

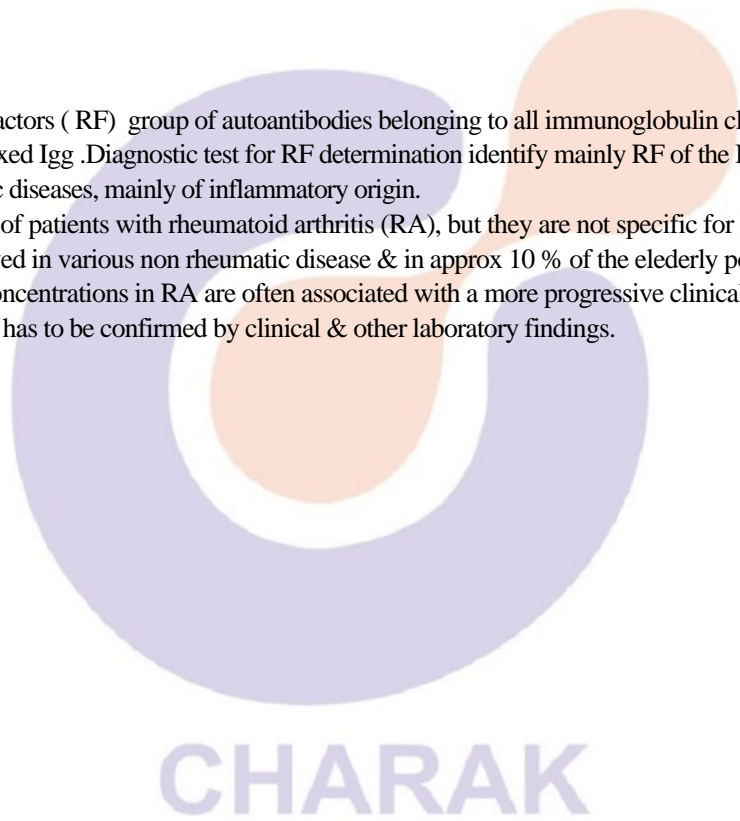
Patient Name : Ms.AZMA	Visit No : CHA250035152
Age/Gender : 40 Y/F	Registration ON : 27/Feb/2025 08: 43AM
Lab No : 10132448	Sample Collected ON : 27/Feb/2025 08: 45AM
Referred By : Dr.LUCKNOW HOSPITAL	Sample Received ON : 27/Feb/2025 08: 58AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 27/Feb/2025 11: 31AM
Doctor Advice : URINE COM. EXMAMINATION,CRP (Quantitative),RF FACTOR,CREATININE,FASTING,URIC ACID,T3T4TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
RF FACTOR				
RHEUMATOID FACTOR	6.00	IU/ml	0 - 14	

SUMMARY : Rheumatoid factors (RF) group of autoantibodies belonging to all immunoglobulin classes directed against the FC fragment of altered or complexed Igg .Diagnostic test for RF determination identify mainly RF of the IgM class which are detectable in several rheumatic diseases, mainly of inflammatory origin.

RF occur in approx 70 -80 % of patients with rheumatoid arthritis (RA), but they are not specific for RA as elevated concentrations are also observed in various non rheumatic disease & in approx 10 % of the elderley population without clinical symptoms of RA. High RF concentrations in RA are often associated with a more progressive clinical course of the disease .However,a positive RF value has to be confirmed by clinical & other laboratory findings.



CHARAK

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*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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
CRP-QUANTITATIVE				

CRP-QUANTITATIVE TEST	9.2	MG/L	0.1 - 6	
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Method: Immunoturbidimetric

(Method: Immunoturbidimetric on photometry system)

SUMMARY : C - reactive protien (CRP) is the best known among the acute phase protiens, a group of protien whose concentration increases in blood as a response to inflammatory disorders.CRP is normally present in low concentration in blood of healthy individuals (< 1mg/L). It is elevated up to 500 mg/L in acute inflammatory processes associated with bacterial infections, post operative conditions tissue damage already after 6 hours reaching a peak at 48 hours.. The measurement of CRP represents a useful aboratory test for detection of acute infection as well as for monitoring inflammtory proceses also in acute rheumatic & gastrointestinal disease. In recent studies it has been shows that in apparently healthy subjects there is a direct orrelation between CRP concentrations & the risk of developing oronary heart disease (CHD).

hsCRP cut off for risk assessment as per CDC/AHA

Level	Risk
<1.0	Low
1.0-3.0	Average
>3.0	High

All reports to be clinically corelated

URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	9.4	mg/dL	2.40 - 5.70	Uricase,Colorimetric

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URINE EXAMINATION REPORT

Colour-U	STRAW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.010		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	Absent	mg/dl	ABSENT	Dipstick
Glucose	Absent			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	

MICROSCOPIC EXAMINATION

Pus cells / hpf	Nil	/hpf	< 5/hpf
Epithelial Cells	5-6	/hpf	0 - 5
RBC / hpf	Nil		< 3/hpf

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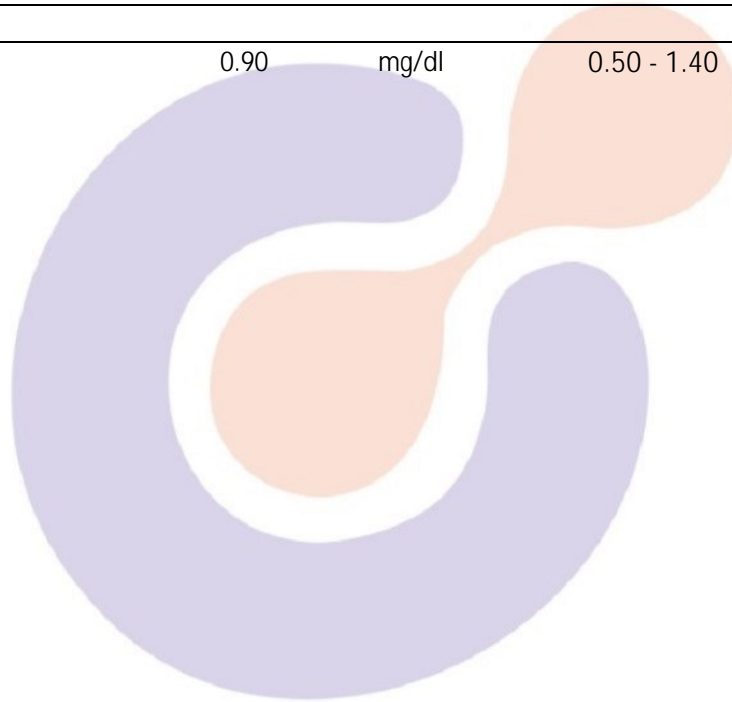
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Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	102.8	mg/dl	70 - 110	Hexokinase
SERUM CREATININE				
CREATININE	0.90	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic



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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.13	nmol/L	1.49-2.96	ECLIA
T4	173.00	n mol/l	63 - 177	ECLIA
TSH	0.05	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 ***



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