







Paliwal Diagnostics (P) Ltd. (NABL Appropried & 150 900) 2015 Certific

Main Lab: 117/H1/02, Pandu Nagar, (Opp. J.K.Temple) Kanpur-208005 CIN No.: U26914UP1997PTC022257

Tel.: 0512-2335500, 2235821, 2232962

diagnostics center what near Airfource gate Harj inder

Dr. Umesh Paliwal

M.D. (Path.) Managing Director & Chief Consultant Ph.D. (Mol. Bio & Biotech) Chief of Lab

Dr. Mridula Paliwal

Mrs. POONAM CHAUHAN

Collected

23/8/2021 9:12:00AM

Lab No.

310572882

Age: 49 Years

Received

: 23/8/2021 9:27:04AM

Gender:

Female Reported 23/8/2021 5:23:57PM

A/c Status

Ref By: Dr. MEENAKSHI SINGH

Report Status

Final

Test Name

Results

Units

Bio. Ref. Interval

CORTISOL, MORNING, SERUM

0.30

µg/dL

3.70 - 19.40

(Chemiluminescent Immunoassay)

Note: Cortisol is best measured in the morning when evaluating for possible Adrenal Insufficiency and best measured in the afternoon or evening to differentiate normal and Cushings Syndrome subjects. Diurnal rhythmicity of cortisol is increased by systemic disease and stress.

Clinical Use

* Direct assessment of Adrenal function

Increased levels: Cushings Syndrome, Ectopic ACTH syndrome, Ectopic CRH syndrome, Adrenal adenoma / carcinoma, Adrenal micronodular dysplasia, Adrenal macronodular hyperplasia, Stress

Decreased Levels - Addisons disease, Pituitary dysfunction

Rahm Gonton

Dr Rahul Gautam DCP, Pathology Consultant Pathologist Dr Laf PathLabs Ltd

Plalimal Dr Umesh Paliwal

MD, Pathology Managing Director Paliwal - Dr Lal PathLabs Ltd

-End of report ---

Test conducted under NABL scope MC-2416, LPL-KANPUR II at KANPUR

IMPORTANT INSTRUCTIONS

*Test results released pertain to the specimen submitted *All test results are dependent on the quality of the sample received by the Laboratory *Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. Sample repeats are accepted on request of Referring Physician within 7 days post reporting. Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted •Certain tests may require further testing at additional cost for derivation of exact value Kindly submit request within 72 hours post reporting Test results may show interlaboratory variations. The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). Test results are not valid for medico legal purposes Contact customer care Tel No. +91-11-39885050 for all queries related to test results. (#) Sample drawn from outside source.



Paliwal Diagnostics (P) Ltd. State Accepted 2 500 5601 500 Community Con No.: 1278914UP19979TC022257

Tel.: 0512-2335500, 22335501, 2230602

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Results	Units	Bio, Ref. Interval
	- Control of the Cont	DIO, Net. Interval
217.50	mg/dL	<200.00
171.00	mg/dL	<150.00
63.93	mg/dL	>50.00
119.37	mg/dL	<100.00
34.20	mg/dL	<30.00
154	mg/dL	<130
	171.00 63.93 119.37 34.20	217.50 mg/dL 171.00 mg/dL 63.93 mg/dL 119.37 mg/dL 34.20 mg/dL

retation

EMARKS	in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL
otimal	<200	<150	<100	<130
ove Optimal	*	-	100-129	130 - 159
rderline High	200-239	150-199	130-159	160 - 189
gh	>=240	200-499	160-189	190 - 219
ry High	-	>=500	>=190	>=220

Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol. NLA-2014 recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.



