

Client  
Gurugram  
Pathkind Diagnostics Pvt. Ltd.  
Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Processed By  
Pathkind Diagnostics Pvt. Ltd.  
Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Name	: Mr. PL224	Billing Date	: 07/07/2023 12:30:56
Age	: 35 Yrs	Sample Collected on	: 10/07/2023 10:01:31
Sex	: Male	Sample Received on	: 10/07/2023 11:02:13
P. ID No.	: P1000100012913	Report Released on	: 15/07/2023 11:20:24
Accession No	: 10002304969	Barcode No.	: 10002304969-01, 10002304969-02, 10002304969-03
Referring Doctor	: Self	Ref no.	:
Referred By	:		

### Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
<b>HEALTHKIND MINI</b>			
<b>Fasting Plasma Glucose</b> <i>Sample: Fluoride Plasma - F</i> <i>Method: Hexokinase</i>	98	74 - 99	mg/dL
<b>Glucose Random</b> <i>Sample: Fluoride Plasma - R</i> <i>Method: Hexokinase</i>	140	70 - 140	mg/dL
<b>Total Cholesterol</b> <i>Sample: Serum</i> <i>Method: Spectrophotometry-Esterase/CO/Peroxidase</i>	158	Desirable Level : < 200 Borderline : 200 - 239 High Risk : >= 240	mg/dL
<b>SGOT / AST</b> <i>Sample: Serum</i> <i>Method: Spectrophotometry-IFCC Without Pyridoxal PO4</i>	33	0 - 33	U/L
<b>SGPT / ALT</b> <i>Sample: Serum</i> <i>Method: Spectrophotometry-IFCC Without Pyridoxal PO4</i>	41	0 - 41	U/L
<b>AST / ALT Ratio</b> <i>Sample: Serum</i> <i>Method: Calculated</i>	0.80		
<b>Creatinine</b> <i>Sample: Serum</i> <i>Method: Spectrophotometry Alkaline Picrate</i>	1.26	0.70 - 1.30	mg/dL
<b>TSH 3rd Generation</b> <i>Sample: Serum</i> <i>Method: ECLIA</i>	16.500 H	0.270 - 4.200	µIU/mL

### TSH 3rd Generation

Clinical Significance :

10002304969 Mr. PL224



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TSH levels are elevated in primary hypothyroidism and low in primary hyperthyroidism. Evaluation of TSH is useful in the differential diagnosis of primary from secondary and tertiary hypothyroidism. In primary hypothyroidism, TSH levels are elevated, while secondary and tertiary hypothyroidism, TSH levels are low or normal. High TSH level in the presence of normal FT4 is subclinical hypothyroidism and low TSH with normal FT4 is called subclinical hyperthyroidism. Sick, hospitalized patients may have falsely low or transiently elevated TSH. Significant diurnal variation is also seen in TSH levels.

Guidelines for TSH levels in pregnancy, as per American Thyroid Association, are as follows:

PREGNANCY TRIMESTER	BIOLOGICAL REFERENCE INTERVAL	UNIT
FIRST TRIMESTER	0.100 - 2.500	$\mu$ IU/mL
SECOND TRIMESTER	0.200 - 3.000	$\mu$ IU/mL
THIRD TRIMESTER	0.300 - 3.000	$\mu$ IU/mL

\*\* End of Report \*\*



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