRS/FEMALE **PATIENT ID** : 1549738

**COLLECTED BY** REG. NO./LAB NO. : 122411210018

REFERRED BY **REGISTRATION DATE** : 21/Nov/2024 02:38 PM BARCODE NO. : 12505771 **COLLECTION DATE** : 21/Nov/2024 03:14PM CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE REPORTING DATE : 21/Nov/2024 04:28PM

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

**Test Name Value** Unit **Biological Reference interval** 

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



DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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



440 Dated 17.5.2012 u/s 80 G OF INCOME TAX ACT. PAN NO. AAAAP1600. REPORT ATTRACTS THE CONDITIONS PRINTED OVERLEAF (P.T.O.)