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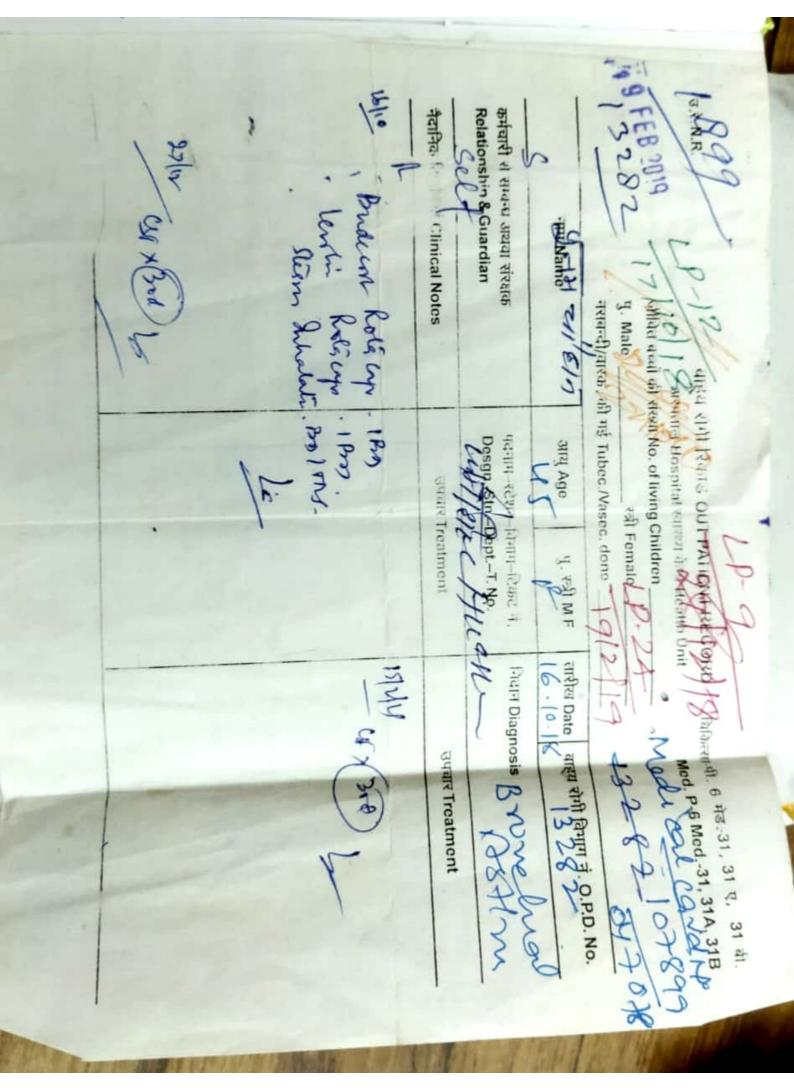
Test Name	Results	Units	Bio. Ref. Interval
THYROID PROFILE, TOTAL, SERUM (Chemiluminescent Immunoassay)			
T3, Total	1.12	ng/mL	0.60 - 1.81
T4, Total	8.80	μg/dL	5.01 - 12.45
TSH	10.93	μIU/mL	0.35 - 5.50

