Laboratory Test Report

Patient	: Mrs. AANCHAL W/O NITISH	Test Request ID	: 04592009240018
Gender	: 33 Yrs/Female	Specimen Drawn ON	: 24-Sep-2020 08:24AM
Collected AT	: SAHARANPUR DIAGNOSTICS	Specimen Received ON	: 24-Sep-2020 10:29AM
Referred BY	: Dr. TOOLIKA	Report DATE	: 24-Sep-2020 02:01PM
Sample Type	: Serum - 7435451,Urine - 7435452,EDTA Blood - 7435449,Sod.Fluoride - R - 7435450		
Ref Customer	: TOOLIKA NURSING HOME		

Test Description	Observed Value	Biological Reference Range
IMMUNOASSAY		
THYROID STIMULATING HORMONE (TSH)		
TSH (4th Generation)	1.967	0.40-4.20 uIU/mL
Electrochemiluminescence immunoassay (ECLIA)		

PREGNANCY	REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association.)
1st Trimester	0.10-2.50 uIU/mL
2nd Trimester	0.20-3.00 uIU/mL
3rd Trimester	0.30-3.00 uIU/mL

INTERPRETATION-

1. Primary hyperthyroidism is accompanied by elevated serum T3 & T4 values along with depressed TSH level.
2. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values & elevated serum TSH levels.
3. Normal T4 levels accompanied by high T3 levels and low TSH are seen in patients with T3 thyrotoxicosis.
4. Normal or low T3 & high T4 levels indicate T4 thyrotoxicosis (problem is conversion of T4 to T3)
5. Normal T3 & T4 along with low TSH indicate mild / subclinical HYPERTHYROIDISM .
6. Normal T3 & low T4 along with high TSH is seen in HYPOTHYROIDISM .
7. Normal T3 & T4 levels with high TSH indicate Mild / Subclinical HYPOTHYROIDISM .
8. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness , malnutrition , renal failure and during therapy with drugs like propanolol.
9. Although elevated TSH levels are nearly always indicative of primary hypothroidism . rarely they can result from TSH secreting pituitary tumours (seconday hyperthyroidism)

TSH IS DONE BY ULTRASENSITIVE 4th GENERATION CHEMIFLEX ASSAY

COMMENTS:

Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved.The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.

Disclaimer-

TSH is an important marker for the diagnosis of thyroid dysfunction.Recent studies have shown that the TSH distribution progressively shifts to a higher concentration with age ,and it is debatable whether this is due to a real change with age or an increasing proportion of unrecognized thyroid diseasein the elderly.

NOTE-*TSH levels are subject to circardian variation,reaching peak levels between 2-4AM and ninimum between 6-10 PM. The variation is the order of 50% hence time of the day has influence on the measures serum TSH concentration.Dose and time of drug intake also influence the test result.*

Reference ranges are from Teitz fundamental of clinical chemistry 7th ed.

This report has been validated by :

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Ref Customer	: TOOLIKA NURSING HOME		

Test Description	Observed Value	Biological Reference Range
CLINICAL PATHOLOGY		
URINE EXAMINATION ROUTINE		
Gross Examination(Physical Examination)		
Volume	10.0	ml
Colour	PALEYELLOW	PALE YELLOW
Appearance	SLIGHTLY TURBID	CLEAR
Chemical Examination		
Ph Double Indicators Test	6.0	4.6-8.0
Specific Gravity Refractometric	1.030	1.003-1.030
Urine Protein. Protein Error of Indicator	NEGATIVE	NEGATIVE
Urine Glucose. Oxidase Peroxidase Reaction	NEGATIVE	NEGATIVE
Ketone Sodium Nitropruside	NEGATIVE	NEGATIVE
Nitrite Diazotisation Reaction	NEGATIVE	NEGATIVE
Blood Peroxidase Reaction	NEGATIVE	NEGATIVE
Urobilinogen Modified Ehrlich Reaction	NORMAL	NORMAL
Urine Bilirubin Diazotisation	NEGATIVE	NEGATIVE
Leukocyte Diazonization Reaction	++	NEGATIVE
Microscopic Examination(Light Microscopy)		
R.B.C.	NIL	NIL
Pus Cells	10-12	0-3 /HPF
Epithelial Cells	14-15	0-3 /HPF
Casts	NIL	NIL
Crystals	NIL	NIL
Bacteria	+	NIL

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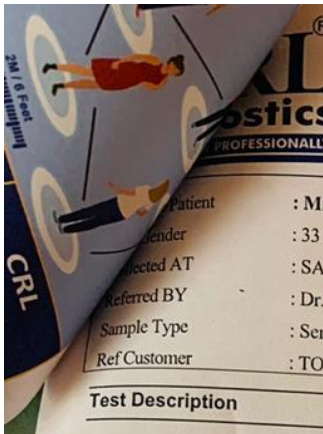

Helpline : 011-42-78-78-78

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Test Description	Observed Value	Biological Reference Range

SEROLOGY

RPR (SEROLOGY FOR SYPHILIS)

RPR(Serology For Syphilis) Floculation	<1:8	<1:8 NON REACTIVE >1:8 REACTIVE

Comment:

Syphilis detection tests are serologic tests used to screen for and confirm infection with Treponema pallidum. These tests have largely replaced direct visualization of spirochetes owing to greater ease of testing, less reliance on observer experience, and less-expensive equipment. The tests are categorized into two serologies: nontreponemal tests and the treponemal tests.

Description:

Nontreponemal tests include the Venereal Disease Research Laboratory (VDRL) test and the rapid plasma reagin (RPR) test.These tests are used to detect immunoglobulin G (IgG) and immunoglobulin M (IgM) antibodies against a cardiolipin-lecithin-cholesterol antigen, which are formed indirectly during infection with T pallidum. Because these antibodies are not specific for T pallidum, false-positive results on nontreponemal tests are frequently encountered in numerous physiologic and pathologic conditions Positive nontreponemal test findings should be confirmed with treponemal serology. Apart from their use in screening and diagnosis, nontreponemal antibody titers are used to measure disease activity, as higher titers are positively correlated with bacterial load.

The specificity rates of syphilis tests are as follows:

RPR/VDRL: 85%-99%
FTA-ABS/TP-PA/EIA: 96%

NOTE-All positive RPR and VDRL test results should prompt follow-up with FTA-ABS or TP-PA. Biologic false-positive results are defined as a positive RPR/VDRL result with a negative FTA-ABS/TP-PA result and are due to reactivity of autoantibodies to the cardiolipin-lecithin-cholesterol reagent present in the nontreponemal tests.

Hepatitis C Antibody ELISA	0.47	Negative <1.0 Positive > 1.0 S/Co

INTRODUCTION

Hepatitis C Virus was identified in 1989 as the main aetiological agent of non-A, non-B hepatitis (NANBH) accounting for greater than 90% of post-transfusion hepatitis cases. HCV is a spherical virus of about 30-60 nm in diameter with single positive stranded RNA and is related to the family flaviviridae. It is considered to be the major cause of acute chronic hepatitis, liver cirrhosis and hepatocellular carcinoma throughout the world. Antibodies to HCV can be detected throughout virtually the total infection period. Therefore, the use of highly sensitive antibody assays is the primary approach in serodiagnosis of HCV infection. The diagnosis of hepatitis C can be easily made by finding elevated serum ALT levels and presence of anti-HCV in serum/plasma.

COMMENTS: Specimens with Sample cut of OD values 1.00 are considered reactive. This is an Antibody detection test and results might depend on

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