



# P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

**A PIONEER DIAGNOSTIC CENTRE**

☎ 0171-2532620, 8222896961 ✉ pkrjainhealthcare@gmail.com

<b>NAME</b>	: Mr. SANJAY KUMAR	<b>PATIENT ID</b>	: 1767368
<b>AGE/ GENDER</b>	: 55 YRS/MALE	<b>REG. NO./LAB NO.</b>	: 122502230003
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 23/Feb/2025 10:47 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 23/Feb/2025 11:18AM
<b>BARCODE NO.</b>	: 12507182	<b>REPORTING DATE</b>	: 23/Feb/2025 12:23PM
<b>CLIENT CODE.</b>	: P.K.R JAIN HEALTHCARE INSTITUTE		
<b>CLIENT ADDRESS</b>	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA		

Test Name	Value	Unit	Biological Reference interval
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## CLINICAL CHEMISTRY/BIOCHEMISTRY

### URIC ACID

URIC ACID: SERUM by URICASE - OXIDASE PEROXIDASE	3.85	mg/dL	3.60 - 7.70
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#### INTERPRETATION:-

1. GOUT occurs when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint.  
2. Uric Acid is the end product of purine metabolism. Uric acid is excreted to a large degree by the kidneys and to a smaller degree in the intestinal tract by microbial degradation.

#### INCREASED:-

##### (A).DUE TO INCREASED PRODUCTION:-

1. Idiopathic primary gout.
2. Excessive dietary purines (organ meats, legumes, anchovies, etc).
3. Cytolytic treatment of malignancies especially leukemias & lymphomas.
4. Polycythemia vera & myeloid metaplasia.
5. Psoriasis.
6. Sickle cell anaemia etc.

##### (B).DUE TO DECREASED EXCRETION (BY KIDNEYS)

1. Alcohol ingestion.
2. Thiazide diuretics.
3. Lactic acidosis.
4. Aspirin ingestion (less than 2 grams per day).
5. Diabetic ketoacidosis or starvation.
6. Renal failure due to any cause etc.

#### DECREASED:-


##### (A).DUE TO DIETARY DEFICIENCY


1. Dietary deficiency of Zinc, Iron and molybdenum.
2. Fanconi syndrome & Wilson's disease.
3. Multiple sclerosis.
4. Syndrome of inappropriate antidiuretic hormone (SIADH) secretion & low purine diet etc.

##### (B).DUE TO INCREASED EXCRETION

1. Drugs:- Probenecid, sulfinpyrazone, aspirin doses (more than 4 grams per day), corticosteroids and ACTH, anti-coagulants and estrogens etc.



  
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## ENDOCRINOLOGY

### THYROID STIMULATING HORMONE (TSH)

THYROID STIMULATING HORMONE (TSH): SERUM **6.08<sup>H</sup>**  $\mu\text{IU/mL}$  0.35 - 5.50

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

3rd GENERATION, ULTRASENSITIVE

#### INTERPRETATION:

AGE	REFERENCE RANGE ( $\mu\text{IU/mL}$ )
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 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.

**USE:-** TSH controls biosynthesis and release of thyroid hormones 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 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.



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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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