

Patient Name : Mr.NARENDRA	Visit No : CHA250035135
Age/Gender : 27 Y/M	Registration ON : 27/Feb/2025 08:19AM
<b>Lab No : 10132431</b>	Sample Collected ON : 27/Feb/2025 08:22AM
Referred By : Dr.ANOOP GARG	Sample Received ON : 27/Feb/2025 08:32AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 27/Feb/2025 10:49AM
Doctor Advice : URIC ACID,TSH,LFT	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>URIC ACID</b>				
Sample Type : SERUM				
SERUM URIC ACID	4.2	mg/dL	2.40 - 5.70	Uricase,Colorimetric



**CHARAK**

[Checked By]



Print.Date/Time: 27-02-2025 11:30:02

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

*Sharma*

DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

Dr. SYED SAIF AHMAD  
MD (MICROBIOLOGY)

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Referred By : Dr.ANOOP GARG	Sample Received ON : 27/Feb/2025 08:32AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 27/Feb/2025 09:56AM
Doctor Advice : URIC ACID,TSH,LFT	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.43	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.17	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.26	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	72.50	U/L	30 - 120	PNPP, AMP Buffer
SGPT	<b>50.8</b>	U/L	5 - 40	UV without P5P
SGOT	37.0	U/L	5 - 40	UV without P5P

TSH	Result	Unit	Bio. Ref. Range	Method
TSH	1.70	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 \*\*\*



[Checked By]



*Sham*

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