

Patient Name : Mr. RAJESH KUMAR GUPTA	Visit No : CHA250038397
Age/Gender : 62 Y/M	Registration ON : 03/Mar/2025 04:26PM
Lab No : 10135692	Sample Collected ON : 03/Mar/2025 04:29PM
Referred By : Dr. KGMU	Sample Received ON : 03/Mar/2025 04:29PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 03/Mar/2025 06:01PM
Doctor Advice : VIT B12, LFT, 2D ECHO, T3T4TSH, URINE COM. EXAMINATION	



Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12				
VITAMIN B12	119.0	pg/mL	180 - 814 Normal 145 - 180 Intermediate 145.0 Deficient pg/ml	CLIA

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.

URINE EXAMINATION REPORT

Colour-U	YELLOW		Light Yellow
Appearance (Urine)	CLEAR		Clear
Specific Gravity	1.010		1.005 - 1.025
pH-Urine	Acidic (6.5)		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	Occasional	/hpf	< 5/hpf
Epithelial Cells	Occasional	/hpf	0 - 5
RBC / hpf	Nil		< 3/hpf

[Checked By]



Print.Date/Time: 04-03-2025 00:00:50

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADABKHAN
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Referred By : Dr. KGMU	Sample Received ON : 03/Mar/2025 05: 03PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 03/Mar/2025 06: 23PM
Doctor Advice : VIT B12,LFT,2D ECHO,T3T4TSH,URINE COM. EXMAMINATION	



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.82	nmol/L	1.49-2.96	ECLIA
T4	75.40	n mol/l	63 - 177	ECLIA
TSH	10.00	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



[Checked By]



Signature