

Patient Name : Mr. SHRAWAN KUMAR  
Age/Gender : 25 Y/M  
**Lab No : 10144310**  
Referred By : Dr. RDSO LUCKNOW  
Refer Lab/Hosp : RDSO LUCKNOW  
Doctor Advice : T3T4TSH, 25 OH vit. D, VIT B12

Visit No : CHA250047015  
Registration ON : 17/Mar/2025 12:28PM  
Sample Collected ON : 17/Mar/2025 12:32PM  
Sample Received ON : 17/Mar/2025 01:01PM  
Report Generated ON : 17/Mar/2025 02:52PM



| Test Name            | Result | Unit  | Bio. Ref. Range | Method |
|----------------------|--------|-------|-----------------|--------|
| <b>25 OH vit. D</b>  |        |       |                 |        |
| 25 Hydroxy Vitamin D | 12.57  | ng/ml |                 | ECLIA  |

Deficiency < 10  
Insufficiency 10 - 30  
Sufficiency 30 - 100  
Toxicity > 100

DONE BY: ELECTROCHEMILUMINESCENCE IMMUNOASSAY (Cobas e 411, Unicel DxI600, vitros ECI)

| <b>VITAMIN B12</b> |            |       |   |      |
|--------------------|------------|-------|---|------|
| VITAMIN B12        | <b>100</b> | pg/mL | 180 - 814 Normal<br>145 - 180 Intermediate<br>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.

**CHARAK**

[Checked By]

Print.Date/Time: 17-03-2025 15:34:33

\*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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Sample Received ON : 17/Mar/2025 01:01PM  
Report Generated ON : 17/Mar/2025 02:36PM



| Test Name      | Result | Unit    | Bio. Ref. Range | Method |
|----------------|--------|---------|-----------------|--------|
| <b>T3T4TSH</b> |        |         |                 |        |
| T3             | 1.50   | nmol/L  | 1.49-2.96       | ECLIA  |
| T4             | 66.40  | n mol/l | 63 - 177        | ECLIA  |
| TSH            | 3.80   | 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 Dxl-600 2. ELECTRO-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -E411 )

\*\*\* End Of Report \*\*\*

CHARAK



[Checked By]

MC-2491 Print.Date/Time: 17-03-2025 15:34:36  
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*Sham*

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD  
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