

Client
Samaja Diagnostics (Chandrasekharpur)

BDA Colony, Chandrasekharpur,
Bhubaneswar, Odisha- 751016

Processed By
Pathkind Diagnostics Pvt. Ltd.

Plot No. C-256, GF, Udyan Marg, Forest Park, Near Shishu Bhawan Square,
Ashok Nagar, Bhubaneswar, Khorda, Odisha- 751009

Name : Mr. DUMMY CL119	Billing Date	: 30/10/2020 16:13:42
Age : 65 Yrs	Sample Collected on	: 30/10/2020 16:17:42
Sex : Male	Sample Received on	: 30/10/2020 18:22:38
P. ID No. : P2000218703	Report Released on	: 04/11/2020 15:47:49
Accession No : 20002020006933	Barcode No.	: 7820315
Referring Doctor : SELF	Ref no.	:
Referred By :		

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
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BIOCHEMISTRY

Thyroid Profile Total

Total T3 (Triiodothyronine)

0.96

0.80 - 2.00

ng/mL

Sample: Serum
Method: ECLIA

Total T4 (Thyroxine)

8.98

5.10 - 14.10

µg/dL

Sample: Serum
Method: ECLIA

TSH 3rd Generation

1.990

0.270 - 4.200

µIU/mL

Sample: Serum
Method: ECLIA

Total T3 (Triiodothyronine)

Clinical Significance :

Thyroid hormones, T3 and T4, which are secreted by the thyroid gland, regulate a number of developmental, metabolic, and neural activities throughout the body. The thyroid gland synthesizes 2 hormones - T3 and T4. T3 production in the thyroid gland constitutes approximately 20% of the total circulating T3, 80% being produced by peripheral conversion from T4. T3 is more potent biologically. Total T3 comprises of Free T3 and bound T3. Bound T3 remains bound to carrier proteins like thyroid-binding globulin, prealbumin, and albumin). Only the free forms are metabolically active. In hyperthyroidism, both T4 and T3 levels are usually elevated, but in some rare cases, only T3 elevation is also seen. In hypothyroidism T4 and T3 levels are both low. T3 levels are frequently low in sick or hospitalized euthyroid patients.

Total T4 (Thyroxine)

Clinical Significance :

Total T4 is synthesized in the thyroid gland. About 0.05% of circulating T4 is in the free or biologically active form. The remainder is bound to thyroxine-binding globulin (TBG), prealbumin, and albumin. High levels of T4 (and FT4) causes hyperthyroidism and low levels lead to hypothyroidism

TSH 3rd Generation

Clinical Significance :

20002020006933 Mr. DUMMY CL119



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TSH levels are elevated in primary hypothyroidism and low in primary hyperthyroidism. Evaluation of TSH is useful in the differential diagnosis of primary from secondary and tertiary hypothyroidism. In primary hypothyroidism, TSH levels are elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal. High TSH level in the presence of normal FT4 is called subclinical hypothyroidism and low TSH with normal FT4 is called subclinical hyperthyroidism. Sick, hospitalized patients may have falsely low or transiently elevated TSH. Significant diurnal

** End of Report**

Surabhi

Dr Surabhi

Lab Head
MD (Pathology)



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HEART	Lipid Profile	Lipid Profile with Direct LDL	Lipid Profile with Direct LDL
DIABETES	FBS, HbA1c	FBS, HbA1c, Microalbumin	FBS, HbA1c, Microalbumin
KIDNEY	BUN, Creatinine, Bun/Creatinine Ratio, Electrolytes, Uric Acid, Urine R/E	BUN, Creatinine, BUN/Creatinine Ratio, Electrolytes, Uric Acid, Urine R/E	BUN, Creatinine, BUN/Creatinine Ratio, Electrolytes, Uric Acid, Urine R/E
BONES	Vitamin D, Calcium	Vitamin D, Calcium, Phosphorus	Vitamin D, Calcium, Phosphorus, Rheumatoid Factor
THYROID	T3, T4, TSH	T3, T4, TSH	FT3, FT4, TSH
NERVES	Vitamin B12	Vitamin B12	Vitamin B12
LIVER	Bilirubin (Total, Direct, Indirect), SGOT, SGPT, ALP, Protein, Albumin, Globulin, A:G Ratio, HBsAg	Bilirubin (Total, Direct, Indirect), SGOT, SGPT, ALP, GGT, LDH, Protein, Albumin, Globulin, A:G Ratio, HBsAg	Bilirubin (Total, Direct, Indirect), SGOT, SGPT, ALP, GGT, LDH, Protein, Albumin, Globulin, A:G Ratio, HBsAg
ANAEMIA	Iron, TIBC, UIBC, % Saturation	Iron, TIBC, UIBC, % Saturation, Ferritin	Iron, TIBC, UIBC, % Saturation, Ferritin, Folic Acid
INFECTION	CBC, ESR	CBC, ESR	CBC, ESR

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