



Patient Name	: Mrs.GANGAMMA	Collected	: 29/Jul/2024 07:48PM
Age/Gender	: 24 Y 0 M 0 D /F	Received	: 30/Jul/2024 10:52AM
UHID/MR No	: DSDU.0000002299	Reported	: 30/Jul/2024 12:21PM
Visit ID	: DSDUOPV5343	Status	: Final Report
Ref Doctor	: ANJANADRI DIAGNOSTICS KARATAGI	Client Name	: PCC SINDHANUR
IP/OP NO	:	Center location	: Sindhanur,Sindhanur

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.08	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	6.93	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.110	µIU/mL	0.35-4.94	CMIA

Comment:

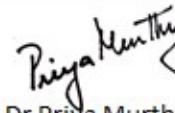
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

Page 1 of 2


 Dr.Govinda Raju N L
 MSc,PhD(Biochemistry)
 Consultant Biochemistry


 Dr Priya Murthy
 M.B.B.S,M.D(Pathology)
 Consultant Pathologist

SIN No:IM07968801

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory





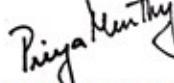
Patient Name	: Mrs.GANGAMMA	Collected	: 29/Jul/2024 07:48PM
Age/Gender	: 24 Y 0 M 0 D /F	Received	: 30/Jul/2024 10:52AM
UHID/MR No	: DSDU.0000002299	Reported	: 30/Jul/2024 12:21PM
Visit ID	: DSDUOPV5343	Status	: Final Report
Ref Doctor	: ANJANADRI DIAGNOSTICS KARATAGI	Client Name	: PCC SINDHANUR
IP/OP NO	:	Center location	: Sindhanur,Sindhanur

DEPARTMENT OF IMMUNOLOGY

*** End Of Report ***



Dr.Govinda Raju N L
MSc,PhD(Biochemistry)
Consultant Biochemistry


Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist

Page 2 of 2



SIN No:IM07968801

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com