

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

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CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Dr. YASMIN

Age/Gender : 32 Y 0 M 0 D /F **Lab No** : **10132751** 

Referred By : SELF

SERUM URIC ACID

P.R.

Refer Lab/Hosp : CHARAK NA

Doctor Advice : URIC ACID,T3T4TSH

Visit No : CHA250035455

Registration ON : 27/Feb/2025 12:54PM

Sample Collected ON : 27/Feb/2025 12:56PM

Sample Received ON : 27/Feb/2025 01:00PM

Report Generated ON : 27/Feb/2025 02:00PM



Uricase, Colorimetric

Test Name	Result	Unit	Bio. Ref. Range	Method
URIC ACID				
Sample Type : SERUM				





Dogume



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Patient Name : Dr. YASMIN Visit No : CHA250035455

Age/Gender : 32 Y O M O D /F Registration ON : 27/Feb/2025 12:54PM

Lab No : 10132751 Sample Collected ON : 27/Feb/2025 12:56PM Referred By : SELF Sample Received ON : 27/Feb/2025 01:01PM

Refer Lab/Hosp : CHARAK NA Report Generated ON : 27/Feb/2025 02:21PM Doctor Advice : URIC ACID,T3T4TSH

Test Name	Result	Unit	Bio. Ref. Range	Method	
T3T4TSH					
T3	2.13	nmol/L	1.49-2.96	ECLIA	
T4	154.01	n mol/l	63 - 177	ECLIA	
TSH	0.19	uIU/ml	0.47 - 4.52	ECLIA	

NOTE – Findings checked twice. Please correlate clinically.

## Note

PR.

- (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
- (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 \*\*\*



