

Patient Name : Mr.SANJAY CHAURASIYA	Visit No : CHA250035120
Age/Gender : 36 Y/M	Registration ON : 27/Feb/2025 08:03AM
<b>Lab No : 10132416</b>	Sample Collected ON : 27/Feb/2025 08:04AM
Referred By : SELF	Sample Received ON : 27/Feb/2025 08:11AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 27/Feb/2025 11:21AM
Doctor Advice : T3T4TSH,TYPHOID IGG& IGM,LFT	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TYPHOID IGG&amp; IGM</b>				
TYPHOID IgG	POSITIVE		NEGATIVE	
TYPHOID IGM	POSITIVE		NEGATIVE	



[Checked By]

Print.Date/Time: 27-02-2025 11:55:14

\*Patient Identity Has Not Been Verified. Not For Medicolegal

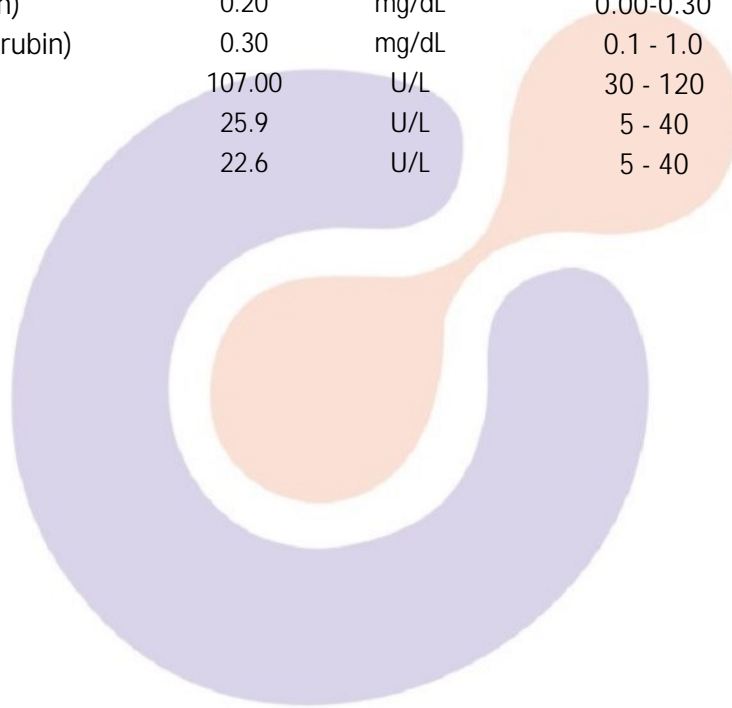
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DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD  
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.50	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.20	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.30	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	107.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	25.9	U/L	5 - 40	UV without P5P
SGOT	22.6	U/L	5 - 40	UV without P5P



**CHARAK**



[Checked By]



*Sham*

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>T3T4TSH</b>				
T3	1.51	nmol/L	1.49-2.96	ECLIA
T4	77.50	n mol/l	63 - 177	ECLIA
TSH	<b>5.20</b>	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 mysedema 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 cacabolic state and may revert tonormal when the patient recovers.
- (7) There are many drugs for eg.Glucocorticoids ,dopamine,Lithium,iodides ,oral radiographic dyes,ets.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-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411 )

\*\*\* End Of Report \*\*\*

CHARAK



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