|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Miss.MEGHA | **Reg No** | 011610260002 |
| **Age/Sex** | 30 YRS/FEMALE | **Date** | 26/Oct/2016 07:22AM |
| **UID No** | 154343 | **Sample Collection** | 26/Oct/2016 07:25AM |
| **BarcodeNo** | 10070977 | **Reported On** | 26/Oct/2016 01:10PM |

## IMMUNOLOGY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Test Name** | **Result** | **Unit** | **Ref.Interval** | **Method** |
| **EXECUTIVE HEATH PACKAGE THYROID PROFILE,SERUM** |  |  |  |  |
| **T3 ,Serum** | 1.78 | nmol/ L | 1.49-2.60 | ECLIA |
| **Comment :** |  |  |  |  |

T3 is physiologically more active than T4 & plays an important role in maintaining euthyroidism. T3 circulates in free form ( 0.3 %) and in bound form (99.7%).

**T4 ,Serum** 80.80 nmol/ L 71.2-141.0 ECLIA

**Comment :**

# T4 is predominantly bound to carrier protein - thyroid binding globulin ( TBG-99.9 %). T4 assay aids in diagnosis hyperthyroidism - primary or secondary hypothyroidism & thyroid hormone resistances.T4 titre must also be associated with other titre of the thyroid assessment, such as TSH & T3 as well as with the clinical examination ot the patient .

**TSH, Serum** **5.59** uIU/ mL 0.46-4.68 ECLIA

INTERPRETATION :

1. TSH levels are subject to circadian variation,reaching peak levels between 2 - 4.a.m.and at a minimum between 6 to 10 p.m. The variation is of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.
2. Significant number of patients particularly those above 55 years of age have a serum TSH level between 4.68 & 10 µIU/ml.

This borderline elevation may be due to presence of SUBCLINICAL HYPOTHYOIDISM. Thyroid profile and anti -thyroid (anti TPO & TG) antibodies estimation is suggested in all such cases.

1. Very low serum TSH values are observed in patients who are being treated for hypothyroidism. In such patients Serum Free T4 estimation may also be performed.
2. In pregnancy as per American thyroid association reference range in µIU/ML. 1 st Trimester 0.10 - 2.50
	1. st Trimester 0.20 - 3.0
	2. st Trimester 0.30 - 3.0
3. All reports must be interpreted by treating physician only.

**HIV (AIDS) ANTIBODY I & II, Serum**

HIV (AIDS ANTIBODY) I & II ,Serum 0.07 S/ CO NEGATIVE < 0.9

BORDERLIN 0.9 - 1.0

POSITIVE > 1.0

ECLIA



The tests marked with an \* are not accredited by NABL.

\*\* This test has been outsourced to an NABL accredited Lab.

Result Entered By : sandeep

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## IMMUNOLOGY

**Test Name** **Result** **Unit** **Ref.Interval** **Method**

### *Comments-*

AIDS is caused by atleast two types of Human Immunodeficiency viruses designated HIV-1 and HIV- 2. Serological studies have shown that antibodies may develop to epitopes present in the peptides of the viral core and glycoprotein envelope. Whilst antibodies to HIV 1 and 2 core peptides demonstrate considerable cross reactivity, the antibodies generated by the glycoprotein envelope show less cross reactivity. This test uses 4 recombinant antigens derived from HIV-1 core (p24), HIV 1 envelope (env 10 and env 13) and HIV 2 envelope (env AI). These antigens detect antibodies to HIV 1 and to HIV 2 in the same test. The use of these recombinant antigens improves test specificity by avoiding non specific reactions due to cross reaction with human cell proteins which are present in cell lysates.

### *Limitations-*

1. The result should be used and interpreted only in the context of overall clinical picture. A non-reactive test result does not exclude the possibility of exposure to or infection with HIV. Levels of HIV antibodies may be undetectable in the early stages of infection.
2. Heterophilic antibodies in serum or plasma samples may cause interference in immunoassays.

## All positive samples are tested by three different method.

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

DISCLAIMER:

1. This is a professional opinion only; clinical co-relation is a must for final diagnosis.
2. Any discrepancy / transcription error in the report should be clarified with the lab at the earliest.
3. All reports are for perusal of doctors only and are not valid for medico-legal cases.



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