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| Patient Name : Mr.SAMIULLAH ANSARI | Visit No : CHA250035439 |
| Age/Gender : 27 Y/M | Registration ON : 27/Feb/2025 12: 45PM |
| Lab No : 10132735 | Sample Collected ON : 27/Feb/2025 12: 47PM |
| Referred By : Dr.KGMU | Sample Received ON : 27/Feb/2025 01: 00PM |
| Refer Lab/Hosp : CHARAK NA | Report Generated ON : 27/Feb/2025 02: 00PM |
| Doctor Advice : TSH,VIT B12,25 OH vit. D | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

25 OH vit. D

25 Hydroxy Vitamin D 37.21 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 180.1 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: 27-02-2025 14:35:55

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------|--------|--------|-----------------|--------|
| TSH | | | | |
| TSH | 1.40 | 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



Signature