

Patient Name : Ms. VINISHA	Visit No : CHA250046139
Age/Gender : 30 Y/F	Registration ON : 16/Mar/2025 09:09AM
Lab No : 10143434	Sample Collected ON : 16/Mar/2025 09:16AM
Referred By : Dr. KRISHNA KUMAR MITRA (CGHS)	Sample Received ON : 16/Mar/2025 09:37AM
Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 16/Mar/2025 11:20AM
Doctor Advice : USG WHOLE ABDOMEN,VIT B12,25 OH vit. D,T3T4TSH,LIPASE,AMYLASE,URIC ACID,WIDAL,MP BY CARD,KIDNEY FUNCTION TEST - LLFT,TYPHOID IGM	



Test Name	Result	Unit	Bio. Ref. Range	Method
MP BY CARD				
Plasmodium vivax	Negative			
Plasmodium falciparum antigen	Negative		Negative	
URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	5.6	mg/dL	2.40 - 5.70	Uricase,Colorimetric
AMYLASE				
SERUM AMYLASE	112.1	U/L	20.0-80.00	Enzymatic

Comments:

Amylase is produced in the Pancreas and most of the elevation in serum is due to increased rate of Amylase entry into the blood stream / decreased rate of clearance or both. Serum Amylase rises within 6 to 48 hours of onset of Acute pancreatitis in 80% of patients, but is not proportional to the severity of the disease. Activity usually returns to normal in 3-5 days in patients with milder edematous form of the disease. Values persisting longer than this period suggest continuing necrosis of pancreas or Pseudocyst formation. Approximately 20% of patients with Pancreatitis have normal or near normal activity. Hyperlipemic patients with Pancreatitis also show spuriously normal Amylase levels due to suppression of Amylase activity by triglyceride. Low Amylase levels are seen in Chronic Pancreatitis, Congestive Heart failure, 2nd & 3rd trimesters of pregnancy, Gastrointestinal cancer & bone fractures.
amylase amylase amylase

LIPASE				
LIPASE	34.4	U/L	Upto 60	colorimetric

COMMENTS:as, such as acute pancreatitis, chronic pancreatitis, and obstruction of the pancreatic duct. In acute pancreatitis serum lipase activity tends to become elevated & remains for about 7 - 10 days .Increased lipase activity rarely lasts longer than 14 days, and prolonged increases suggest a poor prognosis or the presence of a cyst. Serum lipase may also be elevated in patients with chronic pancreatitis, obstruction of the pancreatic duct and non pancreatic conditions including renal diseases, various abdominal diseases such as acute cholecystitis, intestinal obstruction or infarction, duodenal ulcer, and liver disease, as well as alcoholism & diabetic keto-acidosis & in patients who have undergone endoscopic r

Lipase measurements are used in the diagnosis and treatment of diseases of the pancre

etrograde cholangiopancreatography. Elevation of serum lipase activity in patients with mumps strongly suggests significant pancreatic as well as salivary gland involvement by the disease.....

[Checked By]



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
25 OH vit. D				
25 Hydroxy Vitamin D	9.17	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	201	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: 16-03-2025 13:01:01

*Patient Identity Has Not Been Verified. Not For Medicolegal

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Test Name	Result	Unit	Bio. Ref. Range	Method
TYPHOID IGM	POSITIVE		NEGATIVE	



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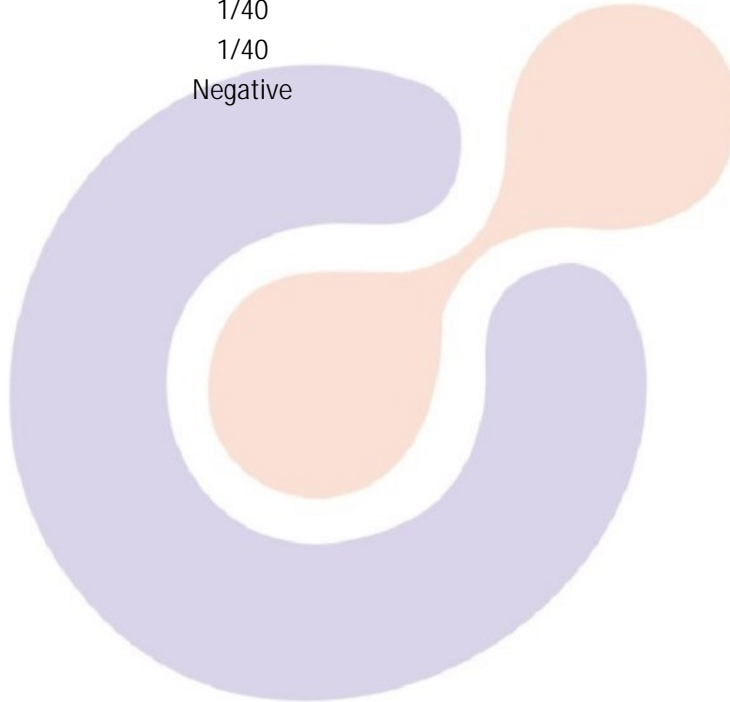
Aditi D Agarwal
DR. ADITI D AGARWAL
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Test Name	Result	Unit	Bio. Ref. Range	Method
WIDAL				
Sample Type : SERUM				

SALMONELLA TYPHI O	1/40
SALMONELLA TYPHI H	1/40
NOTE:	Negative



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.72	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.13	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.59	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	126.60	U/L	30 - 120	PNPP, AMP Buffer
SGPT	28.0	U/L	5 - 40	UV without P5P
SGOT	30.0	U/L	5 - 40	UV without P5P

KIDNEY FUNCTION TEST - I

Sample Type : SERUM

BLOOD UREA	16.40	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	137.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.2	MEq/L	3.5 - 5.5	ISE Direct

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MC-2491 Print.Date/Time: 16-03-2025 13:01:08
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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.29	nmol/L	1.49-2.96	ECLIA
T4	136.75	n mol/l	63 - 177	ECLIA
TSH	2.43	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



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