

Patient Name : Ms.AMRITA SINGH	Visit No : CHA250034230
Age/Gender : 33 Y/F	Registration ON : 25/Feb/2025 05: 49PM
Lab No : 10131526	Sample Collected ON : 25/Feb/2025 05: 52PM
Referred By : Dr.VISHAL SINGH NEGI	Sample Received ON : 25/Feb/2025 06: 04PM
Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 25/Feb/2025 07: 54PM
Doctor Advice : CHEST PA,ECG,LIPID-PROFILE,25 OH vit. D,VIT B12,TSH,HBA1C (EDTA),PT/PC/INR,HCV,HBSAg,HIV,LFT,KIDNEY FUNCTION TEST - I,BLOOD GROUP,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
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25 OH vit. D

25 Hydroxy Vitamin D 9.53 ng/ml ECLIA

Deficiency < 10
Insufficiency 10 - 30
Sufficiency 30 - 100
Toxicity > 100

DONE BY: ELECTROCHEMILUMINESCENCE IMMUNOASSAY(Cobas e 411,Unicel DxI600,vitros ECI)

VITAMIN B12

VITAMIN B12 166.0 pg/mL CLIA

180 - 814 Normal
145 - 180 Intermediate
145.0 Deficient pg/ml

Summary :-

Nutritional & macrocytic anemias can be caused by a deficiency of vitamin B12. This deficiency can result from diets devoid of meat & bacterial products, from alcoholism or from structural / functional damage to digestive or absorptive processes. Malabsorption is the major cause of this deficiency.

CHARAK

[Checked By]

Print.Date/Time: 26-02-2025 00:01:02

*Patient Identity Has Not Been Verified. Not For Medicolegal



Shadab Khan

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADABKHAN
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Referred By : Dr.VISHAL SINGH NEGI	Sample Received ON : 25/Feb/2025 06:04PM
Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 25/Feb/2025 07:12PM
Doctor Advice : CHEST PA,ECG,LIPID-PROFILE,25 OH vit. D,VIT B12,TSH,HBA1C (EDTA),PT/PC/INR,HCV,HBSAg,HIV,LFT,KIDNEY FUNCTION TEST - I,BLOOD GROUP,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	1.30	uIU/ml	0.47 - 4.52	ECLIA

Note

- (1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- (2) Patients having low T3 & T4 levels but high TSH levels suffer from grave's disease, toxic adenoma or sub-acute thyroiditis.
- (3) Patients having either low or normal T3 & T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- (4) Patients having high T3 & T4 levels but normal TSH levels may suffer from toxic multinodular goitre. This condition is mostly asymptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- (5) Patient with high or normal T3 & T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 Toxicosis respectively.
- (6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- (7) There are many drugs for eg. Glucocorticoids, dopamine, Lithium, iodides, oral radiographic dyes, etc. Which may affect the thyroid function tests.
- (8) Generally when total T3 & T4 results are indecisive then Free T3 & Free T4 test are recommended for further confirmation along with
(1 Beckman Dxi-600 2. ELECTRO-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -E411)

*** End Of Report ***

CHARAK



[Checked By]



Signature