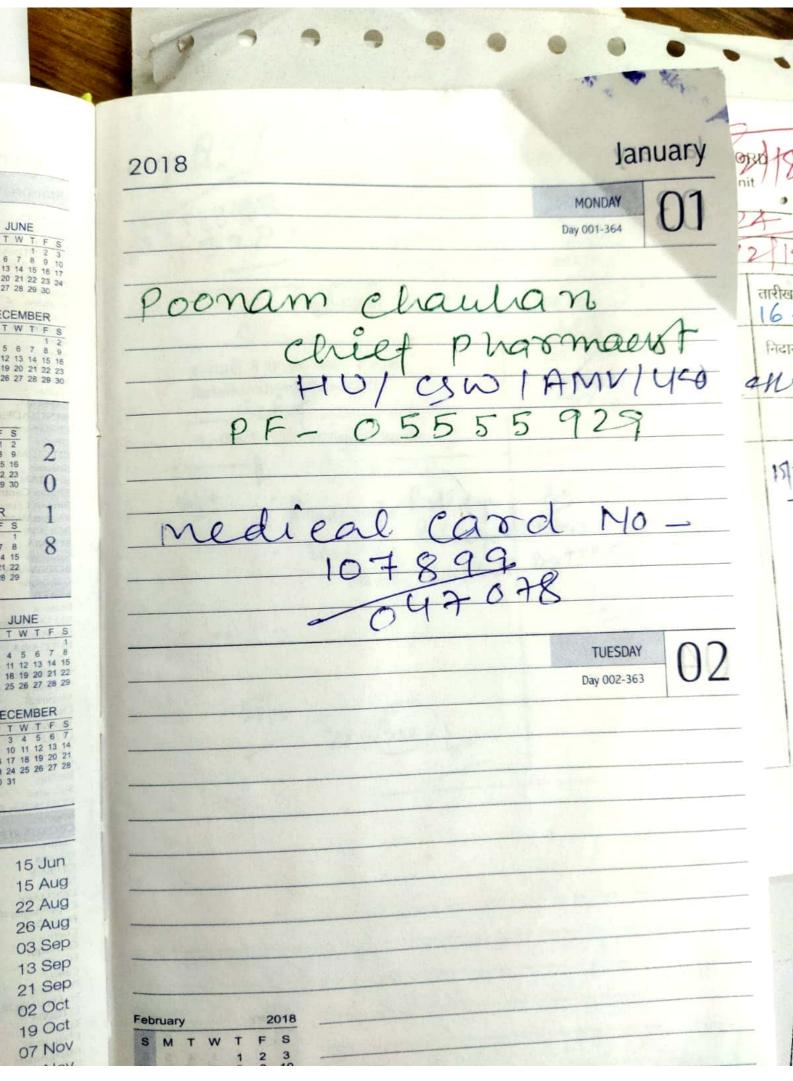
Note

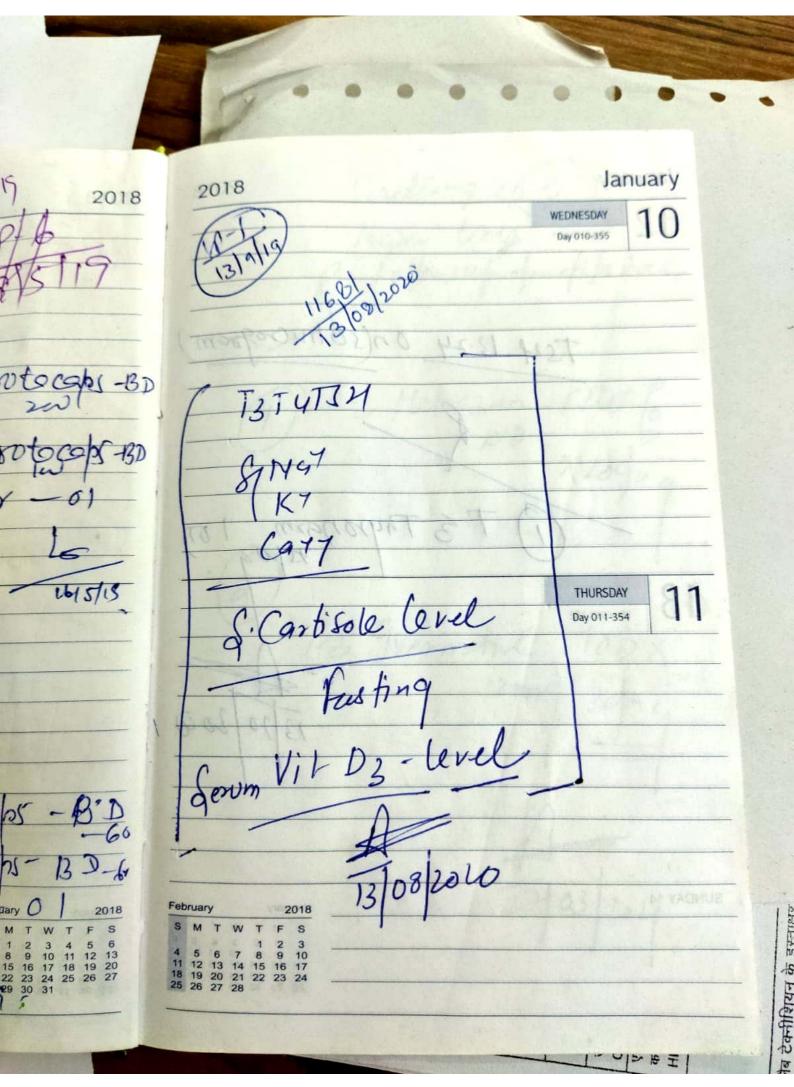
- 1. TSH levels are subject to circadian variation, reaching peak levels between 2 4.a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. hence time of the day has influence on the measured serum TSH concentrations.
- 2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
- 3. Unbound fraction (Free, T4 /Free, T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration
- 4. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals

Interpretation

PREGNANCY	REFERENCE RANGE FOR TSH IN µIU/mL (As per American Thyroid Association)
1st Trimester	0.100 - 2.500
2nd Trimester	0.200 - 3.000
3rd Trimester	0.300- 3.000







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